



Professional Risks

Environmental Proposal Form



DOA takes your privacy very seriously. We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and financial management. This may involve sharing or obtaining information about you within our group of companies and other third parties such as insurers, sub brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators and fraud prevention agencies. We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our [Privacy Policy](#). If you do not have access to the internet please contact us and we will send you a printed copy.

DOA Underwriting Ltd is an independent underwriting agency, wholesale broker and principal company for David Oliver T/as David Oliver Associates and DOA Special Facilities Ltd (DOA) and is Authorised and Regulated by the Financial Conduct Authority, FRN 772309.

Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax.
For additional information or information that you cannot fit into the spaces provided please use a separate sheet.

1) NAME of Insured:

Website address

Email Address

2) ADDRESS/ES of Insured

3)

Name in full of all Principals	Qualifications	Date Qualified	How long as a Principal with Proposer/s

4) Please state the name of any Professional body or Trade Association of which the proposer is a member

Professional Body	
Trade Association	

Developers	%
Contractors	%
Lending Institutions	%
Oil & Gas Industry	%
Chemical / Process Industry	%
Power Industry	%
Property Owners	%
Tenants	%
Others (please specify below)	%

(b) Do you anticipate any major changes in these activities in the forthcoming 12 months? YES NO

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

8) Please give details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business):

Client	Start Date	Description Of Services Provided	Total Contract Value	Fee	Approx Completion Date
1					
2					
3					

9) Risk Management

(a) Do the directors / partners and qualified employees of the Insured regularly attend continuing education programmes?

YES		NO	
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(b) Does the firm engage sub-consultants?

YES		NO	
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(c) Are the sub-consultants required to carry professional indemnity insurance?

YES		NO	
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(d) If YES, please indicate the minimum level of cover required

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10) Current Insurance details / Insurance requirements

(a) do you currently have Professional Indemnity Insurance?

YES		NO	
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(b) if YES, please supply the following information:

Amount of cover		Amount of Excess	
Last annual premium (optional)		Expiry date	
Name of Insurer			

(c) has any proposal for similar insurance made on behalf of the Proposer or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Proposer ever been declined or has any such insurance ever been cancelled or renewal refused?

YES		NO	
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If YES, please give all details, including the reason given

11)

(a) in respect of **ANY** of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer, any predecessor or any past or present Principal?

YES		NO	
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Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of **ANY** of the risks to which this proposal relates?

YES		NO	
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If YES, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

(b) what steps have been taken to prevent a recurrence?

Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Insurers.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. HCC International Insurance Company PLC may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform HCC International Insurance Company PLC in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact HCC International Insurance Company PLC.

Signature of Principal:

Date:

A copy of this proposal should be retained by you for your own records.

All questions must be answered fully, and those questions not relevant to you should be marked N/A

If there is insufficient space, please provide details on your letterhead.

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION