

## **Design Industry Professional Indemnity Insurance 'Supplementary Questionnaire' for Firms and Consultants involved with Interior Design & Architectural activities**

Whether completing this supplementary questionnaire on-line or in a hard copy format, it must be completed in full by all **Proposer's** who have included 'Interior Design' and/or Architectural activities as a discipline under Section B of the main Design Consultants Proposal Form. Please note that this questionnaire will form part of the Proposal Form and therefore will form part of the contract of Insurance with the Insurer.

1. In respect of the **Proposer's** Interior Design/Architectural activities, in the categories below, by percentage, please provide the breakdown of your activities and whether they incorporate work of a structural or non-structural nature:

Categories	Architectural Structural	Architectural Non-Structural	Interior Design Structural	Interior Design Non-Structural
Commercial Premises / Retail Showrooms	%	%	%	%
Leisure Complexes	%	%	%	%
Domestic Housing	%	%	%	%
Exhibition and Display	%	%	%	%
Office / Space Planning	%	%	%	%
Project Management	%	%	%	%
Refurbishment	%	%	%	%
Planning Supervision	%	%	%	%
Restoration	%	%	%	%
Environmental Work	%	%	%	%
Landscape Design	%	%	%	%
Other – Please specify	%	%	%	%
<b>Total of all Categories should equal 100%</b>	%	%	%	%

- 2 (a) If any of the interior design projects included work of a structural nature, please provide details on your letterhead, and also state whether or not a structural engineer was engaged with the respective project(s).

- 2 (b) Please state the approximate total construction value of contracts worked upon during the last 12 months £ \_\_\_\_\_

- 2 (c) Does the **Proposer** subcontract work out to other contractors (e.g. Architects, Engineers, Surveyors etc);  
Yes [ ] No [ ]

If 'Yes' please provide information about these contractors:

Name	Type of Contractor	Total Fees
		£
		£
		£

- 3 (a) As individuals, do any of the **Proposer(s)** carry out independent work in their own name? Yes [ ] No [ ]

- (b) Is cover required to be included for such work under this policy? Yes [ ] No [ ]

If the **Proposer** has answered 'Yes' to either 3 (a) or (b) above, then please provide answers to the below questions or if completing on a hard copy basis, on your letter-headed paper. (**Proposers** should sign and date this information)

- (i) Full description of the work that has been undertaken in the past and details of known future projects;
- (ii) Total amount of gross fees received from this work in the past twelve months;
- (iii) Details of any claims paid or any known circumstances likely to give rise to a claim;

If applicable, please provide answers to questions 3 (a) and/or 3 (b) above:

4. Is more than 50% of the **Proposer's** annual fee income derived from a single contract or single client? Yes [ ] No [ ]  
If 'Yes' please provide full details:

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**Existing and/or Future Major Contracts** – If the information requested in questions 5, 6 & 7 below have already been provided in the main PII Proposal Form by the Proposer, please mark the questions appropriately.

5. Please state the three largest contracts where work has been started by the **Proposer** during the past five years.

Start date	Description of Contract	Total Contract Value	Exp. Completion Date
		£	
		£	
		£	

6. Please state the number of contracts and the respective details for each where a 'duty of care' letter, 'collateral warranty' or alternatively the contract has been signed under seal.

Start date	Contract Type (e.g. Duty of care, etc)	Description of Contract	Total Contract Value	Exp. Completion Date
			£	
			£	
			£	

7. Please give details of any large new contracts commencing during the next twelve months:

Start date	Contract Type (e.g. Duty of care, etc)	Description of Contract	Total Contract Value	Exp. Completion Date
			£	
			£	

### Declaration

I/We confirm that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the **Proposer** and I/We are aware that this information is provided in support of the main PII Proposal Form that I/We have completed. It is also understood and agreed that any information supplied by the **Proposer** to the Insurer will be treated by the Insurer in the same manner as was stated in the main PII Proposal Form with regard to any compliance provisions of the Data Protection Act 1998. Please retain a copy of the supplementary questionnaire for your records.

**Signature of Principal/Partner/Director  
For and/on behalf of the Proposer**

\_\_\_\_\_

**Name in capital letters (Printed)**

\_\_\_\_\_

**Position (Printed)**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Please Return Proposal Form to Charlotte Benison or Linda Davison at:**

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