



TYSERS

PROFESSIONAL INDEMNITY

Proposal Form
for
Environmental Consultants

Since 1820



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Authorised & Regulated by the Financial Services Authority Ref. No. 308648

About this Proposal Form

Please have a Principal, Partner or Director of the business fill out, sign and date this form.

The information given must be accurate and all facts that may influence the Insurer's consideration of this proposal must be disclosed, as failure to do so will render this insurance void.

Please try to give as much information as possible, as the more thoroughly insurers understand your business the more specific the insurance and premium they may offer can be. Therefore, if you have any business literature it would be useful to send this along with the proposal form.

It is important that all questions are answered and that no blank spaces are left.

If there is not enough room to answer a question as fully as desired, please continue on a separate piece of paper and attach it to this form.

Filling out of this proposal form in no way obliges either you or the insurers to enter into a Contract of Insurance.

EU DISCLOSURE CLAUSE (UK)
Only applicable to private individuals and sole traders, where there is a Lloyd's participation in the Insurance placement

Notice to the Proposer/Assured

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.



1. (a) Name under which the business or practice is conducted (hereinafter called your 'Firm')

- (b) Date Established

- (c) Principal address, together with location of all other offices
(If necessary use a separate sheet and attach to this form)

- (d) Has the name of your Firm changed or has any amalgamation or take-over taken place during the past ten years? Yes No

If 'Yes' please give details

2. Please complete the following giving details of your Firm's Partners and Directors (including sole Principal) and any Consultants under contract with your Firm

Partners/Directors

(a)	Full Name	Age	Qualifications	Date Qualified	Number of years in this Capacity in the Firm



Consultants

(b)

Full Name	Age	Qualifications	Date Qualified	Number of years in this Capacity in the Firm

3. Do you have any associated or subsidiary businesses? Yes No

If so please give details

Name: Address & Postcode: Telephone No:
Name: Address & Postcode: Telephone No:

4. Do you wish this insurance to cover the above named Companies? Yes No

If so, then the information given in this proposal form must relate to all the businesses listed above.



5. How many other permanent staff does your Firm employ under each of the following headings?

	Full-Time	Part-Time
a) Qualified Staff	<input type="text"/>	<input type="text"/>
b) All other Staff	<input type="text"/>	<input type="text"/>

6. If cover is required for any Partner's Liability prior to joining your Firm, please complete the following:

Partners Name	Name of Previous	Date of Joining your Firm

7. If any Principal, Partner or Director has a managerial, financial or controlling interest in any other business please give details below:

8. When does your Financial year end?

9. Please state as accurately as possible

a) The GROSS FEES received by your Firm for each to the last three FINANCIAL YEARS, together with anticipated fees for the forthcoming year expressed as percentages of the total:

	Total £	UK %	Europe %	USA/ Canada %	Elsewhere%
Year					
Year					
Year					
Year					
Year					



b) The largest fee from anyone client

c) The average fee from all clients

The question below asks you to describe certain aspects of some of your largest contracts. Taking the time to give as much information as possible will reduce the need for further questions later on.

Particularly, when describing your role in the contract, explain what you did and what you took responsibility for.

10. a) Please give details of your 5 largest contracts carried out over the last 5 years.

Client's Name	Your role in the contract	What was your fee element?

b) Please further assess your Firm's activities and break them down between the following categories:-

	Percentage of Gross Income
Air Pollution	<input type="text" value=""/>
Contaminated Land	<input type="text" value=""/>
Corporate Environmental Strategy	<input type="text" value=""/>
Ecological Surveying	<input type="text" value=""/>
Environmental Auditing	<input type="text" value=""/>
Environmental Economics, Policy and Legislation	<input type="text" value=""/>
Environmental Hazard Assessment	<input type="text" value=""/>
Incident Investigation and Remediation	<input type="text" value=""/>
Mineral	<input type="text" value=""/>



Noise %

Waste Management %

Waste Pollution %

- c) Please describe the 'client groups' for whom your Firm works (e.g. Waste Management Industry, Central Government, other Consultancies, Water Authorities etc) and indicate the approximate percentage of gross income relative to each group:

Client Group	Percentage of Gross Income
	%
	%
	%
	%
	%

- d) Do you anticipate any major changes in these activities in the next 12 months Yes No

If 'Yes' please supply full details

11. Is your Firm involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described in the previous question? Yes No

If 'Yes' please supply full details

12. Does your Firm carry out any overseas projects for:

a) UK based companies or individuals? Yes No

b) Overseas based companies or individuals? Yes No



13. Does your Firm work from other than your UK offices? Yes No

If 'Yes' please state where and the amount of work involved

14. Does your Firm accept responsibility other than under the jurisdiction of the UK Courts? Yes No

If 'Yes' please state where and the amount of work involved

15. Is your Firm represented in any way in the USA, its territories or possessions, or in Canada? Yes No

If 'Yes' please state how (e.g. by subsidiary company, local office, local representative or by any other person or concern holding a power of attorney on behalf of your Firm)

16. a) Does your Firm use a standard form of contract, agreement or letter of appointment? Yes No

If 'Yes' please enclose copies.

- b) Please also enclose a copy of any brochures, leaflets, etc describing your activities or service.

17. Is any work put out to sub-contractors? Yes No

If 'Yes' what type of work is sub-contracted and what percentage of fees is paid to sub-contractors?



Type of Work Sub-Contracted	Percentage of Fees
	%
	%
	%
	%
	%

18. If your Firm requires sub-contractors to carry Professional Indemnity Insurance, what are the limits of indemnity

Type of Work Sub-Contracted	Percentage of Fees
	%
	%
	%
	%
	%

Note: Underwriters retain rights of recourse against sub-contractors unless specifically agreed otherwise.

19. a) Does your Firm or its Partners/Principals have a financial interest in any other business entity? Yes No
- b) Is your Firm owned or controlled by any other business entity? Yes No
- c) Is or has your Firm been a member of a consortium, joint venture or group practice? Yes No

If the answers to any of these is 'Yes' please supply full details on a separate sheet of headed paper.

20. a) Does your Firm hold Professional Indemnity insurance? Yes No

If 'Yes' please state:

Name of Insurer:

Limit of Indemnity bought: £

Current Excess: £



Premium: £

Expiry Date:

b) If your Firm has not been insured from its inception, how many years has it been continuously insured to date?

c) Is cover required for any of the following extensions normally available under a professional indemnity policy?

Loss of documents Yes No

Fees recovery Yes No

Libel & Slander Yes No

Fidelity of Partners/Directors & Employees Yes No

21. Does your Firm always obtain satisfactory written references from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods? Yes No

22. Has the Proposer suffered any loss during the past five years through fraud or dishonesty of any employee? Yes No

If 'Yes' please state the date, circumstances, amount and steps take to prevent recurrence.

Date	Circumstances	Amount	Steps Taken

23. a) Do all cheques drawn for more than £25,000 require two signatures? Yes No

b) Is cash in hand and petty cash checked independently of the employees responsible? Yes No

At least monthly? Yes No

Additionally, without warning, at least every six months? Yes No



- c) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank? Yes No

24. Has any insurer in respect of the risks to which this proposal relates:

- a) Declined a proposal, refused renewal or terminated the insurance? Yes No

If 'Yes' please give details

- b) Required an increased premium or imposed special conditions? Yes No

If 'Yes' please give details

25. Have any claims for professional negligence, error or omission (successful or otherwise) been made against your Firm or its present and/or past Partners during the last ten years? Yes No

If 'Yes' please give details

26. Is any Principal, Partner, Director, Consultant or employee of your Firm **after enquiry** aware of any circumstances which might give rise to a claim against or result in a loss to your Firm, or its predecessors in business or any of the present or former Partners, Directors or Principals, or which might otherwise affect the insurer's consideration of this proposal? Yes No

If 'Yes' please give details



Commercial Combined/Office Insurance

If you would like us to provide you with an indication of cover on the above please complete the following:

Estimated Annual Wageroll split: Clerical £ _____
Manual £ _____

Property values	Location 1 Single Occupancy Y/N Please strike out accordingly	Location 2 Single Occupancy Y/N Please strike out accordingly	Location 3 Single Occupancy Y/N Please strike out accordingly
Main building: Rebuild Value if owner:	£	£	£
Or Tenant improvements:	£	£	£
Personal computers, printers and ancillary computer equipment at the premises:	£	£	£
All other contents/business equipment at the premises:	£	£	£
Portable computers and associated equipment at home/away from the premises anywhere in the European Union:	£	£	£
Portable computers and associated equipment at home/away from the premises anywhere in the world:	£	£	£
All other business equipment at home/away from the premises anywhere in the European Union:	£	£	£
All other business equipment at home/away from the premises anywhere in the world:	£	£	£

Fire Alarm Details:

Intruder Alarm details:

Please provide details of any Liability Claims or property damage claims you have incurred in the last 5 years please use an extra page if necessary:

Employers Reference Number or Employer PAYE reference which will be required prior to placement: _____



IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgment and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

Material Information

Please provide us with details of any other information which may be relevant to the insurers' consideration of this proposal for insurance.

Declaration

1. I/We declare that this proposal form has been completed after proper enquiries of all Partners, Principals and Directors, and that the contents are true and accurate and that all facts and matters which may be relevant for consideration of our proposal for insurance have been disclosed.
2. I/We undertake to inform insurers before any contract of insurance is concluded of any material change to the information already provided or any new fact or matter which may be relevant to the consideration of the proposal for insurance that comes to light.
3. I/We agree that this proposal form and all other written information which is provided will be incorporated into and form the basis of any contract of insurance, should one be concluded.

Signature of
Principal/Partner/Director
(Please delete as appropriate)

Name of Signatory
(In capitals)

Date

Please note that completing and signing this proposal form does not bind the proposers or underwriters to complete a Contract of Insurance.

