

Proposal Form

LI NB 0815

PLEASE ADVISE:

1. Name(s) of proposed practice(s)

Date(s) established

2. Address of principal office
(Please list any others by Town
and/or Country)

Partner Contact

Telephone
Number

E-mail

Fax
Number

3. a) Please advise the current membership status of the principal proposer:

Student Licentiate Chartered Fellow

b) Professional Body Memberships Membership Number(s)

4.	Full Name	Age	Professional Qualifications	Date Qualified	Number of years as a partner/director etc
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5. Number of staff (excluding persons in Q.4 above)

Qualified/Consultants

All Others (including Self Employed/Contract Hire)

6. Does the practice have ISO9001 Accreditation or similar?

Yes No

Has the practice received any industry awards?

Yes No

If you've answered 'yes' to this question, please provide details below

7. Have there been any material changes or any amalgamations or acquisitions during the past six years?

Yes No

If you've answered 'yes' to this question, please provide details below

8. Does the practice or any Partner/Director or Principal provide services to any partnership, company or organisation in which they are able to make a major policy decision on behalf of such partnership, company or organisation?

Yes No

If you've answered 'yes' to this question, please provide details below



9. Please advise details of your current insurance arrangements below. If none, please state "none".

Limit of Indemnity	Policy Excess (es)	Insurer	Renewal Date	Current Premium
£	£			£

10. QUOTATIONS REQUIRED:

Limit of Indemnity	£	£	£
Excess(es)	£	£	£

11. Please state gross fees (including those paid to subcontractors) payable by clients for work undertaken

	Last year	Previous year	Forthcoming year (estimated) for new and existing practices
a) in the UK	£	£	£
b) elsewhere excluding USA/ Canada	£	£	£
Totals	£	£	£

PLEASE STATE THE DATE OF YOUR FINANCIAL YEAR END:

PLEASE REFER TO LI INSURANCE SERVICES IF ANY WORK IS UNDERTAKEN IN USA/CANADA.

12. Please state for last year:

a) Gross fees paid to sub-contractors (who maintain their own PI cover)

£

b) Gross fees from non-proceeded design work or where there is no likelihood of future construction

£

13. Does the practice undertake any contract which involves the business/ practice or its sub-contractors in manufacture, construction, erection or installation, supply of materials, plant, goods or equipment?

Yes No

If you've answered 'yes' to this question, please state what proportion of the fees declared relates to such contracts.

%



14. The following list of services is deemed to be covered as standard work undertaken by LI members. The list is not exhaustive, therefore do not hesitate to contact LI Insurance Services should you require clarification.

Environmental Assessment Work / General Advice Planning and Design / Landscape Engineering (Cut and Fill) / Land Management and Scientific Services / Planning Supervisor / Land Use Planning / Project Co-ordination and Management / Expert Witness

Please note that cover is not provided for the remediation of contaminated land. For the avoidance of doubt contaminated land includes; Former landfill sites, Waste Transfer Stations, or other Waste disposal sites and Land, which has been polluted with unnatural substances or pollution, which has damaged the site.

If you undertake any services outside this list then please give full details in the space over the page.

15. Please state the five largest contracts where construction has been started during the last **FIVE** years.

START DATE	END DATE	BRIEF DESCRIPTION	TOTAL CONTRACT VALUE	FIRM'S CONTRACT VALUE	FIRM'S FEE
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£

16. **Has any claim been made against the Proposer or any predecessor in business or any partner, director, principal or consultant for neglect, error or omission in relation to professional duties (Please continue on a separate appendix if necessary)?** Yes No

Date of claim or loss	Brief details of each claim or loss	Cost (if any) of claim paid or loss incurred	Estimated outstanding cost
		£	£
		£	£
		£	£



17. Is any partner, director, principal or consultant, after enquiry aware of any circumstances which might:

- a) give rise to a claim against the Proposer or any predecessors in business or any of the present or former partners, directors or principals? Yes No
- b) result in the Proposer or any predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of this cover? Yes No
- c) otherwise affect the Company's consideration of this insurance? Yes No

If you've answered 'yes' to this question, please provide details including maximum potential cost (by separate note if preferred)

18. Are there any other material facts or comments that you would like to make in relation to your proposal for insurance? Yes No

If you've answered 'yes' to this question, please provide details below

DECLARATION

I/We declare that the above statements and particulars are true and I/we have not suppressed or misstated any material facts.

I/We agree that this Professional Risk Profile, together with the practice profile and any other information supplied by me/us shall form the basis of any subsequent contract of insurance between me/us and the Company. We undertake to inform the insurer of any material alteration to these facts occurring before completion of the Contract of Insurance.

Signed: Partner/Director/Principal Date:

For and on behalf of:

