

Professional Indemnity Insurance Proposal form for Environmental Health Professionals



JLT Professional Risks

General Questions

1. Name:
2. Business Name:
3. Date of Establishment:
4. Address:
.....
..... Postcode:
- Telephone Number: Fax Number:
- Email:
5. How did you hear of JLT?
6. Please state your occupation/profession and nature of business including your target market and target client base:
.....
.....
.....
7. Are you a member of the Chartered Institute of Environmental Health? Yes No
If yes, please provide your membership number:
.....

8. Please complete the following table:

Names of all partners or directors (include your own details if you are a sole practitioner)	Period of time as a partner, director or member	Professional qualification(s)	Date qualified

Please provide a curriculum vitae for each partner / director, outlining all relevant professional experience.

9 Please state the number of permanent staff other than yourself, your partners or directors:

Qualified..... Full Time Part Time

All other..... Full Time Part Time

10 Are you currently working on an assignment?

Yes No

If yes, please provide brief details:

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.....

.....

.....

11 Please state your gross fees earned or estimated (including those paid to sub-contractors) payable by clients for work undertaken. For any non-fee earning business/practice, please state total turnover. Gross fees payable by clients are:

Clients Based in:	Forthcoming year	Last financial year	Previous year
Registered in the UK	£	£	£
In the UK but based/registered elsewhere (Exc. USA/Canada)	£	£	£
USA companies in the UK & elsewhere	£	£	£
Elsewhere	£	£	£
Totals	£	£	£

12 Please advise work split. Complete either £ or % fees earned or estimated:

TYPE OF WORK	£	%
Food Safety	£	%
Health and Safety	£	%
Environmental Protection	£	%
Housing	£	%
Public Health	£	%
Any other/s please advise		
	£	%
	£	%
	£	%
	£	%
	£	%
	£	%
	£	%
Total	£	%

13 Please provide details of the largest contract or contract expected to commence in the next 12 months:

Description of your activities	Country and Law / Jurisdiction applicable	Total contract value	Your fees
		£	£
		£	£
		£	£
		£	£

14 Does the business/practice or any partner/director act on behalf of or undertake work from any firm, company or organisation in which the business/practice or any partner/director has a financial association or interest or which has a financial or controlling interest in the business/practice?
If yes, please provide full details on the section titled Additional Information on page 4 Yes No

15 Have you ever provided or do you intend to provide during the forthcoming period of insurance any Environmental Audits/Assessments or any other specialist advice in relation to pollution or contamination?
If yes, please provide full details on the section titled Additional Information on page 4 Yes No

16 Have you ever:

a) Provided or do you intend to provide during the forthcoming period of insurance any specialist advice, design or specification in relation to the manufacture, process, supply, use, removal or disposal of asbestos or any asbestos containing materials? Yes No

b) Undertaken or do you intend to undertake during the forthcoming period of insurance any asbestos inspections as set out in MDHS 100 published by the Health and Safety Executive in connection with Regulation 4 of the Control of Asbestos at Work Regulations 2002 (CAWR), or any other comparable inspections? Yes No

c) If Yes to either of the above, have you arranged separate professional indemnity insurance which provides indemnity for any bodily injury and/or asbestos inspections carried out by you? Yes No

17 Is the business/practice represented in any way outside of the United Kingdom? (e.g. by subsidiary company, local office, local representatives or by any other person or concern holding a power of attorney on behalf of the business/practice)
If you have answered yes to either question 16 or 17, then please provide full details on the section titled Additional Information on page 4. Yes No

18 Do you use any brochures, written agreements or conditions of contract in connection with the business/practice?
If yes, please can you attach copies Yes No

19 Do you use conditions of contract in every case?
If yes, please can you attach copies Yes No

20 Are you currently insured, or have you previously been insured for Professional Indemnity?
If yes, please can you provide details as per the following table: Yes No

Name of Insurer	Policy Number	Limit of Indemnity	Expiry of Policy	Retroactive Date	Current Annual Premium

21 Please indicate what level of indemnity you would like us to quote for:
 £100,000 £250,000 £500,000 £1,000,000

22 Do you require cover for Employers Liability (Standard limit at £10,000,000) Yes No

23 Do you require cover for Public Liability (Standard limit at £2,000,000) Yes No

24 Do you require cover for your contents for your office? (Standard limit at £7,500) Yes No

Declaration

- 25 Have you or any of your business partners or directors ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence? Yes No
- 26 Has the business been involved in any disputes or arbitration concerning fees or services to others or any other matters? Yes No
- 27 Has any claim such as would be covered by the proposed insurance ever been made against the firm or any of its partners/principals whilst in this or any other business? Yes No
- 28 Are you aware of any circumstance in the last 5 years, which has caused, or alleged to have caused injury or death, disease or illness arising out of your business relating to:
- Employees Yes No
- Members of the public or damage to their property Yes No
- 29 Are any of the partners/directors, principals or employees, after enquiry, aware of or suspect or have any ground for suspecting any circumstances which might give rise to a claim against the business or against any of the present or former partners/principals? Yes No

If you have answered yes to any of questions 14 to 17 or 25 to 29, please provide full details on the Additional Information section below:

Additional Information

Which Question does this relate to?	Please provide full details below:

DECLARATION

I/we have read over ALL the statements and particulars given in this proposal (including any answer written for me/us by any other person) and declare that they 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 the insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance.

Signature of Partner or Director:

Print Name:

Date:

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

Completed Proposal Forms should be returned to:
JLT PROFESSIONAL RISKS.
Threefield House, 7 Threefield Lane, Southampton SO14 3QH
TELEPHONE: 0800 454 632 FAX: 023 8023 6638

Duty of Disclosure Reminder

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers. In this respect, you must provide all information relating to the risk, whether favourable or not, which would influence the judgement of a prudent insurer in determining whether he or she will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to avoid the contract from its commencement which may lead to claims not being met.

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Threefield House, 7 Threefield Lane
Southampton SO14 3QH
Tel 0800 454 632 Fax +44 (23) 8023 6638

