

IEEM PROFESSIONAL INDEMNITY INSURANCE APPLICATION FORM



If there is insufficient space to answer the questions please use and additional information sheet

1) Name(s) of Business / Organisations under which business is conducted:

Name:	Date Commenced Trading:

2) Principal Address, Contact Details and IEEM Membership Details

Name of Contact:		Tel Number:	
Email:		Fax Number:	
Website:			
Professional Membership Status:	Full IEEM Member	YES <input type="checkbox"/> NO <input type="checkbox"/>	Membership Number

Please advise details of any additional Professional Body Memberships:

3) Partners / Directors / Principals (please continue on a separate appendix sheet if necessary):

Full Name:	Age:	Professional Qualifications	Date Qualified:	No. of Years Partner / Director / Principal

4) Please advise the number of staff (excluding those in Q3 above) :

Qualified:		Consultants:		Self Employed:		Admin / Other Staff:	
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5) Have any individuals referred to in question 3 ever been the subject of disciplinary action by any authority as a result of their professional activities, or has any previous Professional Indemnity Insurance been cancelled or renewal refused? **YES** **NO**

If "YES" Please provide details below:

6) Have there been any material changes or any amalgamations or acquisitions during the past six years? **YES** **NO**

If "YES" Please provide details below:

7) 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 "YES" Please provide details below:

8) Please advise details of current Insurance below – if none please state "none" (it is also important to provide all information):

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

9) Quotations Required:

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

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

	Last Complete Year:	Previous Year:	Forthcoming year (estimated) for new and existing practices:
a) In the UK	£	£	£
b) Elsewhere excluding USA / Canada	£	£	£

Financial Year End:	
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Please state for the "Last Complete Year"

a) Gross fees paid to sub-contractors (who maintain their own PI)	£
b) Gross fees from non-proceeded design work or where there is no likelihood of future construction	£

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

YES
 NO

If "YES", state what proportion of the fees declared relates to such contracts %

12) The following list of services is deemed to be covered as standard work undertaken by IEEM Members. The list is not exhaustive, therefore do not hesitate to contact [MFL](#) should you require clarification.

Agriculture / Copy Writing and Editing / Data Collation and Analysis / Documentation and Bibliographical Research / Ecological Survey and Mapping / Ecotourism and Recreation / Environmental Finance, Investment and Subsidy Advice / Environmental Health and Safety Advice / Environment Assessment / Environmental Interpretation / Environmental Policy and Law / Expert Witness Work / Forestry / Habitat Creation and Restoration / Land Use Planning / Natural Resource Management and Utilisation / Natural Conservation / Planning Supervisor / Site Planning and Management (wildlife and countryside) / Taxonomy and Species Identification / Teaching and Training / Urban Wildlife 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 below:

13) Please provide details of the five largest contracts in the last **FIVE** years:

Start Date:	End Date:	Brief Description:	Total Contract Value	Firms Contract Value	Firms Fee
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£

14) 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 sheet 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
		£	£
		£	£
		£	£

- 15) 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 "YES" Please give details including maximum potential cost (by separate note if preferred):

- 16) Are there any other material facts or comments that you would like to make in relation to your proposal for insurance? YES NO

If "YES" Please provide details below:

DECLARATION

I/We declare that the above statements and particulars are true and I/we have not suppressed or mis-stated 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: _____

Please return the completed form to:



MFL Professional Partnerships
 2nd Floor
 Barlow House
 Minshull Street
 Manchester
 M1 3DZ

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 F: 0870 855 6441
 E: quote@m-f-l.co.uk