



# DESIGN & CONSULT SUPPLEMENTARY QUESTIONNAIRE

### IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your PI Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.

**PLEASE REMEMBER TO SIGN AND DATE THIS FORM.**

### JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

### Name of Applicant

### Name of Broker

## A STAFF / RELATIONSHIPS

1. Please provide the following details for principals and senior staff members with your Design & Consult department

Name	Age	Qualification	Date Passed	Years experience	
				This business	Previous business

2. Please provide the number of staff in each category, at home and overseas

	New Zealand	Overseas
Principals and senior staff		
Other technical and qualified staff		
Administrative staff		

3. Are you (as the company) engaged in, or do you have any financial interest in, any company that is involved in manufacture, construction, supply or any other form of associated contracting?

Yes  No

If Yes, please provide the name of the firm, the nature of its business and your involvement

  
  

4. Are you, or any partner or director, a member of any consortium or joint venture?

Yes  No

If Yes, please state full names and capacities of all members



5. Do you, or any employee, have the approval to operate as a building certifier or an independent qualified person as defined in the Building Act 1991? Yes  No

If Yes, please state full names and capacities of all members


6. Do you use independent specialist consultants? Yes  No

If Yes, do you ensure that they have their own PI insurance to an equal limit to that you are now proposing? Yes  No

7. Do you hire on a short term basis? Yes  No

If Yes, please provide full details


**B BUSINESS DETAILS**

1. Please complete the following for the five largest contracts undertaken in the past five years.

	Description	Location	Value	Fees
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$

2. Please state what percentage of contract values relate to the following fields of activity.

	New Zealand	Overseas
Architectural	%	%
Engineering - Chemical	%	%
Engineering - Civil	%	%
Engineering - Electrical	%	%
Engineering - Mechanical	%	%
Engineering - Structural	%	%
Geotechnical	%	%
Heating & Ventilating	%	%
Surveying - Building	%	%
Surveying – Land	%	%
Surveying – Quantity	%	%
Town Planning	%	%
Other (please specify) <input type="text"/>	%	%



3. Please state the approximate percentage of contract value undertaken in relation to each the following categories.

	New Zealand		Overseas	
	Design only	Design & Consult	Design only	Design & Consult
<b>Homebuilding</b>				
Individual dwellings	%	%	%	%
Low rise multiple dwellings	%	%	%	%
High rise multiple dwellings	%	%	%	%
Modular dwellings (ie repetitive design)	%	%	%	%
<b>Engineering Construction</b>				
Highways	%	%	%	%
Bridges, tunnels and dams	%	%	%	%
Railways, airports, harbours and jetties	%	%	%	%
Sewerage or water systems	%	%	%	%
<b>Industrial</b>				
Power plants	%	%	%	%
Refineries and petro-chemical installations	%	%	%	%
Manufacturing plants	%	%	%	%
Industrial building systems	%	%	%	%
<b>Amenities</b>				
Hospitals and nursing homes	%	%	%	%
Schools and universities	%	%	%	%
Hotels and recreation centres	%	%	%	%

4. Do you engage in the manufacture or fabrication of any pre-engineering unit? Yes  No

If Yes,

(a) please provide full details


(b) please describe either the well-established techniques or the new and original developments, processes or designs which you employ to undertake this work




(c) are licensing or similar agreements are in force? Yes  No

If Yes, to what degree is supervision of them exercised by associates?

Empty text box for supervision details

5. Have you ever failed to complete a project? Yes  No

If Yes, explain the reason and describe the type of project

Empty text box for project failure details

6. Please give details of any contracts where construction is expected to start in the next 12 months.

Table with 4 columns: Start date, Description of contract and services provided, Contract value, Approx date of completion

7. Are all associates and/or subsidiary company Design departments' work checked by Head Office? Yes  No

If No, please describe the control process

Empty text box for control process description

C FINANCIAL DETAILS

1. Contract Values

Please provide details of the contract value of contracts undertaken by the Practice:

Table with 5 columns: Description, In the last financial year (NZ, O'seas), Estimate for current financial year (NZ, O'seas)



2. Fees

Please provide details of notional or actual fees generated by the Design and Consulting Department:

	In the last financial year		Estimate for current financial year	
	NZ	O'seas	NZ	O'seas
Where <b>you construct</b> from design prepared by <b>your</b> Design and Consulting Department	\$	\$	\$	\$
Where <b>you do not undertake construction</b> but the Design and Consult services are provided by your Design and Consulting Department	\$	\$	\$	\$
Total of <b>ALL contracts</b> undertaken by you	\$	\$	\$	\$

3. Annual Turnover

Please state the annual turnover for the Practice, including the Design and Consulting Department.

4. Is there any other information in your possession that you would consider material to the risk being proposed?

Yes  No

If Yes, please provide full details


DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Signed

Date

Printed name

Position



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