



# Arborplan



INSURANCE FOR ARBORICULTURAL AND FORESTRY  
CONTRACTORS AND CONSULTANTS  
(AND ALLIED ACTIVITIES)

PROPOSAL FORM FOR

## PROFESSIONAL INDEMNITY

Arranged by and available exclusively through

### BRYANT KESEK & PARTNERS

Insurance Brokers

Exeter House, Tylers Court, Cranleigh, Surrey GU6 8SA

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EMAIL: Insurance@Bryantkesek.co.uk

WEBSITES: WWW.BRYANTKESEK.CO.UK and WWW.ARBORPLAN.CO.UK

1. Please ensure that this Proposal Form is completed in ink by either a Partner, Director, Principal or Officer of the Propser, leaving no questions unanswered. It is imperative that full consultation has taken place.
2. A number of questions request 'YES' or 'NO' answers. Please ✓ (tick) the box that DOES apply.
3. Should there be insufficient space to answer any questions please give full details on your own headed note paper. Please ensure that same is signed, dated and makes clear reference to the questions (s) to which it/they refer to on the Proposal Form. If a supplement attaches to this Proposal Form please ✓ here.
4. Depending upon the qualifications and/or experience of the Partner (s) / Director (s) / Principal (s) of the Firm, Underwriters reserve the right to request a Curriculum Vitae of any of the named above before considering their position.
5. Completion of the proposal form does not automatically bind the Firm or Underwriters to effect a Contract of Insurance.
6. Wherever the word 'Partner' appears herein, this is deemed to read 'Partner (s), Director (s), or Principal'.
7. Wherever the word 'Employee' appears herein, this is deemed to read 'Any person who is or has been under a contract of service for or on behalf of the Firm'.
8. Should the Firm require any advice as what may constitute material information or any information which is relevant to this proposal form then the Firm must seek advice before same is completed.

**STRICTLY CONFIDENTIAL**  
**PLEASE COMPLETE IN BLOCK CAPITALS THROUGHOUT**

**1. THE FIRM**

a) Names (s) :

Main Postal Address:

Postcode:

Tel:

Fax:

Email:

Date Established:

Webside: www.

b) All other branch offices (Town/City only) :

**2. PARTNERS (S) DETAILS**

Full Name	Age	Qualifications	Date Obtained	No. of years with Firm

**3. AMALGAMATIONS**

Has the name of the Firm (s) changed or has any amalgamation or takeover occurred? **YES  NO**   
 If 'YES' please provide full details:

**4. PARTNERS PREVIOUS LIABILITY (PPL)**

Is indemnity require in respect of PPL prior to joining the Firm? **YES  NO**

If 'YES' please provide:

- a) Name (s) of Individual (s) concerned
- b) Name of previous firm (s)
- c) Date (s) at which Individual (s) joined and left previous firm (s)
- d) How long (in years) a Partner at previous firm (s)
- e) How many other Partners at the previous firm (s)
- f) Have any claims for alleged Professional Negligence been made and settled against previous firm (s) or are there any outstanding?

**YES  NO**

If 'YES' provide full details:

**5. EMPLOYEE(S) DETAILS**

Numbers of:

- a) Qualified .....
- b) Unqualified:.....
- c) Contract hired staff:.....



**6. OCCUPATION**

Is the business of the Firm (s) a part time occupation?

YES  NO

If 'YES' please provide full details of full-time occupation:

**7. FINANCIAL YEAR**

State which month ends the Firm's financial year:

**8. ANNUAL FEE INCOME**

State Firm's annual Gross Fee income for each of the last three financial years and anticipated Gross Fee income for the next financial year:

Business Activity	LAST 3 YEARS			Next Financial Year
	20 ----	20 ----	20 ----	
a) Tree Condition Reports (No building safety implications)				
b) Tree Conditions Reports for Mortgage purposes etc (i.e. where there are potential building safety implications)				
c) Advice on planning matters (applications, tree preservation orders etc)				
d) Technical writing and publications				
e) Expert witness work				
f) Tree Hazard Evaluation Reports *				
g) Other work – give details				
<b>TOTAL GROSS FEES</b>				

\* a report on the risk of a tree or trees (or parts thereof) causing death and / or bodily injury e.g. trees in the vicinity of roads, paths and other areas where there is pedestrian/vehicular traffic.

What percentage of Gross Fee income relates to work in the EU (other than UK)? ..... %

Do you work in countries outside the EU ?

YES  NO

If 'YES' please provide full details:

9. **MANUAL WORK**

- a) Does the Firm also carry out any manual work, e.g. Arboricultural, Forestry, Landscape Gardening and the like? **YES**  **NO**
- b) Does the Firm ever provide professional advice for which a fee is NOT charged? **YES**  **NO**

If **'YES'** state:

	Last Financial year	Current Financial year
(i) Turnover where the Firm provides no professional advice		
(ii) Turnover where the Firm provides professional advice but does not charge for that advice		
(iii) Gross Fee income where the Firm does not undertake manual work (This should correspond with the information given in answer to Question 3)		

10. **REGISTERED CONSULTANT**

Is the Firm a Registered Consultant of the Arboricultural Association? **YES**  **NO**

If **'YES'** please state Registration No.....

11. **ASSOCIATED FINANCIAL INTERESTS**

- a) Does any Partner of the Firm hold a Partnership/Directorship or have any other financial interest in any other Firm, Company or Organisation (other than as share or stockholders in a Publicly Quoted Company)? **YES**  **NO**
- b) Is there any person above who has a controlling interest in any of these organisations (Question 11a)? **YES**  **NO**
- c) Does the Firm carry out any work for any of the organisations referred to in Question 11a? **YES**  **NO**

If **'YES'** to 11a), b) or c) please provide full details:

12. **FORMS OF CONTRACT**

Does the Firm use a standard form of contract, agreement of letter of engagement? **YES**  **NO**

If **'YES'** please provide sample/specimen:

13. **SUB-CONSULTANT (S)**

Does the Firm pass work to any sub-consultant (s) ? **YES  NO**   
If 'YES' please provide full details of the sub-consultant (s) and their Professional Indemnity insurance:

Please note: Underwriters legal rights of subrogation against such sub-consultant (s) will remain unless specifically requested and waived by Underwriters.

14. **CLAIMS AND/OR RELATED MATTERS**

Please give very careful consideration to the following five questions. It is absolutely essential that these questions are answered correctly, failure to do so could well prejudice the Firm's rights under any insurance contract effective with Underwriters.

a) Have any claims for professional negligence, during the last six years, been made against the Firm or any current or former Partner whilst acting on behalf of the Firm? **YES  NO**

If 'YES' please provide full details, including amounts involved:

b) AFTER FULL ENQUIRY within the Firm are there any circumstances, allegations or incidents which could give rise to a claim against the Firm? **YES  NO**

If 'YES' please provide full details even if the Firm believes that their actions have been beyond reproach:

c) Has any current or former Partner or Employee ever been asked to stand before or attend a Disciplinary Committee or Regulatory Board, other than as a witness or independent expert? **YES  NO**

d) Has any current or former Partner or Employee ever been declared bankrupt, insolvent or entered into any special financial arrangement with creditors? **YES  NO**

e) Has any current or former Partner or Employee ever been convicted of a Criminal Act, other than motoring offences? **YES  NO**

If 'YES' please provide full details:

15. **WORKING RECORDS/ARCHIVED FILES**

- a) Are all working papers, records or documents relating to the business activities of the Firm (or any predecessors in business as stated in answer to question 3 or 4 kept for at least 6 years in a secure and accessible location? **YES  NO**

If 'NO' why not?

- b) Have any working papers, records or documents relating to the business activities of the Firm been destroyed (which have not been duplicated or stored on micro file/computer disk)? **YES  NO**

16. **CURRENT PROFESSIONAL INDEMNITY POLICY**

State particulars of the Firms current insurance:

Level of Indemnity	Uninsured Excess	Premium	Insurer (not Broker)	Renewal Date
£.....	£.....	£.....	£.....	...../...../.....

17. **QUOTATIONS REQUIRED** (Please ✓ box (es))

- i) £100,000  ii) £250,000  iii) £500,000  iv) £1,000,000  v) Other (specify) £.....  
any one claim, unlimited in the period of insurance

18. **PREVIOUS PROFESSIONAL INDEMNITY INSURANCE**

- Has any Insurer ever cancelled, declined, refused to renew or required an increased premium or imposed special (punitive) policy terms? **YES  NO**

If 'YES' please provide full details

**DECLARATION**

I/We declare that the above statements and particulars, together with any other information supplied/attaching to this Proposal Form are true and I/We have not suppressed or misstated any material facts. I/We agree that this declaration shall be the basis of the contract between the Firm and Underwriters, I/We undertake to inform Underwriters of any material alteration to these facts occurring before/during currency of the Contract of Insurance.

**SIGNATURE OF PARTNER/DIRECTOR/PRINCIPAL/OFFICER** .....

**PLEASE PRINT NAME** ..... **DATED** ...../...../.....

**FOR & ON BEHALF OF** .....  
INSERT NAME OF THE FIRM

**PLEASE NOW TAKE A COPY OF THIS PROPOSAL FORM FOR YOUR RECORDS**

**PLEASE NOW POST THE FULLY COMPLETED PROPOSAL FORM TO:**

**BRYANT KESEK AND PARTNERS  
EXETER HOUSE  
TYLERS COURT  
CRANLEIGH, SURREY  
GU6 8SA**

**TOGETHER WITH THE FIRM'S TERMS AND CONDITIONS OF BUSINESS, ANY BROCHURES, CV'S IF AVAILABLE.**