

# Engineering, Surveying/Inspecting and Architectural Addendum Questionnaire



## Important notice

- This Addendum (and any attachments) form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.

## Insured details

Insured name:

- |    |   |     |    |
|----|---|-----|----|
| 1. | Does the Insured have a formal evaluation and approval process, including involvement of the Insured's principals, to engage new clients or accept new projects?          | Yes | No |
| 2. | Does the Insured always use standard written contracts with clients that clearly outline the scope of services provided and contain appropriate limitations of liability? | Yes | No |

If **NO** for any of the above two questions, please provide additional detail about relevant processes:

- |    |   |     |    |
|----|---|-----|----|
| 3. | Does the Insured work on innovative designs?          | Yes | No |
| 4. | Does the Insured subcontract any of their activities? | Yes | No |

If **YES**:

i) Please state percentage of gross fees/turnover paid to subcontractors in the last 12 months: %

ii) What activities are subcontracted?

iii) Do all subcontractors have Professional Indemnity insurance? Yes No

iv) Does the Insured engage any sub-contractors who:

(i) Are natural persons not corporate entities; Yes No

(ii) Work under the Insured's direct control and supervision? Yes No

- If **YES**, is cover required for such sub-contractors under the policy? Yes No
- If **YES**, do the gross fees/turnover declared include gross fees paid to such sub-contractors? Yes No
- Do you undertake any manual work, construction or manufacturing? Yes No
- Do you supervise any manual labour/workers? Yes No

5. Please provide the details of your gross fees/income as detailed below:

	Financial period	gross fees \$	Revenue (if different to fees) \$
Previous 12 months (actual)	20 / 20		
12 months prior to above (actual)	20 / 20		
Next 12 months (estimate)	20 / 20		

6. Please provide an approximate percentage breakdown of your turnover and fee income from design and other professional services in the following areas:

**Please note: Total of %'s entered in a) - d) must add up to a total of 100% for all sections combined**

a)

Engineering disciplines	Percentage breakdown %
Acoustic engineering	
Chemical engineering	
Civil engineering	
Drafting	
Electrical engineering	
- Process & control systems design	
Environmental engineering	
Geotechnical engineering	
Heating, ventilation, air conditioning engineering	
Hydraulic engineering	
Industrial engineering/design	

b)

Engineering disciplines	Percentage breakdown %
Marine engineering	
Material engineering	
Mechanical engineering	
Mining engineering	
Plumbing engineering	
Project & construction management	
- Construction supervision	
Refrigeration engineering	
Structural engineering	
Expert witness	
Other (please specify)	

c)

Surveying/inspections disciplines	Percentage breakdown %
Aerial, topographic, hydrographic	
Building surveying	
Geodynamic surveying	
Land surveying	
Quantity surveying	
Pre-purchase inspections	
Pest inspections	
Environmental investigation and audit	
Management and business consulting	
Occupational health and safety consulting	
Quality assurance consulting	
Risk and hazard assessments	

d)

Architectural disciplines	Percentage breakdown %
Architecture	
Construction supervision	
Drafting	
Interior design	
Landscape architecture	
Project & construction management	
Town planning	

7. Please indicate the percentage of the firm's fee income derived from the following:  
Please note: Total of %'s entered should add to 100%

Fees earned from:	Percentage breakdown %
Boundary surveys	
Bridges	
Dams	
Domestic building (excluding flats/units/town houses)	
Fair/exhibition /show ground structure	
Feasibility studies (where not involved in design/construction)	
Foundations/underpinning	
Harbours/jetties	
Heat/ventilation/air-conditioning	
High rise buildings (exceeding 3 floors and not otherwise specified)	
Industrial & commercial (less than \$1m)	
Industrial & commercial (greater than \$1m)	
Institutional buildings (ecclesiastical/health/municipal/educational, etc)	
Land reclamation	
Lifting equipment	
Low rise buildings (3 floors or less)	
Marine surveys	
Mechanical plant/bulk handling equipment	
Mines	
Nathers energy rating	
Nuclear/atomic	
Others (please specify)	
Petro-chemical/refineries/fertilisers/ammonia plants	
Pipelines	
Roads	
Railway	
Sewerage systems	
Soil Testing/surveys of sub-surface condition	
Tunnels	
Water systems	
<b>Total:</b>	<b>100%</b>

8. Please provide details of the five largest contracts or projects undertaken by the Insured:

Project description/ contract	Fees/income \$	Project value \$	Date completed (dd/mm/yy)
			/ /
			/ /
			/ /
			/ /
			/ /

## Further declaration to the proposal after inquiry

**Signing this Addendum does not bind Solution or any insurer to enter into an insurance contract.**

After making full and appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to complete this Addendum
- I have read and understood the Important Notices section of the Proposal form
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement.
- I confirm that the statements and information in this Addendum are true and complete
- I understand all information requested in the Addendum is material
- I provide consent consistent with the Privacy Statement outlined in the Important Notices section of the Proposal Form
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Addendum
- I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and any accompanying documents will form the basis of the contract

**To be signed by the insured for whom this insurance is intended for**

## Signature

Signature:

Name:

Position:

Date (DD/MM/YY) / /

## Any queries, please contact us

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