

Quotation Form for Architects and Construction Professionals, including Quantity Surveyors and Project Managers

1. Name and Address of Business

Contact Name:

Business Name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode:

Telephone:

Fax:

E-mail:

Date Established:

2. Please provide details of each partner as follows:

Name	Age	Qualification	Years Experience
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Fee Income – Please give an approximate percentage split according to type of work:

Type of Work	%
Architecture	<input type="text"/>
Interior Design	<input type="text"/>
Structural Engineering	<input type="text"/>

HVAC and Electrical	<input type="text"/>
Consultancy	<input type="text"/>
Mechanical Engineering	<input type="text"/>
Quantity Surveying	<input type="text"/>
Structural Surveys or Valuations	<input type="text"/>
Civil Engineering	<input type="text"/>
Project Management	<input type="text"/>
Other Work – please specify	<input type="text"/>

4. Please give the approximate percentages applicable to the following expressed as a percentage of the total gross fees for the last complete financial year:

Type of Work	%
Public Sector Schools or Universities	<input type="text"/>
Private Sector Schools or Universities	<input type="text"/>
Public Sector Hospitals	<input type="text"/>
Private Sector Hospitals	<input type="text"/>
Other Healthcare	<input type="text"/>
Public Sector Housing (including Housing Associations)	<input type="text"/>
Private Sector Housing Schemes	<input type="text"/>
Private Sector Individual Houses	<input type="text"/>
Churches/Cathedrals	<input type="text"/>
Industrial	<input type="text"/>
Commercial schemes	<input type="text"/>
Other Work – if over 10% please specify	<input type="text"/>

5. Please state the 3 largest contracts where construction has commenced in the last 5 years:

Start Date	Completion Date	Contract Description	Contract Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Please state the 3 largest contracts where construction is expected to start shortly:

Expected Start Date	Expected Completion Date	Contract Description	Contract Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Please give amount of income for the last 3 financial years plus estimate for the coming financial year:

Year	Income
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

8. Do you have any work involving the following:

Landfill/ toxic waste/ asbestos	<input type="checkbox"/>
Tunnels /mines	<input type="checkbox"/>
Offshore work	<input type="checkbox"/>
Petro-chemicals plants	<input type="checkbox"/>
High Rise (over 6 storeys)	<input type="checkbox"/>
Docks	<input type="checkbox"/>
Coastal Defences	<input type="checkbox"/>
Demolition	<input type="checkbox"/>

9. Current Insurance Information

Name of current Insurer

Expiry Date of current policy

Have any claims ever been made against you?

Yes

No

If so, please give details:

Are you aware of any circumstances that may give rise to a claim?

Yes

No

If so, please give details:

Limit of Indemnity required, please select preference/s

£100,000

£250,000

£500,000

£1 million

£2 million

£5 million

Declaration

I declare that to the best of my knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application are true and complete and this application, declaration and information will be the basis of the contract between the Insured and Insurer. I declare that I have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of this insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

Signature of Principle:

Name of Principle:

Date: