

**PROFESSIONAL INDEMNITY INSURANCE**

**SURVEYORS & ESTATE AGENTS**

**PROPOSAL FORM**

## **GUIDANCE NOTES**

This proposal must be completed in ink by a Partner or Director of the Proposer.

Please enclose your Company brochure (if applicable). Note, you must fully disclose all material facts. Failure to do so may result in avoidance of the policy and/or repudiation of liability.

A material fact is one which influences the Insurer's assessment of the risk. If you have any doubt whether something is a material fact, disclose it.

The completion and signature of this form does not bind either the Proposer or the Insurer to complete a contract of insurance.

Please retain a copy of the form for your records.

Please use your headed notepaper to provide full answers.

### **Survey/Inspection and/or Valuation Work**

Reports may be undertaken by a Fellow or Professional Associate of the Royal Institution of Chartered Surveyors or a Fellow or Associate of the Incorporated Society of Valuers and Auctioneers, or Royal Institute of British Architects or Royal Institute of Architects of Scotland, or Faculty or Architects and Surveyors or any person having had five or more years experience of such work. NO OTHER PERSON(S) will be covered by the policy unless they are delegated by the Insured to execute such work subject always to supervision by a qualified person OR unless special agreement has been obtained from Underwriters prior to cover being granted.

1 Name(s) under which business is conducted

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2 Date of establishment

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3 Principal Address

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4 (a) Has the name of the business changed or have any mergers or acquisitions taken place during the past five years? **YES NO**

If **'YES'** please give details

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(b) Is cover required for the above predecessor firms? **YES NO**

5 Is cover required in respect of the liability of any Partner or Director arising out of advice given or services performed prior to joining the Firm(s)? **YES NO**

If **"YES"**, please advise:

(a)	Name of Partner(s) or Director(s)
(b)	Name of Previous Firm(s)
(c)	Applicable Date(s)

6 Give details of all partners/directors

Name	Age	Qualifications	Date Qualified	How Long Practising as a Partner/Director

**IF UNDER FIVE YEARS EXPERIENCE IN THIS OCCUPATION PLEASE SUPPLY A CURRICULUM VITAE**

7 Please state number of other staff \_\_\_\_\_

8 a) Please advise the date of your Financial Year end \_\_\_\_\_

b) Please state the total gross fee income for:

PAST YEAR ENDED	CURRENT YEAR ENDING	FORTHCOMING YEAR
£	£	£

c) Please state the largest total fee from any one client or group \_\_\_\_\_

9 Please specify your split of activities

(a)	Quantity Surveying	
	i) Pre and Post Contract Services only	%
	ii) Other Services (please describe)	%
(b)	General Practice	%
(c)	Building Surveying	%
(d)	Estate/Housing Agency/Sales	
	i) Residential	%
	ii) Commercial	%
(e)	Residential Property Surveys and Valuations	
	i) Full Structural Surveys	%
	ii) Partial Reports e.g. Home Buyers Mortgage	%
	iii) Building Society/Bank Mortgage Valuations	%
	iv) Other valuations (please specify)	%
(f)	i) Commercial Surveys	%
	ii) Commercial Valuations	%
(g)	Property/Estate/Land Management	%
(h)	Land/Mineral/Hydrographic Surveying	%

(i)	Auctioneering	
	Livestock	%
	Fine Art	%
	Other	%
(j)	Project Management (please complete Supplementary Questionnaire)	%
	Project Co-Ordination (please complete Supplementary Questionnaire)	%
(k)	Planning and Development (where no detailed plans from which a structure will be made)	%
(l)	Architectural (where any one contract exceeds £25,000) Please give details of five largest contracts during past 6 years	%
(m)	Insurance/Building Society Activities	%
(n)	Loss Assessing or Adjusting	%
(o)	Agricultural Agency(s)	%
(p)	Any Other Work not mentioned above Please give details	%
		100%

Date Started & Completed	Contract Value	Nature of Buildings	Extend of Responsibilities (Please tick as appropriate)			
(1)			<input type="checkbox"/> DO	<input type="checkbox"/> DS	<input type="checkbox"/> DSPM	<input type="checkbox"/> REF
(2)			<input type="checkbox"/> DO	<input type="checkbox"/> DS	<input type="checkbox"/> DSPM	<input type="checkbox"/> REF
(3)			<input type="checkbox"/> DO	<input type="checkbox"/> DS	<input type="checkbox"/> DSPM	<input type="checkbox"/> REF
(4)			<input type="checkbox"/> DO	<input type="checkbox"/> DS	<input type="checkbox"/> DSPM	<input type="checkbox"/> REF
(5)			<input type="checkbox"/> DO	<input type="checkbox"/> DS	<input type="checkbox"/> DSPM	<input type="checkbox"/> REF

DO: Design only. DS: Design and Supervision. DSPM: Design Supervision and Project Management. REF: Refurbishment where load bearing walls are effected.

10 Do you envisage any material changes in the activities as described above in the next twelve months? **YES NO**

If "YES" please give details:-

- 11 (a) Has the business sustained any loss during the past six years as a result of the fraud or dishonesty of any partner, director or employee of the business?

**YES NO**

If **'YES'** please give details

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- (b) Is any individual authorised to sign cheques as a sole signatory on behalf of either the business or clients' accounts?

**YES NO**

If **'YES'** please give details, specifying limit

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- (c) How often are entries in cash books reconciled with bank statements by a partner/director or company secretary (other than the head cashier and/or chief bookkeeper)?

**Weekly**

**Monthly**

**Quarterly**

- (d) Is there a complete annual audit by a firm of professional accountants?

**YES NO**

- (e) Are clients' funds kept in properly designated clients accounts separate from the accounts of the business?

**YES NO**

- 12 Please give details of the firm's current professional indemnity insurance

<b>Limit of Indemnity</b>	<b>Excess</b>	<b>Premium</b>	<b>Name of Insurer</b>	<b>Expiry Date</b>
£	£	£		

- 13 (a) What limit of indemnity is required? \_\_\_\_\_

- (b) What excess do you wish to carry? \_\_\_\_\_

- 14 In respect of professional indemnity insurance, has any insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? **YES NO**

If **'YES'** please give details

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15 **Claims History**

- (a) Has any claim been made against the business or an employee of the business or any partner, director or consultant or their predecessors in business during the last six years in respect of the type of liabilities to which this proposal relates? **YES NO**

If **'YES'** please give details

<b>Date of Claim</b>	<b>Brief Details</b>	<b>Amount Paid £</b>	<b>Reserves Outstanding £</b>

- (b) Has any action been taken to prevent a recurrence of a claim?

**YES NO**

If **'YES'** please give details

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- (c) After enquiry, are any of the business partners or directors aware of any claim pending or any circumstance which might give rise to a claim against the business or any of the present or previous partners or directors of the business? **YES NO**

If **'YES'** please give details

**IMPORTANT REMINDER:** ALL CLAIMS/COMPLAINTS AND CIRCUMSTANCES (i.e. POTENTIAL CLAIMS) MUST BE IMMEDIATELY REPORTED TO YOUR EXISTING INSURER PRIOR TO EXPIRY OF YOUR CURRENT POLICY.

**Please advise any matters or circumstances which we might wish to take into account in determining whether to offer you insurance cover**

**DECLARATION**

**I/We declare that the above statements and particulars are true, full enquiry having been made and I/We have not suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact**

**I/We agree that this declaration together with any other information shall be the basis of any contract between me/us and the Insurer**

SIGNATURE OF PROPOSER (PARTNER/DIRECTOR)

NAME

FOR AND ON BEHALF OF   
(Insert Name of Business/Firm)

DATE





**PROJECT MANAGEMENT/PROJECT CO-ORDINATION**  
**QUESTIONNAIRE**

For each activity, please show details of the 5 largest projects in which the Firm(s) has been involved

A) Project Management

Starting Date	Approx Completion Date	Type of Project	Total Contract Value	Total Fee Income Retained	Total Fees Paid to Consultants under appointment via the Firm(s)
(1)					
(2)					
(3)					
(4)					
(5)					

B) Project Co-ordination

Starting Date	Approx Completion Date	Type of Project	Total Contract Value	Total Fee Income Retained
(1)				
(2)				
(3)				
(4)				
(5)				

C) Please give details of the 3 largest projects where construction is likely to commence in the coming 12 months

Starting Date	Approx Completion Date	Total Contract Value	State Professional Services Provided to Date
(1)			
(2)			

## SURVEY/VALUATION WORK QUESTIONNAIRE

1 Please advise the Geographical spread of your survey/valuations in the last 3 years.

Scotland	%	N.W. England	%
Wales	%	London/S.E. England	%
East Anglia	%	S.W. England	%
N.E. England	%	Midlands	%
Elsewhere	%		
(please specify)			

2 Please state the number of Residential Reports in the past 12 months:

- (a) Full Structural \_\_\_\_\_
- (b) Partial Surveys (Housebuyers, etc) \_\_\_\_\_
- (c) Lending Institution Valuation Reports \_\_\_\_\_
- (d) Other Valuations \_\_\_\_\_

3 Please indicate your 5 largest clients for surveys/valuations in the last 7 years:

	Name	Percentage of Overall Business
(i)		
(ii)		
(iii)		
(iv)		
(v)		

4 Please state highest Residential Valuation provided by the Firm(s) (per individual property):

- (i) Last Financial Year  

£ \_\_\_\_\_
Location \_\_\_\_\_
- (ii) During the last 7 years  

£ \_\_\_\_\_
Location \_\_\_\_\_

5 Please state highest Commercial Valuation provided by the Firm(s) (per individual property)

(i) Last Financial Year

£ \_\_\_\_\_ Location \_\_\_\_\_

(ii) During the last 7 years

£ \_\_\_\_\_ Location \_\_\_\_\_

6 Please state the total number of commercial valuations undertaken in the last Financial Year.

\_\_\_\_\_

7 Please detail the Gross Fees earned during the last 7 years and indicate what percentage this represented of your total Gross Fee income for each year in respect of Residential and Commercial Valuations activities:

Year	Total Gross Fees	Percentage % Residential	Percentage % Commercial
£ _____	_____	_____	_____
£ _____	_____	_____	_____
£ _____	_____	_____	_____
£ _____	_____	_____	_____
£ _____	_____	_____	_____
£ _____	_____	_____	_____
£ _____	_____	_____	_____

8 Is it always your practise to re-inspect for re-valuations or assignments of existing surveys? **YES NO**

If “**NO**”, what is the maximum period for which you deem a valuation/survey to be current before such re-inspection is required?

9 What, if any, internal Quality Assurance Standards are in current practice to confirm/support the accuracy of any valuation survey?

Please advise nature and period of use

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10 Do you operate any form of either manual or computer cross referring of valuations of similar/identical properties? **YES NO**

Please specify

11 Do you currently comply and have you in the past complied with the RICS Manual of Valuation Guidance Notes and the Statement of Asset Valuation Practice and Guidance Notes? **YES NO**

If **“NO”**, please explain

Signature

Date

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