



**ARTISAN<sup>®</sup>**  
UNDERWRITING



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## DESIGN AND CONSTRUCT PI ADDENDUM

1. Please provide the Insureds turnover in each of the financial years derived from clients based in:

	Last Financial Year	Current Financial Year	Coming Financial Year
<b>Financial Year Ended</b>	___ / ___	___ / ___	___ / ___
Australia / New Zealand	\$	\$	\$
USA / Canada	\$	\$	\$
Elsewhere	\$	\$	\$
<b>Total</b>	\$	\$	\$

If turnover is declared as derived from clients based "Elsewhere" please provide details including territories involved and income derived.

2. Please confirm, as a percentage split totalling 100% of the Total Turnover specified in Question 1 above from activities undertaken below.

	Last Financial Year	Next Financial Year
<b>Financial Year Ending</b>	___ / ___	___ / ___
<b>1.1 Full Design &amp; Construction</b> Turnover from contracts where Insured is the principal contractor, responsible for the design and construction.	%	%
<b>1.2 Professional Services subcontracted to others</b> (a) Turnover from contracts where Insured is the principal contractor, but subcontract the design to a third party carrying their own Professional Indemnity Insurance	%	%
(b) Turnover from contracts where Insured is the principal contractor, but subcontract the design to a third party not carrying their own Professional Indemnity Insurance	%	%
<b>1.3 Only carry out the professional services</b> Turnover from Insured undertaking design only, and Insured is not involved in the other aspects of the projects	%	%

<b>1.4 Construction only</b> Turnover from construction projects only, where design is not provided by Insured	%	%
<b>1.5 Other</b> Other Turnover not listed above (please describe)	%	%
<b>Total</b>	100%	100%

**3. Please confirm, as percentage split totalling 100% of the Total Turnover specified in Question 2 (above) between activities undertaken for the last complete financial year:**

	Last Financial Year	Next Financial Year
<b>Financial Year Ending</b>	%	%
Individual Dwellings	%	%
Low Rise Buildings	%	%
High Rise Buildings (between 4 & 10 floors)	%	%
High Rise Buildings (above 10 floors)	%	%
Schools, Hospitals, Municipal	%	%
Retail Shops, Flats, Townhouses	%	%
Modular and Industrial Buildings	%	%
Feasibility Studies, Reports	%	%
Town Planning	%	%
Domestic Surveying (pre purchase building inspections)	%	%
Industrial and Commercial Surveys/Inspections)	%	%
Swimming Pools, Dams	%	%
Bridges, Tunnels, Harbours, Jetties	%	%
Silos	%	%
Road	%	%
Mechanical Plant, Bulk Handling	%	%
Mines	%	%
Foundations, Underpinning	%	%
Sewerage, Water Systems (Housing)	%	%

Sewerage, Water Systems (Other)	%	%
Environmental Appraisals, Assessments, Audits	%	%
Waste Disposal, Treatment	%	%
Oil & Gas Pipelines	%	%
Other (specify)	%	%
	100%	100%

**4. Please provide us**

(i) the 3 largest Projects/Contracts in the last 5 years (including current).

Client name	Start Date	Completion Date
1.		
2.		
3.		

(ii) Project/Contract Specifics of the aforementioned.

Project /Contract Type	Project/Contract Value	Scope of Services Provided
1.	\$	
2.	\$	
3.	\$	

**5. What was the Insureds largest fee earned from one client and the average fee per client in the last year?**

Largest:	\$	Average:	\$
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**6. Is the Insured aware of any change in activity that will occur in the coming financial year?**

No  Yes  If Yes, please provide details:

**7. Is the Insured aware of any change in activity/structure that will occur in the coming financial year?**

No  Yes  If Yes, please provide details:

8. Is the Insured a member of a consortium or has the proposer entered into a joint venture agreement?

No  Yes  If Yes, please provide details:

9. How is the Insured managing it's liabilities around both it's own and any subcontractor or vendors Insolvency Risk?

10. What peer review, quality assurance/control and cross check type processes does the client have in place?

11. How is the Insured managing its non-compliant/con-conforming product risk (including on behalf of its sub-contractors)?

12. Does the Insured subcontract out any of their Professional Services/Activities?

No  Yes  If Yes,

a. Please confirm the percentage of fees/turnover paid to subcontractors in the last 12 months?

%

13. What process does the Insured have in place to ensure records of insurances of subcontractors remains current, active and adequate?

14. Does the Insured limit their liability in contracts?

No  Yes  If Yes,

15. Does the insured exclude Consequential Loss under contractors?

No  Yes

If No, please provide further details



# DECLARATION

Please Note: Signing the Declaration does not bind either the proposed Insured or the Insurer to execute this or any insurance whatsoever.

Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	/ /



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