

PLEASE ADVISE::

1. Name(s) of proposed practice(s)  
 (Please include all practices / predecessors for whom cover is required)

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. Professional Body Memberships Membership Number(s)


4. Partners/Directors/Principals (please continue on a separate appendix sheet if necessary)

Full Name	Age	Professional Qualifications	Date Qualified	Number of Years Partner/Director/etc

5. Number of staff (excluding persons in Q.4 above)

Qualified/Consultants  All Others (including Self Employed/Contract Hire)

6. Have any individuals referred to in questions 4 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 give details below:

7. Have there been any material changes or any amalgamations or acquisitions during the past six years? YES  NO

If YES please give details below:

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CONTINUED....

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 YES please give details below:

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9. QUOTATIONS REQUIRED:

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

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*We recommend you keep copies of all information supplied to us for your records.*

**COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.**

1. Name of Practice(s) <CUST.INS.NAME><CUST.INS.NOTE>

2. Please state gross Fees (including those paid to subcontractors) payable by clients for work undertaken:

Please state Financial Year End ____/____ (DD/MM)	Last complete financial year	Previous year	Estimate for Forthcoming year
a) in the UK	£	£	£
b) elsewhere excluding USA/Canada	£	£	£

**PLEASE REFER TO MCPARLAND FINN IF ANY WORK IS UNDERTAKEN IN USA/CANADA.**

3. Please state for last year:

a) Gross fees paid to sub-contractors who maintain their own PI cover and for which a letter of confirmation is obtained	£
b) Gross fees from non-proceeded <b>design and / or concept</b> work only	£

4. 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 **YES**, state what proportion of the fees declared relates to such contracts %

5. 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 McParland Finn Ltd 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 below.

6. Please state the five largest contracts which have been started during the last **FIVE** years:

START DATE	END DATE	BRIEF DESCRIPTION	TOTAL CONTRACT VALUE	FIRMS CONTRACT VALUE	FIRMS FEE
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£

7. **During the last ten years, have any claims, or circumstances which may have given rise to a claim, been made against the Firm(s) or predecessors in business or present or former Partners/Directors arising out of the activities of the Firm(s)?** 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

8. **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** give details including maximum potential cost (by separate note if preferred)

9. 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:** \_\_\_\_\_