



RIAS Insurance Services  
Orchard Brae House  
30 Queensferry Road  
Edinburgh EH4 2HS  
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**PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM 2018-2019  
for "Small Practice" Architects**

**Eligibility Criteria:**

**A firm qualifies for cover under the RIAS Scheme if the principal business address is in Scotland and at least one of the principals of the Practice is a qualified chartered architect and registered as an architect with the Architects Registration Board (ARB).**

1.	Name of Firm or Company	
	Address	
	Post Code	Date established
	Telephone Number	Fax Number
	Email	

2.	Please provide name(s) in full of Partners/Directors of Firm/Company		
	<b>Name</b>	<b>Qualifications</b>	<b>Date Qualified</b>

3a.	Please indicate Total Gross Fee Income (excluding VAT disbursements and recharged expenses) for the last financial year (if new Firm/Company state projected Fee Income for first twelve months of trading).
£	

3b.	Please state largest contract value where construction has commenced during the last 5 years or will commence during the first 24 months of trading. £
3c.	<p>Have you been appointed or hold yourselves out to be a Principal Designer as defined in the 2015 CDM Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Please provide full details including nature of services and the fee income earned.</p> <p>If the role has been sub-contracted out, please confirm that the sub-contractor has the relevant experience and maintains their own Professional Indemnity Insurance. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3d.	<p>In the last 10 years, have you provided or been responsible (including contractually) for providing any advice, design, specification, inspection, supervision or professional business services in any way related to or in connection with “<b>façade material</b>” (including but not limited to cladding, insulation and wall panelling)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If Yes Please complete the following:</b></p> <p>(a) Do you ensure that all “façade material” meets the minimum required standard and building regulations/ requirements:</p> <p>In your domiciled territory? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>In the Project’s location/ territory? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If No, please complete supplementary Façade Material Supplementary Questionnaire</b></p> <p>(b) Has any project included Aluminium Composite Materials (ACM) of any type/variety? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If Yes, please complete supplementary Façade Material Supplementary Questionnaire</b></p> <p>(c) Have you, or any other party, been asked to review any project in relation to “façade material”? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If Yes, please complete supplementary Façade Material Supplementary Questionnaire</b></p>
4.	<p>Please indicate which Limit of Indemnity you require (Note: the A.R.B. Minimum is £250,000):</p> <p>£250,000 <input type="checkbox"/> £500,000 <input type="checkbox"/> £750,000 <input type="checkbox"/> £1,000,000 <input type="checkbox"/></p> <p>£1,500,000 <input type="checkbox"/> £2,000,000 <input type="checkbox"/> Other Please Specify £</p>
5.	<p>Has any insurance of this nature arranged on behalf of the Firm/Company or its predecessors in business or any of the present Partners/Directors ever been declined, cancelled, renewal refused or special terms imposed?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please attach full details on a sheet of headed paper.</p>

6.	<p>Have any claims (successful or otherwise) ever been made against you or to the best of your knowledge and belief have any claims ever been made against the Firm/Company or its predecessors in business or any of the present or former Partners/Directors?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, it is important that full details including year, amount and nature of claim(s) are attached on a sheet of headed paper.</p>
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7.	<p>Are any of the Partners/Principals/Senior Employees AFTER ENQUIRY aware of any CIRCUMSTANCE(S) which is/are likely to give rise to a claim against this Practice or their predecessors in business or any of the former Partners/Principals other than those already notified to insurers? Please note that any such CIRCUMSTANCE should include any known complaint or threat, whether verbal or in writing, of any complaint to the ARB or any other professional body about your conduct and/or competency.</p> <p style="text-align: right;">YES/NO</p> <p>If "YES" please give full details including amounts:</p> <p>(Note: If you are seeking a quotation from RIAS Insurance Services for the first time or are returning to the RIAS Insurance Services PI Facility, please attach a written record of past notifications and claims, whether successful or not)</p> <p>(We must remind you that it is imperative to answer this question to the best of your knowledge and belief. FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS if a claim should subsequently arise.)</p> <p><b>Data Protection Notice</b></p> <p>We will process your data in line with our Terms of Engagement. More information about our use of personal data is set out in this document and the Marsh Privacy Notice available at: <a href="https://www.marsh.com/uk/privacynotice.html">https://www.marsh.com/uk/privacynotice.html</a>.</p> <p>We recommend that you review this notice.</p> <p><b>Declaration</b></p> <p>I/WE declare that AFTER ENQUIRY to the best of my knowledge and belief, the statements and particulars in this Proposal are true and correct and that I/WE have not knowingly withheld any information, which would influence the decision of (re)insurers in regard to this Proposal. . I/WE undertake to inform Insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.</p> <p style="text-align: right;">Signature of Partner/ Director</p> <p>I also confirm that my Practice meets the eligibility criteria as outlined above.</p> <hr style="width: 20%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">Date</p>
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Completion of this form does not bind you or Insurers to complete a Contract of Insurance. If you should arrange a Policy of Insurance through us which is subsequently transferred to another agency, please note that we reserve the right to charge a fee for future claims handling work after the cessation of our appointment.

***A copy of this Proposal should be retained for your own records***