

**PEMBROKE SYNDICATE 4000
OIL & GAS PROFESSIONS
ERRORS AND OMISSIONS
INSURANCE APPLICATION**

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS NOT APPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET OF YOUR LETTERHEAD INDICATING THE NUMBER OF THE QUESTION.

Question 1 Practice Name (please include all names under which you practice and include any Predecessor Practice(s) for which cover is required)

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Question 2 Date of Commencement of Current Practice

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Question 3 Address (es) of Practice (list addresses of branch offices on a separate sheet)

Postcode	

Question 4 Details of Partners/Directors and Principals (Please attach Curricula Vitae if firm is a start-up)

Name of all Partners/Directors & Principals	Age	Qualifications	Date Qualified	How long as Partner/Director of the Firm(s)

Question 5 Total Numbers of Staff

- A. Partners/Directors/Principals _____
 B. Qualified Staff _____
 C. Others _____

Question 6 Total Turnover (revenue) and Gross Fees for professional services (whether collected or not) to include reimbursable expenses and sub-consulting fees

	Last Year	Previous Year	Current Year (estimated)
a. Gross Turnover / Revenue	£	£	£
b. Professional Fees (turnover less supply of materials / equipment and pure contracting where no professional advice given)	£	£	£
c. Fees emanating from projects separately insured	£	£	£
d. Projects permanently aborted	£	£	£
e. Fees emanating from services performed in the USA or for USA projects	£	£	£
f. Fees emanating from services performed overseas or for overseas projects	£	£	£
TOTAL FEES FOR PROFESSIONAL SERVICES (SUM OF b. THROUGH f.)	£	£	£

Question 7 Please give details of the five largest contracts which commenced in the last 5 years

Start/Completion Dates	Client	Location	Project Type	Estimated Contract Value	Gross Fee

Question 8 Please give details of the three largest contracts expected to commence in the next three years.

Start/Completion Dates	Client	Location	Project Type	Estimated Contract Value	Gross Fee

Question 9 NATURE OF PROFESSIONAL SERVICES: Based on your firm's net billings, please indicate the approximate percentage of your services performed in each of the Oil & Gas discipline areas below (Note: This section should total 100%). Where necessary, please provide further explanation in the space provided for in Question 11.

Chemical Engineering	%	Health & Safety Services	%	Production Engineering	%
Civil Engineering	%	Hydrological Engineering	%	Remote Surveying	%
Corrosion Engineering	%	HVAC Engineering	%	Software Engineering	
Control Systems Engineering	%	Laboratory Testing	%	Structural Engineering	%
Decommissioning Services	%	Oil / Gas Field Mapping	%	Surveying	%
Diving Services	%	Marine Engineering	%	Welding	%
Drilling - Exploratory	%	Materials Testing	%	Well Completion	%
Drilling - Production	%	Mechanical Engineering	%	Well Development	%
Electrical Engineering	%	Mining Engineering	%	Well Logging	%
Environmental Engineering	%	Monitoring Systems	%	Other (Detail Below)	%
Fire Protection Engineering	%	Nuclear Engineering	%		%
Geotechnical Engineering	%	Pipeline Engineering	%		%
Geophysical Engineering	%	Process Engineering	%		%

Question 10 SPECIFIC SERVICES: Please indicate the percentage of your firm's gross Professional Fees derived from each of the following (Total must equal 100%). The purpose of completing this section is to give underwriters a clear understanding of the nature of the professional services that you perform.

Design With Construction Review.	%
Design Without Construction Review	%
Construction Review Without Design	%
Project Management / Co-ordination	%
Construction Management / Co-ordination	%
Feasibility Studies	%
Forensic/Expert Witness	%
Economic Appraisals	%
Operational Performance Evaluations	%
Quantity Surveying	%
Cost Engineering / Estimation (inc. estimating reserves)	%
Compliance Work	%
Planning Consultancy	%
Facilities Management	%
Material / Equipment Procurement & Supply	%
Manufacturing	%
Other Consultancy Services (Please detail Below)	%
	%
	%

Question 11 DESCRIPTIONS OF PROFESSIONAL SERVICES:

a) Please provide a brief narrative of the professional services you undertake within the various oil and gas disciplines, highlighting any specialist areas, to allow underwriters to get further insight into the answers to Questions 9 and 10.

b) Have you undergone any substantial changes in your professional services during the past two years or do you anticipate any significant changes in the next 12 months? Yes No

If "Yes" please give details

Question 12 SUBCONTRACTED SERVICES

a) Does your firm subcontract professional services? Yes No

If "Yes", indicate the percentage of professional billings subcontracted and the types of professional services subcontracted

b) Are written contracts used for all subcontractors and sub-consultants? Yes No

c) Do your firm's contracts with subcontractors and sub-consultants contain indemnification and hold harmless provisions? Yes No

d) Does your firm obtain certificates of insurance from all subcontractors and sub-consultants? Yes No

e) Is your firm named as an additional Insured under all subcontractor and sub consultant General Liability policies? Yes No

Question 13 FIRMS CLIENTS

a) Please indicate the percentage of your firm's gross billings attributable to the following types of clients (total must equal 100%)

State, Council or Local Government or Public Entities	%
Major Oil Companies	%
Turnkey Contractors	%
Design/Build contractors	%
Other contractors	%
Financial and Lending Institutions	%
Other design professionals	%
Other (please specify below)	%
	%

b) What percentage of your business is from repeat clients? %

c) Does any contract or client represent more than 25% of annual work? Yes No

If "Yes", please provide details

Question 14 FINANCIAL AND RELATED INTERESTS

a) Is your firm or any subsidiary, parent or other organisation related to your firm engaged in:

- Actual construction, fabrication or erection?
Yes No
- Development, sale or lease of computer software to others?
Yes No
- Manufacturing, sale, leasing or distribution of any product?
Yes No

If any of the above answers are "Yes", use a separate sheet to provide full details, including a description of the services performed, construction value's involved and fees received.

b) Are any of the principals, partners, directors or employees of your Firm involved in any activities described in Q14 a) above? Yes No

If "Yes" please provide details on a separate sheet

c) Is your Firm controlled, owned or associated with any other firm, corporation or company, or does your Firm own or control any other entity? Yes No

If "Yes" please provide details on a separate sheet

d) Does your Firm render services on behalf of any entity in which any principal, partner, officer or director of your Firm, or an immediate family member of such person is a principal, partner, officer or director? Yes No

If "Yes" please provide full details:

e) Does your Firm or any principal, partner, officer, director or shareholder of your Firm or an immediate family member of any such person have an ownership interest in any project where professional services are being, or have been, rendered by your firm? Yes No

f) Does your firm seek coverage for these projects? Yes No

g) Has the name of your Firm changed or has any other firm been merged or amalgamated with or into your firm, or is any such change pending? Yes No

If "Yes" please provide details by separate attachment

h) Does your Firm obtain insurance certificates of professional liability from joint venture partners? Yes No

If "No" Please explain why below:

Question 15 RISK MANAGEMENT AND LOSS PREVENTION

a) Does your firm follow written in-house quality control procedures? Yes No

b) Does your Firm always obtain references before taking on staff? Yes No

c) Does your Firm have an in-house program for communicating “lessons Learned” from completed projects to staff to ensure any past mistakes are not replicated? Yes No

d) Does your Firm use written contracts on every project? Yes No

If “No” provide the percentage of the projects where oral agreements were used %

e) Does your Firm always use a limitation of liability clause in contracts with clients? Yes No

f) If non-standard contracts, modified standard contracts or “letter” agreements are used, are they reviewed by the Firm’s legal counsel for liability implication’s prior to signing? Yes No

g) Does your Firm have procedures for monitoring or collecting outstanding fees? Yes No

h) Does your Firm have a pre-screening methodology for potential clients? Yes No

i) Does your Firm always negotiate into its contracts a provision for alternative dispute resolution such as mediation? Yes No

Question 16 Loss History

a) Has any claim been made or legal action been brought in the past ten years (or made earlier with the action still pending) against your Firm, its predecessors, or any past or current principal, partner, officer or director of your Firm? Yes No

If ‘Yes’ in either case, give full details or attach a separate note if preferred.

Date of Claim	Brief Details	Amount Paid	Reserves Outstanding

What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

b) Is your Firm (after full and proper inquiry of every principal, director or employee) aware of any circumstances, incidents, situations or accidents during the past ten years which may result in claims being made against your Firm, its predecessors in business, or any of the present or past principals, partners, officers or directors? Yes No

If "Yes" please provide details on a separate sheet

c) Is your Firm aware of any deficiencies or alleged deficiencies in work where your Firm, predecessor or any other insured performed professional services, or any deficiencies or alleged deficiencies in work undertaken by others for whom your Firm is legally responsible during the last seven years? Yes No

If "Yes" please provide details on a separate sheet

d) Has any disciplinary action been taken against the Applicant or any of the Applicant's employees? Yes No

If "Yes", please explain

Question 17 Professional Indemnity Insurance

a) Is the Firm currently insured for professional indemnity? Yes No

If "Yes" please provide details as follows:

Insurer	Limits	Deductible	Premium	Renewal Date

Retroactive Date of current policy

b) Please advise your requirements for a quotation for Professional Indemnity Insurance

	Option 1.	Option 2.	Option 3.
Limit of Indemnity	£	£	£
Excess	£	£	£

Confirmation

I confirm that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the insurer for the risk and whether the Insurer will accept the application.

Duty of Fair Presentation

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, makes a fair presentation of the risk which discloses every material circumstance which it knows or ought to know relating to the risk to be insured. A circumstance is material if it would influence the judgment of a prudent insurer in determining whether to provide insurance for the risk and, if so on what terms. Failure to do so could mean that the policy is void or that insurers are not liable to pay all or part of certain of any claim(s). If you have any doubt as to what constitutes a fair presentation, seek professional advice.

A copy of this proposal form should be retained by you for your own records.

This form must be signed by a principal of the firm

Signed _____

Date ____/____/____

Print Name _____

Position _____