



**PROFESSIONAL LIABILITY FOR ARCHITECTS,
CONSULTING ENGINEERS AND OTHER DESIGNERS IN
THE CONSTRUCTION INDUSTRY**

1. Intermediary

Name: CBFA-n°:
 Address:
 Telephone: Fax:
 E-mail address:

2. The Insured

Name:
 Address:
 Telephone: Fax:
 E-mail address:

If the insured is a **company**, the **articles of association** must be enclosed.

FUNCTION

- Architect
- Consulting structural engineer
- Engineer - architect
- Energy Efficiency reporting
- Interior architect
- Landscape architect
- Surveyor-expert
- Energy expert
- Expert
- Study agency / Consulting engineer
- (type:)

PROFESSIONAL QUALIFICATION OF THE INSUREE AND/OR ACTIVE PARTNERS

Surname and forename	Type and year of degree + institution	Date of birth	Number of years of experience

NUMBER OF OTHER EMPLOYEES

	Self employed	White collar employee
Technical		
Administrative		

INSURANCE PROPOSAL

SVE 130607

3. Description of activities

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.....

4. Nature of your activities, honoraria, value of the projects over the last 3 years

	% of your total activities	Year :		Year:		Year:	
		Value of the projects completed during the year (in euros)	Honoraria received during the year (in euros)	Value of the projects completed during the year (in euros)	Honoraria received during the year (in euros)	Value of the projects completed during the year (in euros)	Honoraria received during the year (in euros)
General architecture							
Structural studies (for third parties)							
Civil engineering							
Interior architecture							
Landscape architecture							
Surveying							
Consulting							
Road and sewage works							
Technical installations for buildings							
Other activities (type:)							
TOTAL							

5. How do you determine your fee?

What is the % of your fee on the value of the projects?

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.....

6. What % of the projects are completed without your supervision?

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7. Do you work for promoters or contractors who do a 'complete building package'?

- Yes No

If so,

Name of the promoter:

Average value of the projects:

Average honorarium per project:

Average number of projects per year:

8. Do you have projects abroad?

- Yes No

If so,

In France:

In other European Union countries:

In countries outside the European Union:

9. Do you have a sample contract?

- Yes No (If so, please enclose an example)

10. Do you give work to subcontractors?

- Yes No

If so, which part and to whom?

.....

11. Other professional activities

Do you act as a contractor/project developer? Yes No

Do you purchase and/or sell goods? Yes No

Do you have other professional activities? Yes No

If so, what?

12. What is your preferred formula?

Desired cover

- Cover for the activities in my name and at my cost
- Cover for the activities as an intern and/or independent employee + for the activities in my name and at my cost

Desired capital

Per damage event/per insurance year

- € 350, 000 / € 700, 000
+ extension of coverage for bodily injury up to € 1, 250, 000 per incident and per insurance year
- € 750, 000 / € 1, 500, 000
+ extension of coverage for bodily injury up to € 1, 250, 000 per incident
- € 1, 250, 000 / € 1, 250, 000
- € 2, 500, 000 / € 2, 500, 000.

Desired indemnity

- 20% - min. € 500, max. € 5, 000
(special indemnity for young designers and for appraisals: 10% - min. € 250, max. € 2, 500)
- € 6, 250 fixed sum
- € 12, 500 fixed sum

13. Antecedents

a) Are the insured or persons to be insured presently insured, or have they been insured, for their professional liability?

Yes No

If so, with which insurance company?

Was their policy cancelled by the insurance company or were other conditions prescribed? Yes No

If so, why? When?.....

b) Has the professional liability of the insured or persons to be insured already been called upon during the course of the last 10 years?

Yes No

Were damages claimed? Yes No

If so, for each case of damages please state the date, reason, total amount of damages, and the amount for which the insured or persons to be insured were ruled to be liable:

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Are claims pending? Yes No

If so, for each case please state the date, the reason, the scope, and an evaluation of the liability:

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c) Do you have knowledge of any errors made by the insured or persons to be insured in the performance of their professional activities which could lead to a claim for damages? Yes No

If so, please give more details:

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d) Are the insured or persons to be insured members of a professional association? Yes No

If so, which one?

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e) Have the insured or persons to be insured ever incurred deontological sanctions? Yes No

If so, please give more details:

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14. Declaration

The insured hereby declares that the above information is true and does not contain any omissions or false statements. Please enclose all documentation that may be of use to the insurer to assess the risk (According to section 5 of the law of 25 June 1992 on disclosure requirement). This proposal serves as the basis for the tariffing and will form part of the insurance policy.

'Privacy Law'

The company Protect NV will process the information that you provide in its files to provide you with the best possible service. You can always request access to the processed information in order to make any improvements to the information. You are also free to acquire further information from the 'Commission for the protection of personal privacy'.

Place:

Date:

The mediator signs for veracity of the signature of the insured,

The mediator:

The insured,

Signature,