

Professional indemnity insurance Environmental consultants proposal form



Instructions

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

1 Name and address details

Practice name (include all names under which you practice)

Main office address

Postcode:

Telephone number

Contact e-mail address

Employer's Reference Number (ERN)
(found on PAYE documents)

Practice website

Date established

 / /

List number of branch offices

Please list on a separate sheet all branch offices including addresses for which you are seeking cover.

2 The firm

Please advise the following (including details of sole practitioner).

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

3 Staff

Please advise number of permanent staff (excluding Partners, Directors, Members)

Qualified Full Time

Qualified Part Time

Other Full Time

Other Part Time

Name of all Consultants	Age	Qualifications	Date Qualified	How long as Consultant of the Firm(s)
			/ /	
			/ /	
			/ /	

Continue on a separate sheet if necessary

4 Professional body / Trade association

Is firm a member of any professional body or trade association?

Yes No

If 'Yes', please provide details:

5 Practice fees / finances

Please give the total gross fee income for the last five years

	Last Financial Year	Year Ending _____	Year Ending _____	Year Ending _____	Year Ending _____
United Kingdom	£	£	£	£	£
USA / Canada	£	£	£	£	£
Other Overseas	£	£	£	£	£
Largest Fee from any one client or group	£	£	£	£	£
Total Gross Fees	£	£	£	£	£

Estimated Income for current year

£

Please state financial year end date

/ /

6 Work undertaken

Please provide full details of the type of work undertaken in the last 12 months (or forthcoming 12 months if a new start up) under the following headings and confirm the percentage of overall work:

1. Studies / General Advice

%

2. Assessments / Audits

%

3. Investigations

%

4. Remedial Work

%

5. Specific Waste Treatment or Waste Disposal systems

%

6. Any other activity (please provide full details)

%

Total

100%

7 Client groups

Please state what percentage of firms fees are derived from the following client groups:

1	Developers	%
2	Contractors	%
3	Lending Institutions	%
4	Oil & Gas Industry	%
5	Chemical / Process Industry	%
6	Power Industry	%
7	Property Owners	%
8	Tenants	%
9	Others (please specify below)	%
Total of 1-9		100%

Please provide details of any clients listed under category 9 above

Do you anticipate any major changes to your fee income and activities in the following 12 months?
If 'Yes', please give details

Yes No

8 Contracts

Please give details of the three largest contracts in the last five financial years:

If you are a new company, provide details of the largest contract(s) expected to start in the next 12 months.

Client Name	Start Date	Description of Services Provided	Total Contract Value	Fees Received	Approx Completion Date
			£	£	
			£	£	
			£	£	

9 Sub consultants

Does the firm engage sub-consultants? Yes No

Are the sub-consultants required to carry their own professional indemnity insurance? Yes No

If 'Yes', please indicate the minimum level of covered required: £

10 Risk management

Do the directors, partners, members and other qualified employees of the Insured regularly attend continuing education programmes? Yes No

Who in the Company/Firm is responsible for quality procedures?

What internal procedures do you have in force in relation to quality?

How often are working procedures reviewed to ensure their continuing suitability and what form does the review take?

11 Claims and circumstances

Has any claim been made against the business or an employee of the business or any Partner, Director, Member or Consultant or their predecessors in business during the last ten years in respect of the type of liabilities to which this proposal relates? If 'Yes', please provide details and continue on a separate sheet if necessary. Yes No

After enquiry, are any of the business Partners / Directors / Members aware of any claim pending or any circumstance which might give rise to a claim against the business or any of the present or previous Partners, Directors or Members of the Business? If 'Yes', please provide details and continue on a separate sheet if necessary. Yes No

12 Fraud and dishonesty

Are you aware of any fraud or dishonesty of any partner, director, member or employee of the firm? If 'Yes', please provide details on a separate sheet, including measures taken to prevent recurrence. Yes No

13 Sanctions

Do you have any connection to customers or suppliers operating in the following countries or are any form of product or service sourced from or passed through these countries or indeed any employees who would visit any of these countries on business: Yes No

Afghanistan, Balkans (Former Rep. of Yugoslavia & Serbia), Belarus, Burundi, Central African Republic, DR Congo, Egypt, Eritrea, Guinea-Bissau, Guinea, Iraq, Lebanon, Libya, Mali, Sierra Leone, Somalia, South Sudan, Sudan, Tunisia, Ukraine, Venezuela, Yemen or Zimbabwe.

14 Disciplinary proceedings

Has any proposer / director / partner of the business:

- (i) Been declared insolvent or bankrupt or been the subject of bankruptcy proceedings? Yes No
- (ii) Been the subject of a County Court judgment (or Scottish equivalent) or are there any proceedings pending? Yes No
- (iii) Been a director or partner in any business which is or has been the subject of a winding up or administrative order, or receivership or other insolvency proceedings? Yes No
- (iv) Had a proposal form declined? Yes No
- (v) Had an insurance cancelled? Yes No
- (vi) Had special terms imposed? Yes No
- (vii) Been convicted or charged with any criminal offence, or have a prosecution for such an offence pending? Yes No
- (viii) Been prosecuted or served with a notice of intended prosecution or a prohibition notice in connection with a breach or alleged breach of any health and safety legislation? Yes No

If 'Yes', please provide details:

15 Quotation requirements

Please give details of the firm's current Professional Indemnity Insurance.

Do not complete this question if you are already a client of Bluefin

Limit of Indemnity	Excess	Premium	Name of Insurer	Renewal Date
£	£	£		/ /

Please advise your requirements

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

People consulted in completion of the form

Please list below the people you have consulted to assist with the completion of this form, including any external providers:

Name	Position	Location

Please continue on a separate sheet if necessary.

Confirmation

Your duty to make a fair presentation of the risk

You must make a fair presentation of the risk to us when you take out, renew or amend your policy. A fair presentation requires you to tell us about all facts and circumstances which may be material to the insurance or sufficient information to put a prudent insurer on notice that further enquiries are needed, in a clear and accessible manner. Material facts are those which are likely to influence an insurer in the acceptance or assessment of the terms or pricing of your policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, where that failure is deliberate or reckless, the insurer may treat your policy as if it had not existed, refuse to pay any claims and keep the premium paid. Where the failure is not deliberate or reckless but the insurer would not have accepted the policy had you told them about a material fact or circumstance, the insurer may treat your policy as if it had not existed and refuse to pay any claims but must return the premium. In other cases, the insurer may only pay part of the value of your claim or impose additional terms.

For these reasons, it is important that you check all of the facts, statements and information set out in the documentation provided by us are complete and accurate, and that you answer any questions completely and accurately. If there is more than one person involved in your business or employed by you, you should check with them, where appropriate, that the facts and statements that you make are complete and accurate.

If any of the facts, statements and information in this document, or any additional information provided are incomplete or inaccurate, you must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the insurer of any change to any material fact. I understand that the information provided will be used by the insurer and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

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

This form must be signed by a principal of the firm

Signature: _____

Date: / / _____

Print name: _____

Position: _____

Please return this application form along with any other supplementary information sheets to the address detailed below:-

Bluefin Professions | Castlemead | Lower Castle Street | Bristol | BS1 3AG
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