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BUNNA INSURANCE S.C

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

**I. GENERAL DATA**

1. Name of Firm: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Address of Head Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Address of branch office(s) and name(s) of resident partner(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. When was the firm established? \_\_\_\_\_

5. Details of all practicing principals or partners:

<b>Names</b>	<b>Qualifications dates qualified/total duration of professional experience</b>	<b>Position held in company and how long</b>


6. Total number of principals, partners and staff

**Numbers**

Technical: - Principals, partners or officers ..... \_\_\_\_\_

- Other qualified engineers ..... \_\_\_\_\_

- Qualified architects ..... \_\_\_\_\_

- Surveyors ..... \_\_\_\_\_

- Draughts men ..... \_\_\_\_\_

- Other qualified staff (please specify)..... \_\_\_\_\_

..... \_\_\_\_\_

..... \_\_\_\_\_

Trainee Staff (please specify) ..... \_\_\_\_\_

..... \_\_\_\_\_

..... \_\_\_\_\_

Total Non-Technical/Administration Staff ..... \_\_\_\_\_

Do you give work to independent firms

(Subcontractors) and/or specialists? ..... **Yes** ☐ **No** ☐

If so, please state kind of work and percentage of fees..... \_\_\_\_\_ %

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**Note: The professional liability of such independent firms is not covered under the proposed policy.**

7. Are you financially connected with the principal of the project and/or with contractor(s)? ..... **Yes** ☐ **No** ☐

## **II. NATURE OF YOUR ACTIVITIES**

1. In which of the following professions is your firm engaged?

a) Civil Engineering ..... ☐

b) Structural Engineering ..... ☐

c) Mechanical Engineering ..... ☐

- d) Electrical Engineering ..... ☐
- e) Heating & Ventilating Engineering ..... ☐
- f) Chemical Engineering ..... ☐
- g) Soil Engineering ..... ☐
- h) Others not shown, please specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. In what type of projects is your firm specialized? Please specify.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. List some of the largest and typical jobs performed by your firm during the last five years (brief description including values and fees).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **III. GENERAL QUESTIONS REGARDING THE PROJECT**

1. Principal \_\_\_\_\_

\_\_\_\_\_

2. Main contractor/consortium \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Nature and purpose of project \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Location of project (place, country, etc.) \_\_\_\_\_

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5. Total contract value \_\_\_\_\_

How much of the total sum refers to building structure? \_\_\_\_\_

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6. Your fees \_\_\_\_\_

#### **IV. NATURE OF YOUR WORK/RESPONSIBILITY/PERIOD**

1. Nature of your work (detailed description including special techniques and hazardous factors) \_\_\_\_\_

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2. Your responsibility (e.g. design and/or supervision) \_\_\_\_\_

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3. Commencement and duration of your work \_\_\_\_\_

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4. Commencement and duration of construction work \_\_\_\_\_

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5. Probable date of handing over \_\_\_\_\_

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6. Period of your liability statutory limitation\_\_\_\_\_

\_\_\_\_\_

## **V. TECHNICAL DETAILS**

1. Soil Conditions\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Ground Water Conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Nature of Foundations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **VI. SURROUNDING PROPERTY (Please give description of the neighborhood of the site details of existing buildings or surrounding property possibly affected by contract works such as excavation, underpinning, pilling vibration or ground-water lowering)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **VII. INSURANCE/CLAIMS EXPERIENCE**

1. Are you protected by an annual Professional Indemnity Policy? ..... ☐Yes ☐ No  
If so, please advice:

a) Name of Insurance Company \_\_\_\_\_

b) Limit of Indemnity \_\_\_\_\_

2. Number and amount of claims during the last 5 years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **VIII. INDEMNITY REQUIRED**

1. Limit any one accident \_\_\_\_\_  
2. Limit in the annual aggregate \_\_\_\_\_  
3. Deductible to be borne by insured each and every claim \_\_\_\_\_

### **IX. SCOPE OF COVERAGE**

1. Design only ..... **Yes** ☐ **No** ☐  
2. Supervision only ..... **Yes** ☐ **No** ☐  
3. Design and Supervision..... **Yes** ☐ **No** ☐  
4. \_\_\_\_\_  
\_\_\_\_\_

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 the Company to complete this insurance.

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_

**For and on behalf of** \_\_\_\_\_

**(Insert name of firm)**

**Signature of Principal** \_\_\_\_\_

**Seal of Firm**

**PLEASE ATTACH A BROCHURE CONCERNING YOUR FIRM.**