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| Sennet Professional Indemnity Limited | | |
| 5 – 7 Prospect Road  Hythe  Kent. CT21 5NS | Tel : 01304 898 428  Fax : 0870 974 0878 | E : insure@sennetpi.com  www.sennetpi.com |

**Questionnaire for APS Members who are Principal Designer & Construction Industry or Health & Safety Consultants**

So that we may arrange the most appropriate cover for you we must ensure that you have provided us with a **fair presentation** as set out in **The Insurance Act 2015** of the risks to be insured. This means you must have clearly disclosed all material facts which you, your senior management and or persons responsible for arranging the Policy knew or ought to have known relative to your work. If you have not made a fair presentation, this could mean that part or all of a claim may not be paid.

**This form is in three sections,**

**Part 1 Professional Indemnity**

**Part 2 & 3 Public Liability & Employers Liability**

We can only provide Public and Employers Liability if we also provide the Professional Indemnity Insurance

**The more information we provide to underwriters the better premiums we can obtain so if you use standard terms of business please attach a copy and if you have full CV’s please provide a copy**

**If you want help completing this form or have any questions please give us a call on**

**01304 898 428**

**Client details**

|  |  |
| --- | --- |
| Name of Insured (the Proposer) or title of your trading entity |  |

|  |  |
| --- | --- |
| Your address |  |
| Post Code |

|  |  |
| --- | --- |
| Email address |  |
| Contact Telephone # |  |

|  |  |
| --- | --- |
| Pease confirm your Association / Institute & status  (eg IOSH & CMIOSH) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Date Business Established | /  / | Date Financial Year End | /  / |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2 | Names of Partners & Directors | Age | Qualifications | Years in Firm | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  | Number of Qualified Staff |  | Number of Unqualified Staff | |  |

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**Part 1 Professional Indemnity – Please Provide Fees / Turnover**

Please state your fee income for the last financial year and estimate for next year.

Please confirm your Last Financial Year end date \_\_\_\_\_\_/\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Total Earnings from - | Last Year | Estimate for Next year |
| United Kingdom |  |  |
| EU |  |  |
| Rest of World |  |  |
| USA / Canada |  |  |

If Rest of World please state exactly where, what and for whom in 3a Other details box

|  |  |  |
| --- | --- | --- |
| 3 Please give a split of Annual Fees by Type of Work | Last Year | Estimated for This Year |
| Principal Designer | £ | £ |
| CDM Advisor to the Principal Designer | £ | £ |
| Construction Industry H & S Inspections and Reports | £ | £ |
| General Health & Safety Inspections and Reports | £ | £ |
| Other (inc H & S / First Aid Training etc) | £ | £ |
| Total | £ | £ |

3a If Other please give details

|  |
| --- |
|  |

3b Please let us know the split of your work by industry sector

|  |  |
| --- | --- |
| Shops, Offices and non-manual premises | % |
| Building and Construction | % |
| Farming and Agricultural | % |
| Industrial / Factories / Garages / Hospitals | % |
| Oil & Gas / Chemical / Pharmaceuticals Nuclear | % |
| Property Owners / Tenants Associations / Multiple Housing Developers | % |
| Dams / Harbours / Jetties / Railways / Waterways | % |
| Other not above – please confirm in Other below |  |
|  |  |

3c If you provide work relating to asbestos other than standard awareness duties please advise us of the type of work and fee income.

For instance, if you undertake UKATA training / Asbestos Management & Control.

|  |  |
| --- | --- |
| Type of work | For whom |
| Income from this | If you are registered with any group pleas confirm registration number |

|  |
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3d Please provide details of the three largest contracts you have worked on in the last 3 years

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Period | | Description of site / location (Hotel, Factory etc.) | Total contract value | Company or Firm Contract value | State Professional Services provided |
| /  / | /  / |  | £ | £ |  |
| /  / | /  / |  | £ | £ |  |
| /  / | /  / |  | £ | £ |  |

Please provide details of the largest contract undertaken in the last twelve months

|  |
| --- |
|  |

4 If you work in any of the following sectors please give full details of activities undertaken and fee income

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Aviation | HSG264 \* | Railway | Nuclear | Offshore (Rigs, Platforms, Marine) |
| Automotive | Aerospace | Medical | Defence | Pharmaceutical |
| Harbours | Jetties | Dams | Amusement Parks | Other Asbestos |
|  | | | | |

\* **If you have declared any work involving HSG 264 or have previously undertaken MDHS100 work you will need to complete a separate questionnaire.**

5 If you currently hold Professional Indemnity insurance please give details

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Insurer | Expiry date | Limit of Indemnity | Original Inception Date or Retroactive date |
|  |  | £ |  |

6 Any quotation provided is on the basis that each of the following statements are true:

* All staff are suitably qualified and hold relevant professional qualifications.
* No offices or representation outside of the United Kingdom, Channel Islands, and Isle of Man.
* Fees received from work undertaken outside the UK are less than 20% of total fees.
* No overseas work is undertaken outside of Europe.
* Fees received from the proposers’ largest client are less than 75% of total fees.
* All contracts for work undertaken to be evidenced in writing.
* The proposer, principals or any member of staff have not been subject to disciplinary action taken by any professional or regulatory body.
* The proposer has not had an Insurer decline cover, terminate or refuse renewal.
* The Proposer, director or partner of the business has not had a claim made against them, unless closed with nothing paid.
* The Proposer, director or partner of the business, after enquiry, are not aware of any circumstance, which could give rise to a claim to which the request for insurance relates.

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* The proposer, principals or partners, are not aware of any circumstances that will otherwise affect the Company’s consideration of this insurance.
* The proposer, principals or partners, are not aware of any circumstances that will otherwise affect the Company’s consideration of this insurance.

If any of the above statements are not true or correct for your business, please provide full details.

7 What professional indemnity insurance policy limit do you require a quotation for?

£ 250,000  £ 500,000  £ 1,000,000  Other (Please Specify)

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**Part 2 & 3 – Public and Employers Liability**

**(if you are requesting this then please just check that it is not already provided for you under another policy like an office combined or commercial policy)**

**2. I want a quote for Public Liability**  Yes  No

What public liability insurance indemnity limit do you require a quotation for?

£ 1,000,000  £ 2,000,000  £ 5,000,000  Other (Please Specify)

**3. I also want a quote for Employers Liability**  Yes  No

If yes, total number of employees?

Please confirm wages split

|  |  |
| --- | --- |
| Office and Clerical wages | £ |
| Other Wages |  |

Is there any manual work undertaken? Yes  No

If you are subject to compliance under the Employers Liability Tracing Office you will have an Employers Reference Number; this must be provided.

ERN (Employers’ Reference Number) \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

We provide and statutory £10,000,000 policy limit (limited to £5,000,000 in the event of terrorism)

Any quotation provided is on the basis that each of the following statements are true. By accepting the quotation, you will be confirming that each of these statements are true:

1. Your total wage-roll does not exceed £250,000 or £2,000,000 turnover
2. You employ no more than 10 people.
3. You or any partner, employee or director have not been convicted during the past 5 years of any offence relating to the Health and Safety of any employees or members of the public in connection with their business.
4. You do not contract to undertake any of the following activities:
   1. work away from their premises which involves work underground, on ships, at airports, chemical works, off-shore structures oil or gas refineries
   2. manual work
   3. the supply of any physical products
   4. work with asbestos or asbestos-containing materials.
5. No insurer has ever cancelled declined a proposal, refused renewal, imposed special terms or terminated insurance in respect of the risks now proposed.
6. No offices or representation outside the United Kingdom, Channel Islands or Isle of Man.
7. Fees received for work undertaken outside the United Kingdom, Channel Islands or Isle of Man are less than 10% of total fees.
8. You do not work at heights greater than 10 meters and depths greater than 2 meters.
9. You, directors or partners of the business has not had a claim made against them in respect of the risks to which the request for insurance relates
10. You, directors or partners of the business, after enquiry, are not aware of any circumstance, which could give rise to a claim to which the request for insurance relates.
11. You, principals or any member of staff, are not aware of any circumstances that will otherwise affect the insurer’s consideration of this insurance.

If any of the above statements are not true or correct for your business, please provide full details.

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**Under the Insurance Act 2015 you have a legal duty to disclose the complete scope of your work so as to make a Fair Presentation to underwriters – if you do not do this Underwriters can void the policy.**

In arranging this policy, you must have provided us with a fair presentation as set out in the Insurance Act 2015 of the risks to be insured. This means you must have clearly disclosed all material facts, which you, your senior management and or persons responsible for arranging the Policy knew or ought to have known. If you have not made a fair presentation, this could mean that part or all of a claim may not be paid. Please be aware that in some circumstances, if you have not made a fair presentation of the risk, underwriters we may avoid the contract and the premium may not be returned. You must also make a fair presentation to underwriters when the policy is to be renewed.

**Declaration:**

I/we declare that the above statements and particulars are true, full enquiry having been made, and I/We have made a fair presentation of the risk, by disclosing all material facts/circumstances which I/We know or ought to know. I/We have not omitted, supressed or misstated any material facts which may be relevant to the insurers consideration of this insurance proposal and undertake to inform the insurers of any change to any material fact that occurs prior to the point at which the insurance contract has been concluded and throughout the contract of insurance. I/We understand that the information I/We provide will be used by the insurers in determining acceptance of the application together with the price charged for the risk and the terms of any policy provided.

**General Data Protection Regulation (GDPR)**

In completing this form You are supplying us, Sennet Professional Indemnity Ltd, and the chosen underwriters with personal data.

All data will be stored in compliance with applicable UK data privacy laws.

Our Privacy Policy is set out in our Clients Terms of Business Document and on our web site [www.sennetpi.com](http://www.sennetpi.com). Our underwriter’s Privacy Policy / statement is fully set out in the policy wording.

In signing below you confirm your agreement this to us as well as completing the declaration of information to underwriters, I confirm that I have received and accept Sennet Professional Indemnity Ltd Terms of Business & Privacy notice

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In all cases, Insurers will require the proposal to be HAND signed by the principal or a Director, Partner or person of equivalent situation to the Proposer. If you present this proposal form to us electronically (by email) you will subsequently be required to HAND sign and date this form.**

In the context of this application, the applicant notes that Sennet Professional Indemnity Limited is underwriting on behalf of the insurer and is an agent of the Insurer.

**Please email this questionnaire back to Sennet Professional Indemnity Ltd at** [**insure@sennetpi.com**](mailto:insure@sennetpi.com)

**Or by fax to 0870 974 0878 or Post to Sennet PI, 5 – 7 Prospect Road, Hythe,**

**Kent. CT21 5NS**

**If you have any other information that you think is appropriate or may influence underwriters, please set this out below**

**Additional Information**

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