

OMAN UNITED INSURANCE CO. S.A.O.G.



الشركة العامة للتأمين والتأمينات عمان ج.م.ع

SECURITY SERVICES

P.O. Box 1522, P.C. 112, Ruwi, Sultanate of Oman C.R. 1/23725 Tel: 24477300

Fax 24477334 Email info@omanutd.com

Professional Indemnity Insurance Overall (Annual Cover/Single Project) Architects and Engineers

NOTICE TO THE PROPOSED INSURED

1. Disclosure of

Relevant Facts

Your Duty of

Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (i.e. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

events that occurred prior to the retroactive date of the policy (if such a date is specified);
claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;

claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;

claims made, threatened or intimated against you prior to the commencement of the period of cover;
facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;

claims arising out of circumstances noted on the Proposal Form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

You should familiarize yourself with our standard form of policy for this type of cover before submitting this proposal.

Notice: You are to disclose in the proposal form fully and faithfully all the facts you know or ought to know otherwise the policy issued may be void.

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IMPORTANT:

Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.

Where provided, tick () appropriate box to indicate answer.

The Applicant will be referred to in this Proposal as "You" or "Your".

1. Details of Applicant

- (a) Full name of all entities to be insured (including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy): (Hereinafter the applicant will be referred to as "You" or "Your")
- (b) Your Principal Address:
- (c) Date on which the Practice was established: ____ / ____ / ____
- (d) Please list any secondary or foreign locations on a separate sheet

2. Management and Personnel Details

(a) Please supply the following details:

Names of Partners, Principals and Directors	Qualifications/Dates/Total duration of professional experience	Period Practicing as Partner, Principal or Director

(b) Please supply total numbers of:

(i) Partners/Principals/Directors		(v) Non-technical administrative staff	
(ii) Qualified Staff		(vi) Clerical staff	
(iii) Other technical staff		(vii) Other staff (Please specify)	
(iv) Trainee staff		TOTAL (All staff)	

3. Details of Practice/ Risk Details

- (a) Please describe below the nature of your business activities (if you have a brochure, or company literature, please attach to this form)

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- (b) Has the name of the practice ever been changed? Yes 0 No 0
If yes, please give former name and supply details
- (c) Has any other practice or business merged with you? Yes 0 No 0
If yes, please give name of merging firms and supply details
- (d) Have you purchased any other practice or business? Yes 0 No 0
If yes, please give name and supply details
- (e) Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice or business? Yes 0 No 0
If yes, please give name of associations and supply details.
- (f) In which of the following professions is your firm engaged? (in % of total fees)

Type of work	Enter % split of work
Interior Design	
Non-Structural Refurbishment	
Landscape Architecture	
Planning Supervision	
Town Planning	
Feasibility Studies	
Project Co-ordination	
Heating, Ventilation, Air Conditioning and Refrigeration	
Quantity Surveying	
Telecommunications Engineering	
Electrical Engineering	
Mechanical Engineering	
Architectural	
Construction Management	
Surveying - Buildings	
Surveying - Land	
Project Management	
Industrial Engineering/Process Engineering	
Environmental services	
Civil Engineering	
Structural Survey/Inspection	
Structural Engineering	
Soil/Geo Technical Engineering	
Enabling/Piling/Shoring/Foundation/Dewatering - refer if greater than 10%	
Chemical Engineering	
Nuclear Engineering	
Valuation work of any type	
Other work not described elsewhere	0

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Design and Construct	% on fee element
	% on Construction Values where Contracting only (no design responsibility)
	% on Construction Values where Contracting to design by others on Insured's behalf
	% on Construction Values where design performed by our Insured

(g) Responsibilities

(a) Design only	%
(b) Supervision of construction	%
(c) Design and supervision	%
(d) Project management (turn-key contract)	%
(e) Others not shown please specify	%

(h) Division of the firm's activities:

(a) Feasibility studies, reports, surveys, etc. Please specify projects	%
(b) Bridges and/or tunnels and roads	%
(c) Dams, rivers and ports/harbours, jetties	%
(d) Mines, underground or sub aqueous works	%
(e) Airports	%
(f) Sewerage schemes, water supply	%
(g) Foundations and underpinning railway and subway	%
(h) Water schemes, agricultural engineering	%
(i) Nuclear or atomic projects	%
(j) Chemical, petrochemical plants, oil & gas, pipelines	%
(k) Housing schemes	%
(l) High-rise buildings below 10 stories	%
(m) High-rise buildings between 10 and 20 stories	%
(n) High-rise buildings above 20 stories	%
(o) Schools, hospitals, municipal buildings	%



(p) Industrialized system buildings	%
(q) Mechanical plant and bulk handling equipment (including soils, etc.)	%
(r) Other works including and specialist activities not shown above (specify which)	%

(h) Do you engage in any actual construction or manufacturing, or sell building/erection material of any kind
Yes 0 No 0

If yes, please supply details

(i) Are you in any other way connected to the construction firm you provide services for?
Yes 0 No 0

If yes, please supply details

(j) Are verbal reports always confirmed in writing? Yes 0 No 0
If no, how do you substantiate such verbal reports?

(k) Do you perform work outside your country, or work for clients located overseas?
Yes 0 No 0

If yes, please supply details.

4. Single Project Cover

If single project cover is requested please complete the following:
If only annual cover requested proceed with question 5.

4.1 General questions regarding the project

(a) Principal
(b) Main contractors
(c) Main consortium
(d) Is Contract Awarded

4.2 Detailed description

(a) Nature and purpose of the project (detailed description) and <u>title</u> of the project
(b) Nature of your work (detailed description incl. special techniques and hazardous factors)

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(c) Location of project (place, country, surrounding property)

4.3 Fees

(a) Total contract value

(b) Your fees (breakdown between design/supervision/construction/others)

4.4 Dates of Project

(a) Commencement duration of design work

(b) Commencement duration of the construction supervision works

(c) Commencement duration of the construction works

(d) Probable date of handling

(e) Period of your liability/statutory limitation

(f) Please advise full policy period required

(g) Please provide us with a copy of the time bar

5. Financial Position of the Corporation

Please provide the amount of gross income/fees for the following:

	Local market	OTHER please specify
(i) Estimated Current financial		
(ii) Last financial year		
(iii) Previous financial year		

6. Previous insurance/previous claims

(a) Have you previously been insured?

Yes 0 No 0

If so, please specify:

Name of insurer	Policy Period	Limit of indemnity	Premium
1			



2			
3			
4			

(b) Has a previous application been declined? Yes 0 No 0

Has a previous insurance: - required increased premium? Yes 0 No 0

- required special restrictions? Yes 0 No 0

- been terminated/not been renewed by an insurer?
Yes 0 No 0

If yes, please supply details.

(c) Have any claims been made in the last five years against your firm that might give rise to a claim?

Yes 0 No 0

If yes, please provide details as asked.

Date Matter Notified	Name of Insurer (If any)	Name of Claimant or Potential Claimant	Brief description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalized or Outstanding?

(d) Are any of the Partners, Principals or Directors, AFTER ENQUIRY, aware of any claim or circumstance that might give rise to a claim against the Practice/prior Practices of any of their present or former Partners, Principals or Directors which is not referred to in question (b) above?

Yes 0 No 0

Name of Claimant or Potential Claimant	Brief description of the Matter	Estimate of potential Liability

7. Insurance Cover

(a) Does the Practice presently carry, or has the Practice ever carried, Professional Indemnity Insurance?

Yes 0 No 0

If yes, please supply details.

Insurer: _____

Expiry Date: _____

Limit of Indemnity: _____

Premium: _____

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Has the Practice or any Partner, Principal or Director ever been refused this type of insurance, had similar insurance cancelled, had an application of renewal declined, or had special terms imposed? ____

Yes 0 No 0

If yes, please supply details.

8. Application for Cover

Limit of Indemnity required: (Each and Every Claim) (in the aggregate)

Deductible/Excess each and every claim requested:

9. Extensions of Cover

(a) Is cover required for Partners' previous business Yes 0 No 0

If yes, please supply details

Name of Partner	Title of Previous Business	Dates of Previous Business

(b) Please indicate if the following covers are required and limits if any

(i) Libel and Slander Yes 0 No 0

(ii) Dishonesty of Employees Yes 0 No 0

(iii) Loss of documents Yes 0 No 0

(iv) Outgoing Partners Yes 0 No 0

If yes, please supply details

Name of Partner	Date Left Practice

10. Quality & Risk Management

A Maximum discount of 25% maybe applied after a review of the firm's general character and Risk Management procedures according to the following – MENA specific RM criteria/check list. To qualify for additional credits (as applicable) an Insured will be scored according to the extent to which the criteria are met.

A check list containing the following questions (and their respective answers) relating to the characteristics should, where possible, be incorporated in Proposal/Application Forms or otherwise **confirmed in writing by the Insured.**

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Characteristics of the Insured		
Low annual staff turnover – below 10%	yes	no
Largest fee not above 10% of total fees (diversification)	yes	no
Stable growth in fee income – over a 3 year period	yes	no
Did you achieve ISO9001 or equivalent quality assurance standard	yes	no
Do you have a written risk management policy	yes	no
Do you maintain an In-house risk management department staffed with suitably qualified/experienced personnel	yes	no
Do you use Standard Contracts containing a hold-harmless or other clause limiting liability	yes	no
Do you sign-off procedure for non-standard contracts	yes	no
Do you use or not untested or non-conventional techniques	yes	no

11. Declaration

I/We the undersigned authorized **Insured Person(s)**, after enquiry declare as follows:

- (1) I am / We are authorized by each of the other Applicants to make this Proposal.
- (2) I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
- (3) I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
- (4) I/We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform reinsurers of any change in the particulars or statements contained in this Proposal or in the accompanying documents.

Although the signing of this Proposal does not bind the Applicants to effect insurance the Applicants acknowledge that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal and the accompanying documents will be incorporated in the Policy.

Name of Practice:

Signed:

Partner, Principal or
Director:

Date