

PROPOSAL FORM

SPECIALIST INSURANCE POLICY FOR SINGLE PROJECT DESIGN RISKS

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Design & Consult Risks for Building Contractors

PROPOSAL FORM

Intermediary: _____

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that Raheja QBE may issue to you. You are obliged to provide the insurer with a full and frank disclosure of any and all facts, which you know or could reasonably be expected to know, that may be material to the insurer's decision to grant a policy or the terms upon which it should be granted. It is therefore important that you answer fully and accurately all of the questions contained in this proposal, that you provide the insurer with any and all information that may be relevant, and you inform the insurer in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with this obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to the insurer.

If any intermediary is involved in the procurement of this policy, such intermediary shall be deemed to be your agent, including for the purposes of the provision of information and the payment of premium.

The insurer is under no obligation to accept any proposal for insurance. If Raheja QBE accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

NOTICE TO THE PROPOSED INSURED

1. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;



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- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

Please note that the above exclusions are only illustrative and you must refer to the policy document for further details.

2. Average Provision

The policy provides that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim.



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IMPORTANT

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.
- The Applicant will be referred to in this Proposal as "You" or "Your".

B. DETAILS OF APPLICANT

1. Full name of the applicant and their relationship to the client in respect of this project (eg head or principal contractor):

.....

2. Please list EACH Practice in the design and consulting team.

Full Name and Address of Head or Principal Office	Date Established	Activity or Business	Cover Required [Yes/No]
.....
.....
.....
.....
.....

3. Please supply the following details in respect of EACH engineer, architect and surveyor in the design and consulting team.

Names of Engineers, Architects and Surveyors	Age	Qualifications	Date Qualified
.....
.....
.....
.....
.....

C. DETAILS OF PROJECT

1. 1.1 Please provide details of the Project to be insured.

(a) title of Project

.....

(b) location

.....

(c) estimated contract value



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-
- (d) estimated gross fee income to be received by the design and consulting team
- (e) brief description and type of contract (including number of buildings):
-
-
-
-

2. Please complete the time chart below

2.1 Pre-Design Phase

Pre-Design Phase (Including Feasibility Studies)			
From	To	Fees (\$/INR)	Contract Value (\$/INR) (If Applicable)
.....
.....

2.2 Design Phase.

Design Phase			
From	To	Fees (\$/INR)	Contract Value (\$/INR) (If Applicable)
.....
.....

2.3 Construction Phase.

Construction Phase			
From	To	Fees (\$/INR)	Contract Value (\$/INR) (If Applicable)
.....
.....

2.4 Maintenance Phase.

Construction Phase			
From	To	Fees (\$/INR)	Contract Value (\$/INR) (If Applicable)
.....
.....

3. Do you engage in any

- (i) actual construction?

YES NO



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If YES, please provide full details.

.....

(ii) actual product manufacturing? YES NO

If YES, please provide full details.

.....

4. Please detail below the activities of the Practices to be covered in respect of this Project.

Activity	Total Amount Including Any Amount Sub-Contracted		Amount Sub-Contracted	
	Contract Value (\$/INR)	Fee (\$/INR)	Contract Value (\$/INR)	Fee (\$/INR)
(a) Civil engineering %
(b) Mechanical engineering %
(c) Electrical engineering %
(d) Structural engineering %
(e) Heating & ventilating/air conditioning engineering %
(f) Acoustical engineering %
(g) Chemical engineering %
(h) Geotechnical / soil engineering %
(i) Hydraulic/fire engineering %
(j) Plumbing engineering %

- | | |
|--|--|
| (d) Geotechnical services | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (e) Design criteria | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (f) Working drawings | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (g) Flow sheets | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (h) Drafting contract conditions | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (i) Quantity estimates | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (j) Instructions to Tenderers | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (k) Tender adjudication | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (l) Approval of detailed design / drawings | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (m) Co-ordination / expediting | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (n) Quality control and assurance | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (o) Arranging site insurance | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (p) Inspection of installation work | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (q) Measurement | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (r) Authorising progress payments | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (s) Administrating retention fund | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (t) Supervision of commissioning | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (u) Issuing variation orders | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (v) Settling contractual claims | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (w) Certifying final payment / completion | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (x) Agreeing clearing, forwarding and customs dues | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Other (please specify) : | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Note: Unless specifically extended, the policy does not provide cover for claims arising out of the supervisory activities which under a traditional form of contract would be the responsibility of the contractor and not the professional team.

D. CLAIMS DETAILS



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1. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the applicant or any Practice to be covered or have circumstances been notified to insurers that might give rise to a claim? YES NO

If YES, please supply the following details in respect to each matter.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or outstanding?
.....
.....
.....
.....
.....
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.....
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.....
.....

2. Is the Applicant or any Practice to be covered, AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against the Applicant or any Practice to be covered which matter is not referred to in Question 1 above? YES NO

If YES, please provide the following details in respect of each matter.

Name of Claimant or Potential Claimant	Brief description of the Matter	Estimate of Potential Liability
.....
.....
.....
.....

3. Is the Applicant or any Practice to be covered, AFTER ENQUIRY, aware of any claim or circumstance that might give rise to a claim in respect of this Project? YES NO

If YES, please provide full details.

.....



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E. Insurance Cover

(a) Does the Applicant or any Practice to be covered presently carry, or have they ever carried Professional Indemnity Insurance? YES NO

If Yes, please supply details:

Name of Practice	Name of Insurer	Limit of Indemnity	Amount of Deductible/Excess	Expiry Date

(b) Has the Applicant or any Practice to be covered ever been refused Professional Indemnity insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? YES NO

If Yes, please supply details.

.....

F. APPLICATION FOR COVER

- 1. 1.1 Limit of Indemnity required: (in the aggregate)
- 1.2 Deductible/excess requested: (each and every claim)
- 1.3 Extensions:

Please indicate if you seek cover for the following optional extensions.

- Consultants, Sub-Contractors And Agents YES NO
- Project Management YES NO
- Construction Supervision YES NO



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G. DECLARATION

I am/We the undersigned authorised Insured Person(s), after enquiry declare as follows:

- 1. I am / We are authorised by each of the other Applicants to make this Proposal.
2. I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
3. I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform the insurer of any change in the particulars or statements contained in this Proposal or in the accompanying documents.

I hereby declare and warrant after enquiry that to the best of my knowledge and belief that the answers given above are complete and accurate in all respects and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed with the insurer.

Name of Applicant:.....

Signed:

Partner, Principal or Director: Date :

Practices to be covered

(i) Name of Applicant:.....

Signed:

Partner, Principal or Director : Date :

Name and Title:

(ii) Name of Applicant:.....

Signed:

Partner, Principal or Director : Date :

Name and Title:

(iii) Name of Applicant:.....

Signed:

Partner, Principal or Director : Date :

Name and Title:

(iv) Name of Practice :

Signed:

Partner, Principal or Director : Date :

Name and Title:



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**Raheja QBE General Insurance Co Ltd
Commerz, 10th Floor, International Business
Park, Oberoi Garden City, Western Express
Highway, Goregaon (East), Mumbai 400063**

Your Insurance Adviser or Broker

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.