

Lycetts

PROPOSAL FORM

ARBORICULTURAL, FORESTRY & LANDSCAPE INSURANCE

PLEASE RETURN THIS FORM TO:

LYCETTS

14a High Street,
Knaphill
Woking
Surrey
GU21 2PE

Tel: 01483 – 489291
Fax: 01483 – 797301
e-mail: surrey@lycetts.co.uk

Lycett, Browne-Swinburne & Douglass Ltd is authorized and regulated by the Financial Services Authority

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PROPOSAL FORM

You must give full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim. You should keep a record of all information supplied.

Name:

(State names of all partners and trading name if not a limited company)

Address:

Postcode:

Tel Number:

Fax Number:

E-mail:

Web address:

Current/Previous Insurer or broker name:

Renewal Date:

Renewal/Target Premium

When do you require cover to commence?

Please state fully all activities in which you or your firm are involved:

Do you hold Certificates of Competence in the use of chainsaws or spraying?
Please detail which certificates are held and when they were obtained.

Yes

No

Are you a member of any Professional Association?

If yes please advise name of association and membership number.

Yes

No

Please provide details of any other person or organisation that you are employed by (not as a sub-contractor).

PUBLIC AND PRODUCTS LIABILITY

What limit of Indemnity do you require? £1,000,000 £2,000,000 £5,000,000 £10,000,000

Please provide estimates of annual turnover split as follows:

CATEGORY	ESTIMATED TURNOVER
Forestry Felling – Manual/Chainsaw	£
Forestry Felling – Mechanised (Harvesters and Forwarders etc)	£
Fencing & Planting	£
Tree Surgery – Chainsaw Climbing (including ropes and/or harnesses *)	£
Tree Surgery – Chainsaw at ground level	£
Tree Surgery – Groundwork (non-chainsaw)	£
Landscaping	£
Spraying	£
Saw Bench Operators	£
Other (please describe)	£

*******PLEASE NOTE *******

***If you have declared a Turnover figure under the activity of Tree Surgery climbing, we would expect to see payments relating to a groundsman. Your industry's best practice requires you to use a groundsman trained in aerial rescue techniques if your work involves climbing.**

Do you use Bona Fide Sub-contractors? Yes No
 If yes, please provide a description of the work they carry out and advise the annual payments made to them.

*******IMPORTANT INFORMATION RE BONA FIDE SUB-CONTRACTORS*******

You should examine and record the insurance arrangements of Bona Fide sub contractors so as to satisfy yourself of the validity of their cover, their indemnity limits, exclusions and policy excesses.

Is any work undertaken for Railways?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is any Powerline clearance undertaken?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is any work undertaken outside the UK?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered Yes to any of the three questions above please refer to our office.

What maximum Depth Limit do you require?

What precautions are taken to prevent damage to underground cables & utilities?

Have there been any incidents in the last 5 years, which have, or could have given rise to any claims under this section? If so, please provide details below

Yes No

Date of incident	Incident Description	Amount Paid/Reserve

EMPLOYERS LIABILITY – LIMIT OF INDEMNITY - £10,000,000

Do you require this cover

Yes No

Please provide estimates of annual waggeroll split as follows:
(Please include Directors/Principals drawings if a Limited Company)

CATEGORY	DIRECT EMPLOYEES	LABOUR ONLY SUB-CONTRACTORS	PARTNERS/ PRINCIPALS DRAWINGS
Forestry Felling – Manual/Chainsaw	£	£	£
Forestry Felling – Mechanised (Harvesters and Forwarders etc)	£	£	£
Fencing & Planting	£	£	£
Tree Surgery – Chainsaw Climbing (including ropes and/or harnesses *)	£	£	£
Tree Surgery – Chainsaw at ground level	£	£	£
Tree Surgery – Groundwork (non- chainsaw)	£	£	£
Landscaping	£	£	£
Spraying	£	£	£
Saw Bench Operators	£	£	£
Other (please describe)	£	£	£

*******PLEASE NOTE *******

***If you have declared a Turnover figure under the activity of Tree Surgery climbing, we would expect to see payments relating to a groundsman. Your industry's best practice requires you to use a groundsman trained in aerial rescue techniques if your work involves climbing.**

How many Full Time Employees do you have?

Please confirm what qualifications the groundsmen or climbers have?

Have there been any incidents in the last 5 years, which have, or could have given rise to any claims under this section? If so, please provide details below

Yes No

Date of incident	Incident Description	Amount Paid/Reserve

PROFESSIONAL INDEMNITY

Do you require this cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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- **Please provide copies of CV's for each person involved in consultancy work.**
- **Please provide a copy of your Trading Terms & Conditions**
- **Please provide a copy of a recent or mock Tree Hazard Evaluation or Subsidence report (should you wish to be insured for these activities)**

What limit of Indemnity do you require? £250,000 £500,000 £1,000,000 £5,000,000

Please provide details of all persons who give advice or write reports

NAME	QUALIFICATIONS	NO. OF YRS EXPERIENCE

What is your estimated annual fee income for consultancy and advice?
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Please categorise business activities and indicate the approximate percentage of gross income/fees these represent:

Reports and consultancy work dealing with the effect trees and vegetation may have or have had on the structural integrity of property and the possibility of structural movement, subsidence and heave*	_____ %
Tree hazard evaluation	_____ %
Acting as an Expert Witness	_____ %
Planning Applications/Appeals/TPO Appeals	_____ %
Forestry Grant Applications	_____ %
Training (Please specify below)	_____ %
Landscape Design	_____ %
Other (Please describe below)	_____ %

Please give Insurers' names and periods of insurance for previous Professional Indemnity cover.

INSURER	PERIOD OF COVER

What 'Retroactive Date' is required and has cover been continuous from this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have there been any incidents in the last 5 years, which have, or could have given rise to any claims under this section? If so, please provide details below

Yes No

Date of incident	Incident Description	Amount Paid/Reserve

ALL RISKS – TOOLS AND EQUIPMENT

Do you require this cover for your own equipment?

Yes No

Please confirm the full postal address where equipment is kept overnight:

Are the premises connected to:

Your residential address	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
An independent commercial premises	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Are the premises in:

A residential area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A rural area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
An industrial area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please confirm the construction of the walls and roof:

If the premises is not of standard construction, (i.e. Brick/concrete walls under tile/slate roof), please provide photographs of the building.

Walls –

Roof -

The age of the property

Are the premises solely used by you or shared? If so by whom and does the party have access to your equipment?

Please complete the table below in respect of accessible doors/windows and their relevant physical protections.

No. of Doors or windows	Construction of door or window (State if any windows within door)	Physical Protections (e.g. close shackle padlock, double glazed etc.)

Are there any additional security features to the premises, e.g. alarm, security lighting? Yes No

If yes, please provide details

How long have you occupied the premises?

Have there been any incidents in the last 5 years, which have, or could have given rise to any claims under this section? If so, please provide details below

Yes No

Date of incident	Incident Description	Amount Paid/Reserve

If you have suffered from a loss, please advise what you have done to improve security and prevent similar losses?

Is equipment left in vehicles overnight? Yes No

What protections and security features are in use for equipment stored in unattended vehicles?

Are tools and equipment left overnight at Contract Sites? If yes please detail security in force. Yes No

WOOD CHIPPING MACHINERY

Is cover required for Wood Chipping Machinery? If yes, please detail below and answer the following questions: Yes No

Description including model	Serial Number	PTO/Wheel mounted/Other	Re-instatement or Indemnity cover required? (R or I)	Insured Value (inc VAT if NOT registered)

- a) Fitted with operational Tracking system? If yes, please supply copy of Certificate of Installation. Yes No
- b) Fitted with wheel clamp when left unattended Yes No
- c) Is it kept in a locked building of standard construction (brick or stone)? Yes No

HIRED IN PLANT

Please note that plant 'loaned or borrowed' which is not under a written agreement will not be covered.

Do you require this cover for plant and equipment hired in under contract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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What is the estimated annual amount paid in hire charges?

What is the maximum Single Article Limit of any one item hired in?
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What items are generally hired in?

What security measures are taken to prevent theft and damage?

Have there been any incidents in the last 5 years, which have, or could have given rise to any claims under this section? If so, please provide details below

Yes No

Date of incident	Incident Description	Amount Paid/Reserve

PERSONAL ACCIDENT AND SICKNESS

Do you require this cover? Yes No

Benefit required £10,000/£100 p/w £15,000/£150 p/w £20,000 / £200 p/w

£25,000/£250 p/w £30,000/£300 p/w £35,000 / £350 p/w

Name	Date of Birth	Occupation	Sickness	
			Yes	No

Please provide details of any illnesses, operations or bodily injuries (except childhood complaints) suffered by anyone to be covered.
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HEALTH & SAFETY RISK ASSESSMENT QUESTIONNAIRE

Please answer all questions in full, if you feel that a question does not apply please state why rather than leaving blank e.g. 'no employees'

Do you have a Health & Safety Policy statement tailored to your activities and is this regularly updated to take into account changes in circumstances and regulations? Yes No

Do all your employees undergo regular health & safety training, both within the organisation and externally? Yes No

Are records kept of Health & Safety training and are employees required to sign to confirm they have received training? Yes No

Are competency assessments made and recorded for all potential employees and sub-contractors? Yes No

Is induction and ongoing skills based training provided for all employees and are signed records kept? Yes No

Do you have a generic risk assessment for each area of activity and do you issue site specific risk assessments for each job? Yes No

Are all employees and sub-contractors supplied with Personal Protective Equipment to comply with current standards and best practice? Yes No

What steps are taken to ensure PPE is worn at all times and what disciplinary procedures are taken against employees and sub-contractors who disregard instructions on the use of PPE?

When did you last receive a Health & Safety inspection visit and were there any requirements as a result? Yes No

Do you comply with PUWER legislation? Yes No

Do you comply with LOLER legislation? Yes No

Do you have at least one person appointed and trained to take charge of first aid arrangements? Yes No

Do you have an accident report book? Yes No

DECLARATION SECTION

Has any insured, in respect of the risk to which this proposal relates, ever declined a proposal, refused renewal, terminated insurance or imposed special conditions? Yes No
If yes, please provide details

In the event of a claim, insurers may request you to sign a letter of consent so they may approach your GP to check your medical records. Would this be acceptable to you? Yes No

If you have not given full and true answers to all questions asked on this Proposal, your insurance may not protect you in the event of a claim. If you wish to disclose something that has not been disclosed elsewhere in the Proposal, please use the box provided here. Before signing the declaration, please read the notices on this page about the Claims and Underwriting Exchange Register and Data Protection Act.

CLAIMS AND UNDERWRITING EXCHANGE REGISTER

Insurers pass information to the Claims and Underwriting Exchange Register run by Insurance Database Services Limited (IDS Ltd). The aim is to help us check information provided and also to prevent fraudulent claims. When we deal with your request for insurance we may search the register. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register.

You can ask us for more information about this.

You should show this notice to anyone who has an interest in property insured under this policy.

DATA PROTECTION NOTICE

To set up and administer your policy we will hold and use information including sensitive personal information (sensitive personal information may include such things as criminal convictions and health information) about you supplied by you. We may send it in confidence for processing to insurance companies, acting on our instructions, including those located outside the European Economic Area. By signing this form you consent to such use of your personal data including sensitive personal data.

DECLARATION

I/we declare that to the best of my/our knowledge that no-one involved in the business has been declared bankrupt, insolvent or has gone into liquidation.

I/we declare that to the best of my/our knowledge no-one has been convicted of a criminal offence (other than speeding) or has a prosecution pending.

I/we declare that to the best of my/our knowledge and belief the above statements are true and I/we have not withheld or concealed anything affecting the proposed insurance.

I/we declare that my/our machinery and plant (including mechanically propelled plant) is properly fenced, guarded and in good order and my//our premises are in a good state of repair.

I/we agree that this proposal and declaration shall be the basis of the contract between me/us and the Company whose policy applicable to the insurance I/we also agree to accept.

I/we declare that if anything on this proposal was written by another person he/she acted as my/our agent for this purpose.

I/we declare that the answers given to questions asked in this Proposal are true and complete to the best of my/our knowledge and belief.

Signature _____ Date _____
**** To be signed by all partners ****