

Proposal form
Professional Indemnity Insurance
(Surveyors, Auctioneers, Estate
Agents, Property Managers & Property Consultants)

Underwritten by:



Endorsed by:



COMPLETING THIS PROPOSAL FORM

When completing this Proposal Form it is very important that you disclose fully and accurately all material facts. Failure to do so may result in this insurance being void.

Material facts are those which may affect our assessment of the risk to be insured. If you have any doubt as to whether something is a material fact it is recommended that you provide full details with this proposal form.

Any insurance issued following completion of this proposal is subject to the policy terms and a specimen policy is available on request, from Giles.

Please answer all questions leaving no blank spaces.

If you have insufficient space to complete any of your answers please continue on your headed paper and attach to this form.

The form must be signed by the Principal or a Partner or a Director of the business. If you have a brochure about your Business Operations please forward it with this application.

No cover is in force until Giles have issued a quotation which has been accepted and Giles have confirmed that the policy has been effected.

Section 1 – Your Company and Staff

1. Name of the Individual or Company(ies), including any Subsidiary Companies and Trading Names for whom cover is required: 2. Date established:

3. Are you or any of the Partners or staff of your Practice/Firm admitted to membership of any Association or Professional Body e.g. RICS, NAEA, ARLA, ARMA, NAVA?

4. a) Addresses of all the offices, including those of any overseas local offices or representatives:

b) E-mail Address:

5. a) Please provide details of all Partners/Principals/Directors

Name & Position In the Company i.e. Director/Partner	Age	Qualifications and dates obtained e.g. FNAEA, MRICS, MARLA, FNAVA	Number of years with the Company	If less than 5 years practical experience, give details of previous occupation & provide a Curriculum Vitae

- d) If a Sole Trader is this a part-time occupation? If YES, please state details of normal occupation

c) Is the Firm or any Partner or Director connected or associated (financially or otherwise) with any other practice, company or organisation? If YES, please give details

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d) If cover is required for any retired or former Partner(s), Principal(s) or Director(s) please provide details below:

Names	Age	Position in Firm	Period in this Firm	Were they responsible for any previous claim?

6. Please provide details of any full-time and part-time Consultants who are, or have been in the past six years, under a contract of service with you and for whom cover is required under this policy:

Name of all Consultants	Age	Qualifications	Date(s) Qualified	No of years with you

7. Please state the total number of:

a) Partners/Directors	
b) Qualified Assistants & Consultants	
c) All other staff (excluding cleaners and the like)	
TOTAL NUMBER	

8. Current insurance details:

(a) Name of Insurer	
(b) Level of Indemnity	
(c) Excess applicable	
(d) Retroactive date	
(e) Expiry Date	
(f) Premium	

N.B. If not currently insured the above information should be given relative to the last year of insurance cover

Section 2 – Your Activities

9. Please state your **gross fees** (including those paid to sub-contractors) for each of the last three financial years and an estimate for the next financial year in respect of fees billed to clients based in the following territories:

Year	UK only	Overseas excl. USA & Canada	USA & Canada	Total
20 to 20				
20 to 20				
20 to 20				
Next				

Financial Year Ending (e.g. 31/12): /

10. Please indicate the approximate percentage split in your fees (including payments to sub-contractors) or each of the following activities. **THIS SPLIT MUST EQUAL 100%**

- a) Estate Agency inc. Probate, Matrimonial & Market Appraisals %
- b) Management & Letting of:
 - i) Residential Property %
 - ii) Commercial Property %
- c) Residential Property Surveys & Valuations in respect of lending purposes only. **You would need to complete a supplementary questionnaire** %
- d) Commercial Property Surveys & Valuations in respect of lending purposes only. **You would need to complete a supplementary questionnaire** %
- e) Business Valuations (Goodwill Assets & Property) %
- f) Business Transfer (Marketing & Sales of going concerns) %
- g) Auctioneering
 - i) Fine Art/Antiques %
 - ii) Other (please specify) %
- h) Architectural/Design %
- i) Project Management %
- j) Project Co-ordination %

- k) Building Society Agency %
- l) Insurance Intermediaries %

In respect of your activities as an insurance intermediary:
 Do you transact Life Assurance YES NO

If YES, are you a tied agent? YES NO

If you are a tied agent, our Professional Indemnity Policy will not indemnify you, as this risk should be covered in your agreement with the Insurance Company concerned.
 If however, you have answered 'NO', describe in the large box below the activities that you carry out

- m) Mortgage Broking %

- n) If you engage independent or specialist consultants
 - i) % of fee income paid to them %

- ii) Provide details of work undertaken in box below
- iii) Do you ensure they carry their own PI insurance? YES NO

- o) Other activities (please specify) %

- p) Home Condition Inspections/Reports %

TOTAL % **100**

If asbestos surveys are undertaken, please advise as a separate additional proposal form will be required.

N.B. For any of the above types of works for which no income is shown please give details below if you have been engaged in such activities in the last 5 years or intend to in the next 12 months.

11. Have you ever:

a) Carried out any assessment, planning or reporting, or executed any plan of work as described in the Control of Asbestos at Work Regulations 2002 (CAWR)? YES NO

b) Provided any other advice, design or specification in relation to the manufacture, process, supply, use, removal or disposal of asbestos or any asbestos containing material? YES NO

c) Assumed the responsibilities of "Duty Holder" as defined in the Control of Asbestos at Work Regulations 2002 (CAWR)? YES NO

d) Do you propose to undertake any of the above (a) b) c) during the forthcoming period of insurance? YES NO

If you have answered YES to a), b), c) or d) it will be necessary to complete an additional Asbestos Questionnaire

Section 3 – Claims history

PLEASE NOTE, IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY - FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS - IF SPACE IS INSUFFICIENT PLEASE CONTINUE ON YOUR OWN HEADED PAPER TO GIVE FULL DETAILS.

12. Has any insurer

a) declined to insure you? YES NO
b) required special terms to insure you? YES NO
c) cancelled or refused to renew your insurance? YES NO

If YES, please supply details

13. FSA Status: If involved in general insurance or mortgage broking please provide details of FSA status

14. Claims Experience: Professional Indemnity

a) Have any claims or prosecutions been made against the Firm or its present Directors/Partners (whether insured or not)? YES NO
b) Are any of the Directors/Partners or Employees after enquiry aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm or its predecessors in business or any of its present or former Directors/Partners? YES NO

15. What amount of indemnity do you require? Please state amount

£

16. Do you wish to contribute towards each and every claim in addition to the minimum requirements (Minimum excess £500, increased to £750 in respect of Property Management and £1000 where limit of indemnity required is £1m or higher.) YES NO

Please state amount £

17. Have you or any partner, principal or director ever

a) Been declared bankrupt or been disqualified from being a company director or been involved as owner, director or partner with any company which went into receivership, administration or liquidation.?

YES NO

b) Been the subject of (or have pending) any County Court Judgements or Sheriff Court Decrees?

YES NO

If YES, please supply details

18. Is there any other information in your possession material to an assessment of the risk to be insured?

YES NO

If YES, please give details in the box below:

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DATA PROTECTION

Any information which you supply, which you have previously supplied or which we may hold about you in the future may be shared with other companies. The information may be held on our database which will allow us to keep you up to date with relevant products and services and also support our service to you. The information may also be used for the prevention of fraud and for statistical and research purposes. If you do not wish to be contacted with information of relevant products and services please write to Giles Insurance Brokers Ltd, Ibex House, 42-47 Minories London EC3N 1DY

DECLARATION

I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. I/we agree that this Proposal together with any other information supplied by me/us shall form part of any Contract of Insurance effected thereon.

I/we undertake to inform the Insurer of any material alterations to these facts occurring before completion of the Contract of Insurance.

Signing the Proposal Form does not bind the Proposer or the Insurer to complete the proposed Contract of Insurance.

Signature of Director or Partner

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Name	Date

Giles Insurance Brokers Ltd, Ibex House, 42-47 Minories London EC3N 1DY

Telephone: 020 7709 1670 Facsimile: 0870 1916758

Email – CRM@gilesinsurance.co.uk

Web – www.giles-property.co.uk

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The Financial Services Authority does not regulate all forms of the products and services we provide.