



ASBESTOS PROFESSIONAL INDEMNITY SCHEME PROPOSAL FORM

Please fill out this form using the latest version of adobe reader
Download the latest version here: <http://get.adobe.com/uk/reader/>



ASBESTOS PROFESSIONAL INDEMNITY SCHEME PROPOSAL FORM

DUTY OF FAIR PRESENTATION

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
 - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016

ASBESTOS PROFESSIONAL INDEMNITY SCHEME PROPOSAL FORM

PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

1. Company Name (including list of partners if not a limited company)

2. Address 1

3. Address 2

4. Town
5. County
6. Postcode

If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the proposal form.

If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.

7. Full business description (if you have a brochure or company literature, please attach them to this form)

CURRENT INSURANCE ARRANGEMENTS

8. Insurer

9. Broker

10. Policy Limit
- Any one claim
- Aggregate
- (please tick as applicable)

11. Excess

12. Premium
13. Renewal date

14. Date commenced trading
15. Is the business VAT registered?
- Yes
- No

16. Please give details of any professional or trade associations you are affiliated to

17. Please provide your existing retroactive date or state 'None' if fully retroactive

ASBESTOS PROFESSIONAL INDEMNITY SCHEME PROPOSAL FORM

COMPANY BACKGROUND

18. Are there any previous firms or companies that require cover? Yes No
 If "Yes" provide details below of their name(s) and the date(s) on which trading ceased

19. Does the company carry out asbestos sampling independently of a survey? Yes No
 If "Yes" is this invoiced separately? Yes No
 Please provide details below and confirm that the relevant personnel are included in the answer to Q. 26

20. Please state the total number of staff:

Partners, principals or directors

Qualified staff

Other technical staff (excluding administrative staff)

Administrative and all other staff

Total

21. Please name all partners, principals and directors. **A CV must be attached for each person named below**

Partner/principal/director	Age	No. of years in this capacity (at this firm/company)	CV attached	
i.			Yes	No
ii.			Yes	No
iii.			Yes	No
iv.			Yes	No
v.			Yes	No
vi.			Yes	No
vii.			Yes	No
viii.			Yes	No

22. Please name all surveyors. **A CV must be attached for each person named below**

Surveyor	Age	No. of years in this capacity (at this firm/company)	CV attached	
i.			Yes	No
ii.			Yes	No
iii.			Yes	No
iv.			Yes	No
v.			Yes	No
vi.			Yes	No
vii.			Yes	No
viii.			Yes	No

ASBESTOS PROFESSIONAL INDEMNITY SCHEME PROPOSAL FORM

23. Please list those former partners, principals or directors of the company for whom cover is required

24. Is the company admitted to membership of any of the following associations?

If "Yes" please provide the membership number/reference in the appropriate box

Associations	Membership number/reference		
UKAS		Yes	No
ARCA		Yes	No
ARAD		Yes	No
RICS		Yes	No
Other – please detail below			
i.		Yes	No
ii.		Yes	No
iii.		Yes	No

25. Has any person in the company been subject to disciplinary proceedings by any Institute or other relevant body? Yes No

If "Yes" please give details below

26. Please list the activities declared and state the approximate percentage of work carried out in each sector

Activities	Percentage income
Asbestos management surveys	%
Asbestos refurbishment and demolition surveys	%
Asbestos sampling	%
Laboratory analysis	%
Other – please specify	
i.	%
ii.	%
Total:	100 %

27. With reference to Regulation 4 of the Control of Asbestos at Work Regulations 2006 will any members of the company undertake the role of "Duty holder"? Yes No

If "Yes" please provide details below including the name(s) of employees, their qualifications and experience

Please attach a specimen management plan to this proposal form if available

ASBESTOS PROFESSIONAL INDEMNITY SCHEME PROPOSAL FORM

FINANCIALS

28. Please state the gross income/fees received for the last financial year, the current financial year and an estimate for the next financial year in respect of income/fees billed to clients based in the following territories

	Last year	Current year	Estimate next year
UK	£	£	£
Rest of World (ex USA/Canada)	£	£	£
USA/Canada	£	£	£
Financial year ending (dd/mm/yyyy)	£	£	£

29. Please provide details of the three largest contracts in the last three years

Description	Start date	Finish date	Company's fees	Total project value
i.			£	£
ii.			£	£
iii.			£	£

30. What is the largest annual income/fee earned from a single client in the last twelve months?

Please provide brief details below

£

31. Do you always exclude liability for claims arising out of pollution or contamination, of any kind, from your contract conditions?

Yes No

If "Yes" when did you introduce this exclusion?

32. Is your laboratory analysis work sub-contracted?

Yes No

If "Yes" please provide details below

i. Payments

ii. Identify laboratories

iii. Are all laboratories UKAS accredited?

iv. Please give details below of their current Professional Indemnity insurance arrangements and confirm that they include cover in respect of work carried out on behalf of yourselves

v. Are any other professional activities (including asbestos surveys) sub-contracted?

Yes No

If "Yes" please provide details below

ASBESTOS PROFESSIONAL INDEMNITY SCHEME PROPOSAL FORM

33. Are you, or any partner, principal, director or employee a member of a consortium or joint venture? Yes No
 If "Yes" please provide details below
- i. Name of consortium
 - ii. Type of services being provided
 - iii. Annual income/fees for relevant contract(s) £
34. What limit of indemnity is now required? £
- | | | | | | |
|----------|------------|------------|-----------------|--|---|
| £500,000 | £1,000,000 | £2,000,000 | Any other limit | | £ |
|----------|------------|------------|-----------------|--|---|
35. What self-insured excess (each and every claim) are you prepared to carry? £
36. Do you always obtain satisfactory written references when engaging senior employees? Yes No
37. Is any person allowed to sign cheques on his/her signature alone? Yes No
 If "Yes" please describe the circumstances and cheque limit below
38. Fidelity (Please note it is imperative to answer this question correctly, failure to do so could prejudice your rights)
- a. Have you sustained any loss through the fraud or dishonesty of any person? Yes No
 - b. Are you aware of any allegation or occurrence of fraud or dishonesty committed, at any time, by any past or present partner, principal, director, or employee? Yes No
 If "Yes" to either of the above, please provide full details below and state the steps taken to prevent recurrence (please use the 'Additional Information' sheet, if necessary)

ASSOCIATED COMPANIES QUESTIONNAIRE

39. Do you undertake work for any partnership, company or organisation in which you or any partner, principal, director or employee holds a position whereby you are able to make major decisions on behalf of such partnership, company or organisation? Yes No
 If "Yes" please provide details below
40. Is the individual company or any partner, principal or director connected or associated (financially or otherwise) with any other practice, company or organisation? Yes No
 If "Yes" please provide details below

**ASBESTOS PROFESSIONAL
INDEMNITY SCHEME
PROPOSAL FORM**

41. Have you or any partner, principal or director been a partner, principal, or director or been associated with any business which has ceased trading either voluntarily or compulsorily? Yes No
If "Yes" please provide details below
42. Has any partner, principal or director been made personally bankrupt? Yes No
If "Yes" please provide details below
43. What percentage of income is derived from associated companies as detailed above? %
44. Is cover required for the work for associated companies? Yes No

ASBESTOS PROFESSIONAL INDEMNITY SCHEME PROPOSAL FORM

GENERAL QUESTIONS

Please answer question a. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- | | | |
|---|-----|----|
| a. Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms? | Yes | No |
|---|-----|----|

Please answer questions b. to e. in relation to the proprietor, partners or directors of this business.

Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.

- | | | |
|---|-----|----|
| b. Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? | Yes | No |
| c. Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending? | Yes | No |
| d. Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction? | Yes | No |
| e. Have any of you committed any offence to which you have admitted and for which you have received an official police caution? | Yes | No |

If the answer to any question is “Yes” please provide full details on the ‘Additional Information’ sheet at the end of the proposal form.

CLAIMS AND CIRCUMSTANCES

- | | | |
|---|-----|----|
| a. Have any claims, whether successful or not, been made against you (including any predecessors in business) or any present or former partner/principal/director in the last 5 years? | Yes | No |
| b. Is any partner/principal/director aware, AFTER ENQUIRY, of any circumstance or occurrence which may give rise to a claim against you (including any predecessors in business) or any present or former partner/principal/director? | Yes | No |

If the answer to either of the above questions is “Yes” provide full details below (please use ‘Additional Information’ sheet, if necessary)

	Date of Claim	Cause of claim	Damages claimed	Defence costs	Reserves held by insurers
i.			£	£	£
ii.			£	£	£
iii.			£	£	£
c. What measures have been taken to prevent a similar claim(s) or occurrence(s) (please use ‘Additional Information’ sheet, if necessary)					

(Please note that this question is for underwriting purposes only. It does **NOT** constitute notification of a claim or possible claim. You are required to make a separate notification to the current insurer in accordance with their policy terms and conditions, prior to expiry of the current policy)

DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature

Please print name

Date

Position

**ASBESTOS PROFESSIONAL
INDEMNITY SCHEME
PROPOSAL FORM**

ADDITIONAL INFORMATION

