



ዋና መስረያ ቤት:- አዲስ አበባ, ኢትዮጵያ ከ/ከተ-ሞ:-ቦሊ ወረዳ:-Head Office:- Addis Ababa, Ehiopia Sub City:- Bole, Wereda:- 02 ዓለም ሆንጹ 2° ፎት የመ.- ዋ. ቀጥር:- 4-ከስ:-Alem Building 2<sup>rd</sup> Floor P.O.Box:- 23029 Fox:- 0116150001 አ.ሚያል ስስቲ:- 0116578580 Email:- info@zemeninsuranceeth.com Tel:- 0116151415

## PROFESSIONAL INDEMNITY POLICY Architects and Consulting Engineers Project Cover

## **PROPOSAL FORM**

It is essential that all questions be answered fully. If the answer to any question is none, please state NONE.									
		QUESTIONS		ANSW	ER\$				
I.	GENERA	L DATA							
1.	Name ar	nd address (es) of t	he Firm						
2	When	was the Firm a	established						
3.	3. Full name of partner, qualifications and when qualified, how long practicing in the Firm, and Name(s) of Firm(s) in which previously practiced.								
	Name	Qualification	When Qualified	How long a partner in the Firm	Previous Firm(s)				

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	<ul> <li>q) Mechanical plan &amp; bulk handling equipment (including silos. Etc.)</li> <li>r) other work including any specialist activities not shown above (please specify)</li> </ul>	r)	% 100%
	Supervision of Construction	a)	%
	a. Proportion of work where company both designs and supervises the actual construction		
	b. Proportion of work where company provides technical supervision of construction from the design made by other company.	b)	% D <b>O</b> %
з.	Please give the following:	Domestic	Foreign
5.	a) Total construction values during the past twelve months	a)	
	b) Gross fees received in past twelve months from the following work:	b)	
	1. architectural	1	
	2. engineering	2.	
	3. quantity surveying	3	
	4. structural survey or inspection reports	4	
	5. town planning	5	
	6. any work other than listed above	6	
	Total given must gross fees for the ensure practice c. Do the fees disclosed above include work performed	Birr	
	on projects which have been aborted prior to commencement date, where no liability is accruing to the practice?	c) Yes	No 🗌
	If so, please advise percentage of total fees applicable:		
	d. Estimated fees for the coming twelve months	d) Birr	

4.	Please list the countries involved in your overseas operations and method of handling such business	
	In what type of projects is your firm specialized? Please specify	
5.	List the five largest jobs performed by your company and five typical jobs. Giving brief details of building values, fees received and short description of contracts, performed during the five	

	years, to be listed on your headed paper please.	
6.	Are any major changes anticipated in the Company's activities within the next two years? If yes give full details:	Yes No
111.	General Questions Regarding the project	
	2. Main contractor/consortium	
	3. Nature and purpose of project	
	4. Location of project (place, country)	
	5. Total contract value How much of total sum refers to building structure?	
	6. Your fees	
IV.	Nature of your work/ responsibility/period . Nature of your work (detailed description including special techniques and hazardous factors)	
	2. Your responsibility (e.g. design and/or supervision)	
	3. Commencement and duration of your work	

	4. Commencement and duration of construction work		
	5. Probable date of handling over		
	6. Period of your liability/statutory limitation		
v.	Scope of coverage a. Design only	Yes	No 🗌
	2. Supervision only	Yes	No
	3. Design and supervision	Yes	No 🗌
	4. Loss of documents Limit	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 employee?	Yes	No
	<ul> <li>b) Is any employee allowed to sign cheques without countersignature by a partner?</li> <li>If so, up to what amount?</li> </ul>	Yes	No

VI.	Technical details:	
	1. Soil conditions	
	2. Ground - water conditions	
	3. Nature of foundations	
VII	Surrounding Property:	
	Please give description of the neighborhood of the site (details of existing building or surrounding property possibly affected by contract works such as excavation, under pinning, piling, vibration or ground- water lowering.)	
	Insurance/claims experience	
•	1. Are you protected by an annual professional indemnity insurance Policy?	Yes No
	If so, please advise	
	a) insurance company b) limit of indemnity	
	2. Number and amount of claims during last 5 years	
IX	Indemnity required	
	1. Limit any one accident	
	2. Limit in the annual aggregate	
	3. Deductible each and every claim to be borne by insured	

I/we declared 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 contact of insurance affected thereon. I/we undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

Signing this proposal form does not bind the proposer or underwriters to complete this contract of insurance.

Dated this	day	of		20	
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Signature of director of partner \_\_\_\_\_