



RIAS Insurance Services  
Orchard Brae House  
30 Queensferry Road  
Edinburgh EH4 2HS  
Tel: 0131 311 4292  
Fax: 0131 311 4280

**PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM 2019-2020  
for "Small Practice" Architects**

**Eligibility Criteria:**

**A firm qualifies for cover under the RIAS Scheme if the principal business address is in Scotland and at least one of the principals of the Practice is a qualified chartered architect and registered as an architect with the Architects Registration Board (ARB).**

You must take care in answering all the following questions which are relevant to the insurer in providing this insurance and setting the terms and premium. Please contact the insurer if you do not understand the question or the nature of the information required or please seek guidance from your broker. Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or other remedies.

1.	Name of Firm or Company	
	Address	
	Post Code	Date established
	Telephone Number	Fax Number
	Email	

2.	Please provide name(s) in full of Partners/Directors of Firm/Company		
	<b>Name</b>	<b>Qualifications</b>	<b>Date Qualified</b>

3a.	<p>Please indicate Total Gross Fee Income (excluding VAT disbursements and recharged expenses) for the last financial year (if new Firm/Company state projected Fee Income for first twelve months of trading).</p> <p>UK Contracts                      Overseas Contracts  £    £</p>
3b.	<p>Please state largest contract value where construction has commenced during the last 5 years or will commence during the first 24 months of trading. £</p>
3c.	<p>Have you been appointed or hold yourselves out to be a Principal Designer as defined in the 2015 CDM Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes:  Please provide full details including nature of services and the fee income earned.</p> <p>If the role has been sub-contracted out, please confirm that the sub-contractor has the relevant experience and maintains their own Professional Indemnity Insurance. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3d.	<p>In the last 10 years, have you provided or been responsible (including contractually) for providing any advice, design, specification, inspection, supervision or professional business services in any way related to or in connection with “façade material” (including for example cladding, insulation and wall panelling)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If Yes Please complete the following:</b></p> <p>(a) Do you ensure that all “façade material” meets the minimum required standard and building regulations/ requirements:</p> <p>In your domiciled territory? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>In the Project’s location/ territory? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If No, please complete supplementary Façade Material Supplementary Questionnaire</b></p> <p>(b) Has any project included Aluminium Composite Materials (ACM) of any type/variety? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If Yes, please complete supplementary Façade Material Supplementary Questionnaire</b></p> <p>(c) Have you, or any other party, been asked to review any project in relation to “façade material”? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If Yes, please complete supplementary Façade Material Supplementary Questionnaire</b></p>
4.	<p>Please indicate which Limit of Liability you require (Note: the A.R.B. Minimum is £250,000):</p> <p>£250,000    <input type="checkbox"/>      £500,000    <input type="checkbox"/>      £750,000    <input type="checkbox"/>      £1,000,000    <input type="checkbox"/></p> <p>£1,500,000    <input type="checkbox"/>      £2,000,000    <input type="checkbox"/>      Other Please Specify £</p>

5.	Has any insurance of this nature arranged on behalf of the Firm/Company or its predecessors in business or any of the present Partners/Directors ever been declined, cancelled, renewal refused or special terms imposed? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please attach full details on a sheet of headed paper.
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6.	<p>Have any claims (successful or otherwise) ever been made against you or to the best of your knowledge and belief have any claims ever been made against the Firm/Company or its predecessors in business or any of the present or former Partners/Directors?</p> <p>No      <input type="checkbox"/>              Yes      <input type="checkbox"/>      If yes, it is important that full details including year, amount and nature of claim(s) are attached on a sheet of headed paper.</p>
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7.	<p>Are any of the Partners/Principals/Senior Employees AFTER ENQUIRY aware of any CIRCUMSTANCE(S) which is/are likely to give rise to a claim against this Practice or their predecessors in business or any of the former Partners/Principals other than those already notified to insurers? Please note that any such CIRCUMSTANCE should include any known complaint or threat, whether verbal or in writing, of any complaint to the ARB or any other professional body about your conduct and/or competency.</p> <p style="text-align: right;">YES/NO</p> <p>If "YES" please give full details including amounts:</p> <p>(Note: If you are seeking a quotation from RIAS Insurance Services for the first time or are returning to the RIAS Insurance Services PI Facility, please attach a written record of past notifications and claims, whether successful or not)</p> <p>(We must remind you that it is imperative to answer this question to the best of your knowledge and belief. FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS if a claim should subsequently arise.)</p>
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## **IMPORTANT NOTICE**

### **Change in Circumstances**

You must tell the insurer as soon as practicably possible about any changes to the information you have provided to the insurer which happens before or during any period of insurance. The insurer will tell you if such change affects your insurance and if so, whether the change will result in revised terms and/or premium being applied to your policy. If you do not inform the insurer about a change it may affect any claim you make or could result in your insurance being invalid.

### **Our use of Personal Data:**

When conducting our insurance activities, we collect and use information about individuals (“personal data”) such as an individual’s name and contact details. We may also use special categories of personal data (such as health information) or information relating to criminal convictions and offences for the purposes of arranging insurance cover, handling claims and for crime prevention and detection. Providing our services, may involve the disclosure of any personal data you provide to us to third parties such as (re)insurers, loss adjusters, sub-contractors, our affiliates and to certain regulatory bodies.

We draw your attention to the data protection clause (clause 8) of our Terms of Engagement and the Marsh Privacy Notice available at <https://www.marsh.com/uk/privacy-notice.html> which provides more information on our use of personal data. Specifically, please be aware that where you provide us with personal data, we will be acting as independent data controllers.

By providing us with personal data, you are:

- agreeing to comply with the applicable data protection laws; and
- confirming that the relevant individuals have been notified about our use of their personal data as set out in this notice.

### **Insurers Privacy Notice**

For information about how the Insurer process your personal information, please see its full privacy notice at: <https://axaxl.com/privacy-and-cookies>.

If you have questions or concerns regarding the way in which your personal information has been used, please contact: [legalcompliance@axaxl.com](mailto:legalcompliance@axaxl.com).

### **Insurer’s Right to Decline**

Signing this proposal does not bind you to enter into this insurance. No cover is in force until this proposal is accepted by the insurer and the premium is paid. The insurer reserves the right to decline any insurance proposal or to offer different premium and terms from those quoted dependent on the information you have provided.

**Declaration**

I/we declare that the statements made and particulars given in this Proposal Form are accurate and complete to the best of my/our knowledge and belief and that I/WE have not knowingly withheld any information, which would influence the decision of (re)insurers with regards to this Proposal. I/WE undertake to inform Insurers of any material alteration to these facts within a reasonable period.

I also confirm that my Practice meets the eligibility criteria as outlined above.

Signature of Partner/ Director

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Date

***A copy of this Proposal should be retained for your own records***