



SHARJAH INSURANCE COMPANY

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PROFESSIONAL INDEMINITY PROPOSAL FORM FOR ENGINEERING CONTRACTORS

1. Please answer all questions leaving no blank spaces.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
3. This form must be signed and dated by a Partner, Principal or Identified Officer of the firm.
4. If you have a brochure about your firm's operation(s), please forward it with this application.

1.	Name of Firm:		
2.	Address of Firm: (If more than one, please give each address and indicate Partner or Principal who is responsible for work at each address.)		
3.	When was the firm established?		
4.	During the past five years, has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place?		
	YES	NO (Please tick)	
	Please give the following details:		
	<i>NAME OF ALL PARTNERS / PRINCIPALS</i>	<i>QUALIFICATIONS</i>	<i>HOW LONG AS PARTNER/PRINCIPAL OF THIS FIRM</i>
			<i>HOW LONG A PARTNER/PRINCIPAL</i>

6.	Please give the total number of Principals, Partners and Staff:			
	TECHNICAL		NON-TECHNICAL	
	a) Partners or Principals		f) Administrative	
	b) Other Qualified Engineers		g) Clerical	
	c) Draughtsmen		h) Typist, Office Boys	
	d) Trainee Staff (Please specify)		i) Others	
	e) Other Qualified Staff (Please specify)			
	TOTAL TECHNICAL		TOTAL NON-TECHNICAL	
TOTAL WHOLE FIRM				
7.	PREVIOUS COVERAGE			
	Please give particulars of previous similar Insurance carried during past two (2) years.			
	PERIOD	INSURER	LIMITS	EXCESS
8.	Has any Proposal for similar Insurance made on behalf of the Firm, any predecessors in business, or present Partners or Principals, ever been declined or has any such Insurance ever been cancelled or renewal refused?			
	Yes		No (Please tick)	
If "Yes", please give details:				
9.	In which of the following professions is your Firm engaged? (Please tick)			
	a. Civil Engineering		g. Soil Engineering	
	b. Structural Engineering		h. Nuclear Engineering	
	c. Mechanical Engineering		i. Others (Please specify)	
	d. Electrical Engineering			
	e. Heating & Ventilating Engineering			
	f. Chemical Engineering			
10.	Has the Firm executed any Contract with Design, Supply, Erection and Commissioning? If so, please give details.			
		PAST FINANCIAL YEAR	CURRENT FINANCIAL YEAR	ESTIMATE FOR COMING FINANCIAL YEAR
	i. Design Fees			

	ii. Contract Value																		
11.	<p>(APPLICABLE TO QUESTION NO. 9)</p> <p>A. What <i>substantial</i> changes in the above percentages or amounts does the firm foresee during the next twelve months?</p> <p>B. Please give details of any major new operations being undertaken during the next twelve months.</p> <p>C. Please comment on any features of your work which you think may be of interest to Underwriters.</p> <p>List the five largest jobs performed by your Firm giving details of Contract Value, Design Fees and short description of Contracts, performed during the last five years to be listed on your Letter Head.</p>																		
12.	<p>Is this Firm or any Partner/Principal connected or associated (financially or otherwise) with any other Practice, Company or Organization?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)</p> <p>If "Yes", please give full details:</p>																		
13.	<p>Is this Firm or any other Partner or Principal a member of a Consortium?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)</p> <p>If "Yes", please state in what capacity and give the name of other members and their capacities in the Consortium:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;"><i>NAME</i></th> <th style="width: 33%; text-align: center;"><i>CAPACITY</i></th> <th style="width: 33%; text-align: center;"><i>DETAILS OF JOB</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				<i>NAME</i>	<i>CAPACITY</i>	<i>DETAILS OF JOB</i>												
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14.	<p>Has any claim been made against this Firm or any Partner or Principal while in a previous Firm?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)</p> <p>If "Yes", please give full details:</p>																		
15.	<p>Is the Proposer aware, after full enquiry, of any allegations or commentions about any incident, which has or may result in any claim being made against the Firm or any of the Partners, either past or present, whilst they were in the Firm, or in any previous firm or position, or any of the employee?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)</p> <p>If "Yes", please give full details:</p>																		

16. What is the amount of the indemnity required?

17. What is the amount of the excess which your Firm would be prepared to carry in respect of each claim?

(Underwriters require minimum excess, depending on size of the firm and the type of work undertaken)

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Signing this Proposal Form does not bind the Proposer or Underwriter to complete to complete this Insurance.

Signed this _____ day of _____ 200_____.

*For and On Behalf of _____
(Insert Name of Firm)*

Signature of Partner or Principal _____

Please attach brochure.