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THE UNITED INSURANCE COMPANY SC

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**PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM
ARCHITECTS AND CONSULTING ENGINEERS
PROJECT COVER**

I. GENERAL DATA			
1. Name of Proposer			
2. Address of head office			
3. Address of branch office (s) and name (s) of resident partner (s)			
4. When was firm established?			
5. Details of all practicing principals or partners			
Names	Qualifications, dates qualified/total duration of professional experience	Position held in Company and how long	

<p>6. Total number of principals, Partners and staff</p> <p>Technical:</p> <ul style="list-style-type: none"> - Principals, partners or officers - Other qualified engineers - Qualified architects - Surveyors - Draughtsmen - Other qualified staff (please specify) - Trainee staff (please specify) <p>Total non-technical/administration staff</p>	<p>Numbers</p>
<p>7. Do you give work to independent firms (subcontractors) and/or specialists?</p> <p>If so, please state kind of work and percentage of fees.</p> <p>(The professional liability of such independent firms is not covered under the proposed policy)</p>	<p>yes no</p> <p>_____ %</p>
<p>8. Are you financially connected with the principal of the project and/or with contractor (s)?</p>	<p>yes no</p>
<p>II NATURE OF YOUR ACTIVITIES</p>	
<p>1. In which of the following professions is your firm engaged?</p> <ul style="list-style-type: none"> a) Civil engineering b) Structural engineering c) Mechanical engineering d) Electrical Engineering e) Heating and ventilating engineering f) Chemical engineering g) Soil engineering h) Others not shown <p>Please specify.</p>	
<p>2. In what type of projects is your firm specialized? Please specify.</p>	

<p>3. List some of the largest and typical jobs performed by your firm during the last five years (brief description including values and fees)</p>	
<p>III GENERAL QUESTIONS REGARDING THE PROJECT</p> <p>1. Principal</p>	
<p>2. Main contractor/consortium</p>	
<p>3. Nature and purpose of project</p>	
<p>4. Location of project (place country)</p>	

<p>5. Total contract value How much of total sum refers to building structure?</p>	
<p>6. Your fees</p>	
<p>IV NATURE OF YOUR WORK/RESPONSIBILITY/PERIOD</p> <p>1. Nature of your work (detailed description including special techniques and hazardous factors)</p>	
<p>2. Your responsibility (e.g. design and/or supervision)</p>	
<p>3. Commencement and duration of your work</p>	
<p>4. Commencement and duration of construction work</p>	
<p>5. Probable date of handing over</p>	
<p>6. Period of your liability/statutory limitation</p>	
<p>V. TECHNICAL DETAILS</p> <p>1. Soil conditions</p>	
<p>2. Ground-water conditions</p>	
<p>3. Nature of foundations</p>	

<p>VI. SURROUNDING PROPERTY</p> <p>Please give description of the neighborhood or the site (details of existing buildings or surrounding property possibly affected by contract works such as excavation, underpinning, piling, vibration or ground-water lowering)</p>	
<p>VI INSURANCE/CLAIMS EXPERIENCE</p> <p>1. Are you protected by an annual professional indemnity insurance Policy? If so _____ a) b)</p>	<p>yes no</p>
<p>2. Number and amount of claims during last 5 year</p>	
<p>VII. INDEMNITY REQUIRED</p> <p>1. Limit any one accident</p>	
<p>2. Limit in the annual aggregate</p>	
<p>3. Deductible each and every claim to be borne by insured</p>	
<p>VIII . SCOPE OF COVERAGE</p> <p>1. Design only</p>	<p>yes no</p>
<p>2. Supervision only</p>	<p>yes no</p>

3. Design and _____	yes no
4. Loss of documents	yes no
5.Dishonesty of employees If so, please answer the following questions: a. Has the firm sustained any loss through the fraud or dishonesty of any employees b. Is any employees allowed to sign cheques without counter signature by a partner? If so, up to what amount?	yes no yes no yes no
6. Libel and slander	yes no

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.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance

Dated this day of

For and on behalf of _____

Signature of partner or principal _____

PLEASE ATTACH A BROCHURE AND/OR COMPANY PROFILE CONCERNING YOUR FIRM