



BURKE

Insurance Brokers

Burke Insurances Ltd.

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PROFESSIONAL INDEMNITY ENGINEERS

PROPOSAL FORM

THIS PROPOSAL MUST BE SIGNED BY A PARTNER OR DIRECTOR OF THE BUSINESS. ALL QUESTIONS MUST BE ANSWERED AND ADDITIONAL INFORMATION PROVIDED WHEN REQUESTED TO ENABLE A QUOTATION TO BE GIVEN. THE COMPLETION AND SIGNATURE OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE.

PLEASE USE AN ADDITIONAL SHEET OF PAPER WHERE NECESSARY TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS.

ALL MONETARY AMOUNTS SHOULD BE STATED IN EURO

• estd. 1965

Dirs: S. Burke, A. Burke.

Registered in Ireland - Registered offices as above - Registration Number 42826

Burke Insurances Ltd. is regulated by the Financial Regulator

1. Name of the Firm/Partnership/Individual including Trading and Business Name:

Date of commencement of the firm :

2. a) Address (registered office and all branches):-

Telephone Number

Email

b) Is a Partner/Director/Principal in full-time attendance at each address? Yes No

3. Please give details of all activities undertaken and any intended change

PLEASE SUPPLY BROCHURE IF AVAILABLE

4. Please give the percentage split of fee income between the following types of work and any intended change therein

<u>Work type</u>	<u>% of income</u>
(a) Tunnels, mines, dams, harbours, jetties marine projects, offshore industry, bridges, nuclear or atomic projects, petrochemical industry, sewerage and/or water systems and high rise properties	
(b) private dwelling houses	
(c) other housing/residential	
(d) hospitals/universities/schools	
(e) factories/commercial	

5. Please give the split of gross fees in Euro (including those paid to subcontractors) for the last complete financial year

<u>Activity</u>	<u>% of income</u>
(a) civil engineering consultancy	
(b) structural engineering consultancy	
(c) soil testing, foundations and site investigation	
(d) mechanical engineering consultancy	
(e) electrical engineering consultancy	
(f) heating and ventilation engineering consultancy	
(g) architectural consultancy	
(h) town planning/quantity surveying	
(i) structural surveying	
(j) valuations	
(k) other work (give details)	

6. Architects:
Please state types of contract undertaken during the past year eg. university, hospital, bank, multi-storey flats or private houses, together with certified building values in Euro

7. Has the Firm/Partnership been reconstituted in any way by amalgamation, acquisition, merger or otherwise, or has the name been changed? Yes No

If 'Yes', please give full details

(N.B. Acquisitions and mergers are not automatically included and coverage must be requested. Please state name of predecessor Firm/Partnership for which cover is required as well as dates of operation.)

8. a) Is all your business conducted from offices in the Republic of Ireland? Yes No
If 'No', please provide details:

b) Is the business represented in any way in Canada and/or the USA or its territories and possessions? Yes No
If 'Yes', please provide details:

9. Names in full of all Qualifications and date obtained Length of time practising as Partner/etc. in this firm Partners/Directors/Principals

IF UNDER FIVE YEARS EXPERIENCE IN THIS OCCUPATION PLEASE SUPPLY A CURRICULUM VITAE

10. Do you require cover for the previous business activities of any Partner/Director/Principal Yes No

If 'Yes', please provide full details

11. Does the Firm/Partnership or any Partner/Director/Principal have a Partnership or Directorship or have a financial interest in any other Firm/Partnership or Company (other than as shareholders or stockholders in a publicly quoted company) Yes No

If 'Yes', please give name of Firm/Partnership or Company, sphere of operation and business derived from the Firm/Partnership or Company. State also if it is associated with any process of manufacture, construction, erection or installation or any other form of contracting or supply

12. a) Staff (**excluding** Partners) :
 a) qualified : Full-time _____ Part-time _____
 b) unqualified : Full-time _____ Part-time _____

b) Do you retain the services of any self-employed person? Yes No
 If 'Yes', please provide details:

13. Please give total income in Euro (including those paid to sub-contractors) generated from:

	Last complete year €	Current year estimate €
a) Republic of Ireland/UK/ Channel Islands/Isle of Man	_____	_____
b) USA/Canada	_____	_____
c) Elsewhere	_____	_____
Total	_____	_____
Specify your Financial Year End :	_____	_____

d) Is the rateable fee income declared for any one particular Client or Group more than 20% of the total declared fee income for the past financial year ? Yes No
 If 'Yes', please provide details

14. Are terms of engagement or is a written contract always agreed and signed prior to commencing work for a client?

Yes No

PLEASE SUPPLY COPIES OF STANDARD CONTRACTS USED

15. **Sub-contractors**

a) Please state gross fees in Euro paid to sub-contractors

	Last complete year €	Current year estimate €
	_____	_____

b) Please provide brief details (on headed paper) of sub-contracted work

c) Are sub-contractors required to carry professional indemnity insurance Yes No

What is the limit of indemnity provided by that insurance? _____

d) Are terms of engagement or is a written contract always agreed and signed by sub-contractors and suppliers so that they accept full responsibility for their own professional neglect, error or omission? Yes No

16. State the three largest sources of business during the past three years

<u>Client</u>	<u>Client Industry</u>	<u>Nature of Contract</u>	<u>Fee in Euro</u>
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17. a) Does the Proposer always obtain satisfactory references from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods Yes No
- b) Is any individual authorised to sign cheques as a sole signatory in respect of either the business or clients' accounts? Yes No
- c) Has the business discharged any employee or severed relationships with any partner or director within the past twelve months Yes No
- d) Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time? Yes No

If the answer is 'Yes' to b) or c) or d) above, please give details on a separate sheet

18. During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and/or its Predecessors in business ever

- a) Declined to Insure? Yes No
- b) Imposed special terms? Yes No
- c) Cancelled or voided a policy? Yes No
- d) Requested the withdrawal of a claim? Yes No

If any answer is 'Yes', please give full details on a separate sheet

19. a) Have any claims or potential claims been made against the Firm/Partnership, their predecessors in business, or any of the present Partners/Directors/Principals or to the knowledge of the Firm/Partnership, against any past Partners/Directors/Principals? Yes No
- b) Is any Partner/Director/Principal aware, **after enquiry**, of any circumstances which may result in any claims being made against the Firm/Partnership, their predecessors in business or any of the present or past Partners/Directors/Principals? Yes No

If 'Yes' is answered to a) or b) above, please provide details on a separate sheet including steps taken to prevent a recurrence

20. a) Since what date have you had Professional Indemnity cover ? _____
If there were any gaps in cover since then, please state for which period(s) _____

b) If this is the first time the Firm/Partnership has applied to effect Professional Indemnity insurance, do you require cover for claims arising from work carried out prior to inception of the policy? Yes No
If 'Yes', please state since what year cover is required _____

