

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).

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

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 ****