



PROFESSIONAL INDEMNITY
PROPOSAL FORM

environmental consultants

PLEASE READ THE FOLLOWING BEFORE

COMPLETING THIS PROPOSAL FORM:

TO PRESENT A CLEAR AND UNAMBIGUOUS PICTURE AND TO ENSURE THAT UNDERWRITERS UNDERSTAND THE NATURE OF YOUR RISK:

- * ALL QUESTIONS SHOULD BE COMPLETED IN INK.**

- * WHERE A QUESTION IS NOT APPLICABLE TO YOUR PARTICULAR CIRCUMSTANCES, PLEASE WRITE 'N/A'.**

- * PLEASE TICK THE YES OR NO BOXES.**

- * IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS PLEASE USE AN ADDITIONAL SHEET AND ATTACH IT TO THIS PROPOSAL FORM.**

- * COMPLETING AND SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR INSURERS TO COMPLETE THIS INSURANCE.**

- * IF THIS PROPOSAL RELATES TO A NEW BUSINESS OR VENTURE, PLEASE COMPLETE THE QUESTIONS AS FAR AS POSSIBLE, GIVING ESTIMATED OR ANTICIPATED INFORMATION.**

PROFESSIONAL INDEMNITY INSURANCE

An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form in ink. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer or Insurers to complete a contract of insurance.

If there is insufficient space to answer any question, please continue on your headed notepaper and attach it to this form.

Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS TO ASSIST THE UNDERWRITERS' CONSIDERATION OF THE PROPOSAL

1a) Name of Individual or Firm(s) (including any subsidiary requiring cover):

b) Date established:

c) Address(es) (specifying who is responsible, if there is more than one location):

d) Website:

e-mail address:

e) Name(s) of any previous Firm(s) requiring cover and the date(s) on which they ceased trading:

2a) Name of Individual,
Partner, Principal
or Director

Age and
Qualifications

Date Qualified

Number of years
Practical Experience

PLEASE ATTACH DETAILED C.V.'S

b) Names of Consultants regularly used	Age and Qualifications	Date Qualified	Number of years practical experience
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PLEASE PROVIDE DETAILED C.V.'S

c) Do you require cover for past Partners, Principals or Directors? If yes, please provide details	YES/NO
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3a) Is any Individual or the Firm admitted to any Association or Trade Body? If yes, please give details.	YES/NO
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b) Has any person been the subject of disciplinary proceedings by any professional body? If yes, please give details.	YES/NO
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4 Please state the total number of Partners, Principals or Directors:	
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Qualified Staff:

Other Technical Staff:

Consultants:

Administrative and other Staff:

5a) If you are a sole practitioner, please give details of arrangements made in the event of sickness or holiday.

b) Is this a Part-time occupation?

YES/NO

If yes, please give brief details of your present full-time work.

6a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months?

YES/NO

If yes, please give details.

b) Is cover required for any activity, now ceased, which is different from those declared within this proposal form?

YES/NO

If yes, please give details.

7 Please list by activity the approximate percentage of work carried out in each instance:

Environmental Audits, Assessments, Investigations & Inspections	%
Feasibility or Advice	%
Surveys or Management	%
Environmental Health Consultancy	%
Design, Treatment, Disposal or Remediation	%
Environmental Permit Application Advice or Preparation	%
Quality Control	%
Project Management	%
Environmental Policy or Legislation	%
Ecological Audits	%
Sampling or Analysis	%
Remediation	%
Other Activities (please describe, in detail)	%

PLEASE GIVE DETAILS, IF PHYSICAL CONTRACTING UNDERTAKEN

8 Please provide your income approximately, by percentage, of the following:

Acoustics, Noise, Electro Magnetic Fields	%
Air and Water	%
Contaminated/Polluted Buildings or Land	%
Landfill Sites/Waste Products	%
Healthcare Facilities	%
Commercial	%
Residential	%
Other (please describe)	%

PLEASE PROVIDE YOUR STANDARD CONTRACT TERMS AND CONDITIONS

9 Please advise below whether you number amongst your clients:

Developers	%
Waste Industry	%
Water Authorities	%
Local Authorities	%
Lending Institutions	%
Government Bodies	%
Power Industry	%
Oil and Gas Industry	%
Chemical/Process Industries	%
Others (please describe, in detail) (e g Agricultural)	%

10a) Please state the gross fees received for each of the last three financial years billed to clients and an estimate for the next twelve months.

Year	U.K.	Worldwide ex USA/Canada	USA/Canada
19	Fees		
20	Fees		
20	Fees		
Estimate			
20	Fees		
Financial Year ends:	(Month)		

b) What percentage of fees is paid to sub-contractors or consultants? %

11a) Please list the three largest contracts undertaken in the last three years:

i)

ii)

iii)

b) What is the largest annual income earned from a single client in the last twelve months?

In the case of Overseas contracts, please list the countries involved and whether U K or local law applies. Also, please give brief details of the contract(s) and size.

12 Please clarify the type of work normally carried out, whether consisting of well-established techniques or the nature of new and original thought developments, processes or designs employed. State whether and what licensing or similar agreements are in force and the degree to which supervision of them is exercised. Also, please state if the end product of your work is critical to the continued process of any of your clients' systems, failure of which could result in pecuniary loss to them.

13a) When Professional Sub-contractors or Specialist Consultants are engaged, have you in the past and will you in the future endeavour to ensure that they are appointed directly by and paid by the client?
YES/NO

b) Have you and will you ensure that such persons or firms have entered into a binding contract accepting full responsibility for their own Professional neglect, error or omission and that they carry and maintain in force Professional Indemnity insurance?
YES/NO

IT IS A CONDITION OF THIS POLICY THAT P I INSURANCE IS MAINTAINED BY THIRD PARTY PROFESSIONALS, TO ALLOW FOR SUBROGATION, IN THE EVENT OF A CLAIM

14a) If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

b) Do you undertake work for or are you associated, either by shareholding or official position, with any company/organisation, where you are in a position to make major decisions?
If yes, please give details. **YES/NO**

c) Have any of the Partners, Principals or Directors been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily?
If yes, please give details **YES/NO**

15 Do you wish to consider any of the following extensions?

Loss of Documents	YES/NO
Unintentional Breach of Confidentiality	YES/NO
Libel & Slander	YES/NO
Unintentional Breach of Copyright	YES/NO
Dishonesty of Employees	YES/NO
Claims arising from Associated Companies	YES/NO
Pollution	YES/NO

**IF YOU REQUIRE CONSIDERATION OF A POLLUTION EXTENSION,
PLEASE COMPLETE THE SEPARATE QUESTIONNAIRE**

16 Do you currently have Professional Indemnity insurance? YES/NO

If yes, please give details.

Expiry Date:

Limit:

Excess:

Insurer:

17 Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms? YES/NO

If yes, please give details.

18 Please state: limit of indemnity required

: self insured excess

19a) Do you always require satisfactory written references when engaging employees? **YES/NO**

b) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature? **YES/NO**

If yes, please give details

c) How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

d) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unpresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

20 **Have you EVER had any claims made against you or know of any circumstances that could or would have resulted in a claim, if cover had been in force?** **YES/NO**
If yes, please give full details.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Insurers. A material fact is one, which may influence an Underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Insurers will be material and such changes should be highlighted. If you are in any doubt as whether a fact is material or not, you should disclose it.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Insurers to void the policy.

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

However, the duty to disclose material facts continues after completion of this proposal and throughout any period of insurance (and any extensions thereto), upon which this proposal form was used as the basis of the contract of insurance.

Date (day) (month) (year)

Signature: (Individual, Partner, Principal or Director)

Position:

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS

POLLUTION QUESTIONNAIRE

THIS QUESTIONNAIRE IS DESIGNED TO ALLOW UNDERWRITERS TO ASSESS THE EXPOSURES THAT EXIST, IN YOUR ACTIVITIES, IN CONNECTION WITH POLLUTION OR CONTAMINATION.

1 During the course of your work, could you cause pollution or overlook a situation that could lead to pollution being discovered? **YES/NO**
If yes, please give full details

2 Do you always exclude, in your contract conditions, liability for claims arising out of pollution or contamination, of any kind? **YES/NO**

If yes, when did you introduce this exclusion?

3 Have you or are you currently undertaking work or providing services, advice or designs, in respect of any of the areas mentioned below? **YES/NO**

If yes, please state, below, the percentage of gross fees applicable in respect of this work, for the past three years:

	19	20	20
Landfill Reclamation			
Landfill Liner Material Testing			
Total	100%	100%	100%

PLEASE PROVIDE FULL DETAILS OF THE TYPE OF WORK UNDERTAKEN

4 During the course of your activities, could you be held legally liable for claims arising out of your failure to appreciate the reduction in value of or the amount involved in cleaning up contaminated land or buildings? **YES/NO**
If yes, please give full details

5 If you have answered in reply to any question on the **proposal form** that you undertake Environmental Audits, please provide full details of these activities.

6 Do you or have you **at any time** given advice or undertaken design work in relation to the control and/or disposal of chemicals or potential pollutants? **YES/NO**
If yes, please give full details

7a) What methods do you and have you employed to discover if a site may be polluted?

b) If you believe that pollution has or may have taken place, what steps do you next undertake?

8 Are you responsible for funds invested, in property and/or land?

YES/NO

If YES, please give full details

**IF YOU ACT AS AN INVESTMENT AGENT,
PLEASE COMPLETE THE SEPARATE QUESTIONNAIRE**

9 Could any of the services provided or have been provided, or could any design work undertaken or any advice given, result in a claim against you or your predecessors in business, or any past or present Partner, Directors, Principal or Employee, **as a result of pollution or contamination** of any kind?

YES/NO

If yes, please give full details