

SHORT FORM PROJECT QUESTIONNAIRE

Note: This questionnaire is designed to enable INITIAL NON-BINDING INDICATIONS to be given for Single Project Professional Indemnity Insurance in relation to projects in the construction and engineering industries. No other or additional information has been or will be used at this stage. This questionnaire does not replace the need for subsequent completion of a full proposal form in the event that coverage is required. Any costings given will be for "Claims Made" coverage.

Contact : TROWE Insurance Brokers, Jürgen Dyckerhoff
Address: Schorerstrasse 1, 81547 München, Germany
Telephone: +49 89 620 191 45
Telefax: +49 89 620 191 50
E-mail: juergen.dyckerhoff@trowe.de

Please note that the following informations/documents (preferred in English) will be required by TROWE and the underwriters if insurance cover is to be installed:

- Ševery contract between the proposer and the principal
- Ševery contract between the proposer and his subcontractor(s)
(if applicable and cover is sought)
- Ša (provisional) progress chart of the project
- Š(estimated) scope of works
- Ša map showing the geographical situation of the project
- Šthe insurance claim experience of the proposer (and his subcontractors) within the proposed scope of works

The sooner the a.m. informations are available the earlier we can provide You with accurate informations about the costs, scope and the availability of the insurance. Please bear in mind that it takes some time to get an adequate quotation for a project with unusual requirements.

PROFESSIONAL INDEMNITY INSURANCE SHORT FORM PROJECT QUESTIONNAIRE

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1. Details of Parties to be Insured

1.1 Name and address of the Main Proposer

Proposer's role in connection with the project

Prime or Lead Architectural/Engineering Consultant

Prime Contractor

Other _____ (please describe)

Has the Contract been awarded to the Proposer?

Yes No

1.2 Name of any other parties who are to be covered by the proposed Project PI Policy

i)

ii)

iii)

iv)

v)

Existing insurance covers:

Names of Party against whom rights of recourse are to be maintained	Annual PI Limit and Insurer	Percentage of Total Gross/Notional Fees earned by Named Party

1.3 Name of Principal / Funding Agency / Developer

1.4 Are any parties to insured hereunder domiciled in the USA?

Yes No If 'Yes', please provide details

2. Project Details

Details of the project for which insurance is sought:

2.1 Name and Location of the project:

2.2 Please provide a brief description of the project:

3. Contract Value and Fees

3.1 Estimated Total Contract Value (US\$):

- i) Total overall Contract Value:

- ii) If the parties who are to be covered by the proposed Project PI Policy are only involved in part of the overall contract please provide the contract values applicable for that part:

3.2 Estimated Gross Professional Fees (US\$).

Total Professional Fees for all parties who are to be covered by the proposed Project PI policy

approx.

3.3 Approximate breakdown of the Estimated Contract Value to be insured.

		%
		%
		%
_____		%
		%
_____	_____	%
		%

4. Construction and Insurance Periods

4.1 Expected time schedule for the project

Construction months

Maintenance months

Discovery Period months

4.2 Anticipated date for starting on site?

5. Limits and Excesses

5.1 Limit(s) of Indemnity required (US\$):

general (third party) liability:

professional indemnity:

5.2 Self-Insured Excess for which an indication is required:

US\$

Alternative Self-Insured Excesses

US\$

6. Contacts

CONTACT NAME:

POSITION:

ADDRESS:

TELEPHONE NO:

TELEFAX NO:

E-Mail:

PROJECT/EMPLOYER'S WEBSITE:

ENGINEER'S WEBSITE: