



شركة الشركاء المتحدون لوساطة التأمين ذ.م.م
UNITED PARTNERS INSURANCE BROKERS CO. L.L.C

**PROFESSIONAL INDEMNITY PROPOSAL FORM FOR
CONTRACTORS PROJECT MANAGERS, ENGINEERS, DESIGNERS AND OTHER
PROFESSIONALS CONNECTED WITH CONSTRUCTION PROJECTS**

**SINGLE CONTRACT
SECTION A – GENERAL INFORMATION**

1	Name of Proposer :																																			
	Telephone Number :																																			
	Address :																																			
	Description of your profession :																																			
2	Please give the total estimated fee or income (state which) of the proposer for this project. :	Fee <input type="text"/>	Income <input type="text"/>																																	
		Amount <input type="text"/>																																		
	If a consortium, give details of each of its members separately																																			
	<table><thead><tr><th></th><th>ESTIMATED FEE OR INCOME</th><th>NAMES</th></tr></thead><tbody><tr><td>1.</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>2.</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3.</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>4.</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>5.</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>6.</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>7.</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>8.</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>9.</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>10.</td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>				ESTIMATED FEE OR INCOME	NAMES	1.	<input type="text"/>	<input type="text"/>	2.	<input type="text"/>	<input type="text"/>	3.	<input type="text"/>	<input type="text"/>	4.	<input type="text"/>	<input type="text"/>	5.	<input type="text"/>	<input type="text"/>	6.	<input type="text"/>	<input type="text"/>	7.	<input type="text"/>	<input type="text"/>	8.	<input type="text"/>	<input type="text"/>	9.	<input type="text"/>	<input type="text"/>	10.	<input type="text"/>	<input type="text"/>
		ESTIMATED FEE OR INCOME	NAMES																																	
	1.	<input type="text"/>	<input type="text"/>																																	
	2.	<input type="text"/>	<input type="text"/>																																	
	3.	<input type="text"/>	<input type="text"/>																																	
	4.	<input type="text"/>	<input type="text"/>																																	
	5.	<input type="text"/>	<input type="text"/>																																	
6.	<input type="text"/>	<input type="text"/>																																		
7.	<input type="text"/>	<input type="text"/>																																		
8.	<input type="text"/>	<input type="text"/>																																		
9.	<input type="text"/>	<input type="text"/>																																		
10.	<input type="text"/>	<input type="text"/>																																		
3	Does the contract comprise the type of work normally undertaken by the proposer or if a consortium of each of its members? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>																																	
	If not please explain :																																			

4

a) Have you or if the proposer is a consortium, has any of the members, suffered a loss during the past 5 years arising from error or omission in the profession mentioned above, whether insured or not? : YES ☐ NO ☐

If YES please give brief details including contract value and amount of claim. :

b) Are you aware of any circumstances which, after enquiry may give rise to a claim? : YES ☐ NO ☐

If so, please give details :

c) Have you previously been Insured? : YES ☐ NO ☐

If so with whom? :

Has such insurance:-

(a) been declined----- YES ☐ NO ☐

(b) required increased premium----- YES ☐ NO ☐

(c) required special restrictions----- YES ☐ NO ☐

(d) been terminated by an insurer----- YES ☐ NO ☐

If the answer to any of the above is YES please give details :

SECTION B – THE CONTRACT

5	Title of the Contract	:		
6	a) Please give a brief description of proposer's work, relating to this project b) Location of the Project	:		
	<u>Important :</u> Enclose a copy of the contract or if this is not available a copy of the clauses defining your liabilities.			
7	Period of construction and/or erection and/or designing	:		
8	Period of maintenance or defects Liability, if any	:		
9	Scheduled date of commencement of professional work by the proposer	:		
10	Estimated final contract price	:	BD	<input style="width: 150px;" type="text"/>
11	Divide 10 as follows: (i) That part to be constructed by you : BD <input style="width: 150px;" type="text"/> (ii) That part where you are responsible for the construction but you will sub-contract the work : BD <input style="width: 150px;" type="text"/> (iii) That part where you act as a consultant supervising the work, the construction or erection being directly between the principal and the contractor : BD <input style="width: 150px;" type="text"/>			

SECTION C – DESIGN AND MANAGEMENT

12	Complete the following questions in respect of : (a) The chief designer. (b) The project manager			
	Name	Qualifications	Date	Experience with this Type of Contract
	(a) Designer			
	(b) Manager			

13	Estimated total fees or income for this project for	:	
	(A) Feasibility study	:	
	(B) Design	:	
	(C) Procurement	:	
	(D) Site Supervision	:	
	(E) Royalties or Licence fees paid out	:	
	(F) Fees paid to sub-contractors in A, B & D	:	
	(G) Others (Please give details)	:	
	(a)	:	
	(b)	:	
14	Costs included in 13 above but not relevant to the contract	:	
	(A) Discarded Design	:	
	(B) Reimbursable (cost of accommodation etc)	:	
	(C) Others (Please give details)	:	
	(a)	:	
	(b)	:	
15	Indemnity required	:	BD <input type="text"/>
	NOTE: (The amount of indemnity effected provides protection in the aggregate during the period and is not an amount of coverage provided for each and every claim).		
16	Period of Insurance required	:	
17	The Excess you are willing to carry uninsured each and every claim	:	
18	Do you require coverage for :-		
	(a) Loss of documents	:	YES <input type="text"/> NO <input type="text"/>
	If 'Yes' for what limit?	:	BD <input type="text"/>
	(b) Libel and Slander	:	YES <input type="text"/> NO <input type="text"/>
	(c) Dishonesty of Employees	:	YES <input type="text"/> NO <input type="text"/>
	(d) Infringement of copyright	:	YES <input type="text"/> NO <input type="text"/>

SECTION D – INSURANCE REQUIREMENTS

I/We hereby declare that the statements and particulars mentioned herein are true and I/We have not suppressed or misstated any material facts and at the present I/We have no reason to anticipate any claim being brought against me/us for any negligent act, error or omission on the part of any member or employee of this firm or their predecessors in business, other than as declared, and agree that this declaration shall be the basis of the contract between me/us and the Bahrain Kuwait Insurance Company B.S.C.

Signed : On behalf of the company _____ Date _____

Director _____ Date _____

PLEASE ENCLOSE BROCHURE DESCRIBING THE PROPOSER'S ACTIVITIES IF AVAILABLE

**PROPOSAL FORM PROFESSIONAL INDEMNITY FOR CONTRACTORS, PROJECT MANAGERS, ENGINEERS,
DESIGNERS AND OTHER PROFESSIONALS CONNECTED WITH CONSTRUCTION PROJECTS
ANNUAL POLICY**

*This form can be completed and e-mailed to us as an attachment directly by going to "File" on the menu bar
and then clicking on "Send to" and then "Mail Recipient" addressing it to info@bkic.com*

1	Full name of proposer and subsidiary : _____
	companies to be included in the insurance : _____
	Date Established : _____

2	Address :																																	
	Telephone Number :																																	
3	Do you own an overseas <u>domiciled</u> company which undertakes design work? : YES <input type="checkbox"/> NO <input type="checkbox"/>																																	
4	Please give a general description of the activities (hereinafter described as 'the work') to be covered :																																	
5	Do you plan any radical change in the type of work or changes in well established Techniques in the next 12 months? : YES <input type="checkbox"/> NO <input type="checkbox"/>																																	
	If so please give details :																																	
6	Please describe the principal design projects undertaken by you in the past five years. (Include approximate period and value of contracts)																																	
	Project	Client	Value	Date of Commencement																														
7	Please indicate the approximate percentage by value of the total work (described in question 4) where responsibility for design, supervision and management rests with you :																																	
	(a) Feasibility studies, Reports, Surveys, Soil Sub- Surface, etc, (where proposer is not involved in design)-----		<div style="text-align: center;"> Approximate % If none state 'NONE' <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Home</th> <th style="padding: 5px;">Elsewhere</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> <tr><td style="text-align: center;">%</td><td style="text-align: center;">%</td></tr> </tbody> </table> </div>		Home	Elsewhere	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Home	Elsewhere																																
	%	%																																
	%	%																																
	%	%																																
	%	%																																
	%	%																																
	%	%																																
	%	%																																
	%	%																																
	%	%																																
	%	%																																
	%	%																																
	%	%																																
%	%																																	
%	%																																	
(b) Private Houses and Blocks of Flats-----																																		
(c) Industrialised Systems Buildings-----																																		
(d) Foundation/Underpinning/Piling-----																																		
(e) Heating, Ventilating, Air Condition-----																																		
(f) Sewage/Water Schemes-----																																		
(g) Schools/Hospitals and industrial developments-----																																		
(h) Bridges/Overpasses/Underpasses-----																																		
(i) Dams/Harbours/Jetties/Sea Defences-----																																		
(j) Tunnels/Mines-----																																		
(k) Chemical/Petrochemical/Nuclear/Atomic Projects-----																																		
(l) Mechanical Plant/Bulk handling equipment/Silos etc-----																																		
(m) Any other work including specialist Activities not detailed above. Please give details-----																																		

8	What was the Company's total turnover for the past three years and what is the estimated total turnover for the next 12 months?			
		20..... ACTUAL	20..... ACTUAL	20..... ACTUAL
	20..... ESTIMATED			
	Home			

	Elsewhere (list countries)				
9	<p>Please break down the figures of the last completed financial year under headings below. The purpose of this question is to separate the income earned by your Designers, Surveyors, Managers and Site Supervisors where this is possible. If this is not possible, Underwriters will make their own calculations from the contract values and other income figures.</p> <p>(1) <u>Contract Values and Fees where you are responsible for the design and the construction.</u></p>				
				Home	Elsewhere
	(a) where your own staff carried out the construction work in the main			Contract Values	
				Fees	
	(b) where the construction work was sub-contracted in the main			Contract Values	
				Fees	
	(2) (a) Fees paid to design consultants (b) Fees paid for royalties or licenses Include fees for work declared in Question 9(1)				
	(3) (a) Fees received for design only contracts reports and feasibility studies (b) Fees received for royalties or licences				
(4) Contract values where you had no responsibility for design :					

10	Please give the number of staff employed during the last completed financial year involved in design, divided as follows (including agency personnel).				
		Professionally Qualified	Assistants	Draughtsmen	All others
	Home				

	Elsewhere				
11	Please give the following details of the senior personnel (up to 6) included in the answer to question 10.				
	Names of principals and senior members of staff		Qualifications and dates qualified		Position held in the Company and length of time as such
12	Please give details of : (a) Any claim settled or outstanding or compromise settlement arising from alleged defective design or breach of duty where settlements have been made whether insured or not.				
	(b) Any circumstances of which the proposer is aware, after enquiry that may give rise to a claim. If so please give details.				

13	Have you previously been insured? : YES <input type="checkbox"/> NO <input type="checkbox"/>				
	If so with whom? : <input type="text"/>				
	Has such insurance :-				
	(a) been declined	:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	(b) required increased premium	:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	(c) required special restrictions	:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	(d) been terminated by an insurer	:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	If the answer to any of above is YES please give details:				

14	Indemnity Required : BD <input style="width: 100px;" type="text"/>																														
	NOTE: The amount of Indemnity effected provides protection in the aggregate during any one year and not an amount of coverage provided for each and every claim.																														
15	The Excess you are willing to carry uninsured in respect of each and every claim. :																														
16	Do you require coverage for :- <table style="width: 100%; border: none;"> <tr> <td style="width: 55%;">(a) Loss of documents</td> <td style="width: 5%;">:</td> <td style="width: 10%;">YES</td> <td style="width: 10%;"><input type="text"/></td> <td style="width: 10%;">NO</td> <td style="width: 10%;"><input type="text"/></td> </tr> <tr> <td style="padding-left: 20px;">If 'Yes' for what limit?</td> <td>:</td> <td>BD.</td> <td colspan="3"><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>(b) Libel and Slander</td> <td>:</td> <td>YES</td> <td><input type="text"/></td> <td>NO</td> <td><input type="text"/></td> </tr> <tr> <td>(c) Dishonesty of Employees</td> <td>:</td> <td>YES</td> <td><input type="text"/></td> <td>NO</td> <td><input type="text"/></td> </tr> <tr> <td>(d) Infringement of Copyright</td> <td>:</td> <td>YES</td> <td><input type="text"/></td> <td>NO</td> <td><input type="text"/></td> </tr> </table>	(a) Loss of documents	:	YES	<input type="text"/>	NO	<input type="text"/>	If 'Yes' for what limit?	:	BD.	<input style="width: 100px;" type="text"/>			(b) Libel and Slander	:	YES	<input type="text"/>	NO	<input type="text"/>	(c) Dishonesty of Employees	:	YES	<input type="text"/>	NO	<input type="text"/>	(d) Infringement of Copyright	:	YES	<input type="text"/>	NO	<input type="text"/>
(a) Loss of documents	:	YES	<input type="text"/>	NO	<input type="text"/>																										
If 'Yes' for what limit?	:	BD.	<input style="width: 100px;" type="text"/>																												
(b) Libel and Slander	:	YES	<input type="text"/>	NO	<input type="text"/>																										
(c) Dishonesty of Employees	:	YES	<input type="text"/>	NO	<input type="text"/>																										
(d) Infringement of Copyright	:	YES	<input type="text"/>	NO	<input type="text"/>																										

I/We hereby declare that the statements and particulars mentioned herein are true and I/We have not suppressed or misstated any material facts and at the present I/We have no reason to anticipate any claim being brought against me/us for any negligent act, error or omission on the part of any member or employee of this firm or their predecessors in business, other than as declared, and agree that this declaration shall be the basis of the contract between me/us and the Bahrain Kuwait Insurance Company B.S.C.

Signed : On behalf of the company _____ Date _____

Director _____ Date _____

PLEASE ENCLOSE BROCHURE DESCRIBING THE PROPOSER'S ACTIVITIES IF AVAILABLE