



Professional liability for architects and engineers any site.

1. Insurance broker

Name: FSMA n°:

Street: n° : box :

Postal code:

Telephone: Fax:

Fax:

E-mail address:

2. The insurance taker

Name:

Street: n° : box :

Postal code:

Telephone: Fax:

Fax:

E-mail address:

What is your usual main activity each day?

.....

.....

3. Designers to insure

• **Architect** :

Adress:

.....

Type of mission: general architecture +

Fee :

Is this person putting part of his project out to a subcontractor? Yes No

If so, wich part and to whom?

.....

.....

• **Other designer(s):**

Adress:

Type of mission:

Fee :

Is this person putting part of his project out to a subcontractor? Yes No

If so, wich part and to whom?

.....
.....

• **Other designer(s):**

Adress:

Type of mission:

Fee :

Is this person putting part of his project out to a subcontractor? Yes No

If so, wich part and to whom?

.....
.....

• **Other designer(s):**

Adress:

Type of mission:

Fee :

Is this person putting part of his project out to a subcontractor? Yes No

If so, wich part and to whom?

.....
.....

4. Antecedents of all persons to be insured

- a) Are the persons to be insured presently insured for their professional liability (or have they been)?
- Yes - No

If so, with which insurance company? (If with Protect, please also state the policy number)

.....
.....
.....

Was their policy cancelled by the insurance company?
- Yes - No

If so, why? When?

- b) Only for the persons to be insured whose professional liability is not insured by Protect:

Has their professional liability been invoked over the course of the last 10 years? - Yes - No

Were damages claimed and/or are claims pending? - Yes - No

If so, please state the date, reason for, nature, and the extent of the damages:

.....
.....
.....

5. Project to be insured

- a) Nature of the project (complete of partial architecture project, structural assessment, etc.):

.....

- b) Description of the risk (new construction, renovation, ... of a single family home, apartment building, etc.):

.....
.....

- c) Location of the risk

Street: n° : box :

Postal code:

- d) Total value of the construction: EUR

- e) Value of the construction relevant to the project that is to be insured: EUR

6. Client

Name:

Street: n°: box:

Postal code: City:

7. General contractor or main contractor (if known)

Name: Reg. no.:

Straat: n°: box:

Postal code City

8. Construction period

Expected starting date of construction: ___/___/___

Expected completion date of construction: ___/___/___

9. Capital to be insured (for projects in France other capital is applicable)

A. If general architecture makes part of the mission to insure:

- For damages which are the consequence of physical injuries: 1,500,00 EUR for each case of damage
- Material and non-material damages mingled :
 - 500.000 EUR for each case of damage
 - 750.000 EUR for each case of damage
 - 1.000.000 EUR for each case of damage
 - 1.250.000 EUR for each case of damage
- For entrusted objects: 10,000 EUR for each case of damage

B. If general architecture does not make part of the mission to insure:

350.000 EUR 750.000 EUR 1.250.000 EUR 2.500.000 EUR	}	For each case of damage and for the unity of the damage cases regarding to the insured mission
--	---	--



10. Other insurances (not for projects in France)

- As architect I would also like to request a quote for 'ABR' (complete construction site insurance), whereby the client is the insured and will (possibly) take out the insurance. (*)
- As architect I would also like to request a quote for 'Decennale' (supervisory insurance), whereby the client is the insured and will (possibly) take out the insurance. (*)

11. 'Privacy law'

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

12. 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 the legal dispositions on disclosure requirement).

This proposal serves as the basis for the tariff and will form part of the insurance policy

Place:

Date:

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

The broker:

The insured,

Name + signature,