PROFESSIONAL INDEMNITY INSURANCE
QUALITY AND RISK MANAGEMENT QUESTIONNAIRE
For Construction Professionals (Architects, Engineers and Design & Construct Firms)

Good risk management can help minimise the incidence of claims for professional negligence and make it easier to defend any claims that do arise. Completion of this questionnaire will enable us to reflect good risk management features when calculating your premium.

In this questionnaire we use the term ‘Principal’ to mean any sole principal, partner, director or member of a Limited Liability Partnership (LLP).

Name under which business is conducted, that will be the Insured in the insurance policy. Also referred to as ‘Proposer’, ‘You’ or ‘Your’ in this questionnaire:

Policy Number:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>You have been established for 5 or more years with the same principals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>You are certified (or in the process of being certified) to ISO 9001 Quality Systems or subject to a similar form of external assessment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>You work to a professional code of practice, such as RIBA, CIOB, CIBSE, RICS or similar?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>Written contract conditions are used in every case?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td>You have written work instructions or checklists for the services provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td>You have identified the risks associated with your field of work and taken action to minimise these risks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g)</td>
<td>Management review working procedures at least every six months to ensure their continuing suitability?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h)</td>
<td>Prior to contracts being accepted you check that contract specifications and customer requirements can be met by ensuring that you have the technical ability to undertake the contract, the resources and time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i)</td>
<td>Records are kept of the original contract, subsequent amendments, verbal agreements and telephone conversations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j)</td>
<td>Work done by your staff is reviewed using spot checks and periodic reviews?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k)</td>
<td>Reviews of your staff, partners, directors or members of LLPs are completed at least once every 12 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l)</td>
<td>Regular file reviews and audits are conducted at least once every 12 months for all fee earners, including principals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m)</td>
<td>Your staff and principals have training and development plans in place (e.g. participation in a Continued Professional Development programme)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n)</td>
<td>Recruitment procedures include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• obtaining written references,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• verifying qualifications and previous experience,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• checking for any previous Professional Indemnity claims or circumstances?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you would like to provide further information, particularly where you have answered ‘no’, please use the box below.
2. Please give details of any industry awards or accreditations held by your practice.

3. What is the total fee income from your largest client in the last year? £

4. Do you use subconsultants or subcontractors? Yes ☐ No ☐

   If ‘Yes’, when subconsultants or subcontractors are used, can you confirm that you:

   a) use well established reputable firms with their own insurances? Yes ☐ No ☐
   b) use firms known to you or from a regular panel of contractors? Yes ☐ No ☐
   c) checks and only use firms with healthy accounts? Yes ☐ No ☐
   d) check that adequate professional indemnity insurance is in place? Yes ☐ No ☐

5. Have you appointed a principal to be responsible for risk management? Yes ☐ No ☐

6. Have you engaged an independent supplier/company to carry out a formal risk assessment of business procedures? Yes ☐ No ☐

   If ‘Yes’,
   a) have you acted on the recommendations? Yes ☐ No ☐
   b) please supply copies of any reports and follow up assessments.

7. Where you are responsible for sourcing materials, do you ensure these are supplied from a trusted and reputable manufacturer? Yes ☐ No ☐ N/A ☐

8. Where you have undertaken architectural design, have you ever agreed to remove the term ‘do not scale’? Yes ☐ No ☐ N/A ☐

9. Have you provided certification of works in the past or intend to in the future? Yes ☐ No ☐

   If ‘Yes’ the individual(s) responsible for the certification:

   a) have the necessary expertise to provide certification? Yes ☐ No ☐
   b) undertake the necessary levels of inspection at all appropriate stages? Yes ☐ No ☐
   c) when inspections are carried out, have the necessary information to be able to make the appropriate statements in the certificate Yes ☐ No ☐
   d) the answers to 9 a) to 9c) apply for the last 6 years Yes ☐ No ☐

If you would like to provide further information, where you have answered ‘no’ to questions 7, 9a, 9b, 9c, 9d or ‘Yes’ to question 8, please use the box below

10. Please confirm the number of Professional Consultants Certificates signed in each of the last 6 years and the total value of those buildings certified.

<table>
<thead>
<tr>
<th>Year</th>
<th>Last year</th>
<th>2nd year back</th>
<th>3rd year back</th>
<th>4th year back</th>
<th>5th year back</th>
<th>6th year back</th>
<th>Certified Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>
IMPORTANT NOTICES

Please read the following carefully before you sign and date the Declaration and Undertaking

IMPORTANT NOTICE CONCERNING YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK

Before the insurance policy takes effect the Insured have a duty to make a fair presentation of the risks to be insured under the insurance policy.

A fair presentation of the risk is one:
• which:
  – discloses to the Insurer every material circumstance which the Insured know of or ought to know of; or
  – gives the Insurer sufficient information to put the Insurer on notice that it will need to make further enquiries for the purpose of revealing those material circumstances,
• which makes that disclosure referred to above in a manner which is reasonably clear and accessible to the Insurer; and
• in which every material representation as to a matter of fact is substantially correct, and every material representation as to a matter of expectation or belief is made in good faith.

A material circumstance is one that would influence the Insurer’s decision as to whether or not to agree to insure the Insured and, if so, the terms of that insurance. If you are in any doubt as to whether a circumstance is material you should disclose it to the Insurer.

A copy of the questionnaire should be retained by you for your own records.

FAIR PROCESSING NOTICE

RSA will treat your personal information fairly and lawfully in accordance with the Data Protection Act 1998.

DECLARATION AND UNDERTAKING

I/we declare that every statement and particular contained within this questionnaire:
• which is a statement of fact, is substantially correct, and
• which is matter of expectation or belief, is made in good faith.

If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect I/we undertake to provide details of all such changes to the Insurer in order to comply with my/our obligation to provide a fair presentation of the risk to be insured under the insurance policy.

For the purposes of making this proposal for insurance, I/we agree that the Intermediary (which I/we have appointed to advise in relation to this policy) is acting on my/our behalf and not as an agent of the Insurer.

Signature (Principal) ___________________________ Date ________________

On behalf of* ________________________________

*insert name of Proposer

This insurance will not commence until the Insurer has indicated acceptance of the Proposal. The Insurer reserves the right to decline any Proposal.

Please initial any alterations on this questionnaire.