

Garden Designers

NEW ENQ

PROFESSIONAL INDEMNITY INSURANCE PRACTICE PROFILE

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. Professional Body Memberships

Membership Number(s)

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:

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. Please advise details of current Insurance below - if none please state "none".

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

For those who have answered "none", the following section does not apply as Year 2000 cover will automatically be excluded.

With reference to the above policy, has the practice previously benefited from the inclusion of Year 2000 cover? YES NO

If **YES** and cover is required, please provide the following details and attach a copy of the last completed Millennium Questionnaire

Aggregated Limit of Indemnity:	£	Excess	£
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- a) Have you kept records of your Year 2000 compliance activities? YES NO

If **"YES"**, please give details:

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- b) Have you encountered any problems with your Systems, or with others' Systems that you are reliant upon, as a result of Year 2000 non-compliance? YES NO

If **"YES"**, please give full details of the problems and the measures taken to rectify them:

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- c) Are you aware of any problems encountered by any of your clients / customers / suppliers as a result of their own Systems not being Year 2000 compliant? YES NO

If **"YES"**, please give full details:

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10. QUOTATIONS REQUIRED:

Limit of Indemnity			
Excess(es)			

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.

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PROFESSIONAL INDEMNITY RISK PROFILE

1. Name of Practice(s)

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

Please state Financial Year End	Last year	Previous year	Forthcoming year (estimated) for new and existing practices
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)

£

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

£

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 Garden Designers. 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 five largest contracts in the last **FIVE** years:

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

7. 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

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: _____