

Proposal Form Professional Indemnity Insurance

Chartered Surveyors &
Property Consultants

value | service | integrity



Important Information

This proposal should be completed and signed by a Partner, Director or Principal of the Firm.

All questions should be answered, even if this is an application to renew a policy. It is not generally inappropriate to answer "as before" or "see your records". Any change in facts previously advised to Insurers should be included.

If there is insufficient space to complete your answer, please use your headed paper to continue, stating which questions you are enlarging upon.

It is your duty to disclose all material facts to Insurers. A material fact is one which may influence Insurers judgment of the risk proposed. Failure to make such disclosure may prejudice your rights in the event of a claim or allow Insurers to void the policy. If you are in any doubt about what may be considered a material fact, disclose it.

Please provide a brochure, if possible, and any standard contract terms, conditions, agreements or letters of appointment which you have with your clients.

The completion and signature of this proposal does not bind the Proposer or Underwriters to complete a Contract of Insurance.

A copy of this completed proposal form should be retained for your own records.

When completed, please return to:

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

Telephone: 0207 709 1670

Fax: 0870 1916758

E-mail: alex.skriptchenkov@thebroker.co.uk

Web: www.giles-property.co.uk

A. General Information

1. **Name of Firm:** (including any trading names and styles and any subsidiary or associates to be included in the insurance)

2. **Main Address:**

Telephone Number:
 Fax Number:
 E-mail:
 Website:

Other Addresses: (specifying which Partner/Principal/Director is responsible at each location, if more than one, please give the location of each address)

3. **Date Established:**

4. **Name(s) of any Previous Firm(s) requiring cover and the date(s) on which trading ceased:**

5. **Please supply**

Name of all Partners/ Principals/Directors	Qualifications	Date Qualified	No. of years in this capacity (at this firm)

6. **If cover is required for any Partner(s)' activities prior to joining the Firm, please provide:**

(i) Name of Partner(s):

(ii) Name of Previous firm(s):

(iii) Date at which the Partner(s) joined the above firm(s):

7. **Has any person in the firm been subject to criminal investigations or disciplinary proceedings by the institute or any relevant body?**

YES/NO

(If **YES** please give details)

8. **Please state the total number of:**

	Number
Partners/Principals/Directors	
Qualified Staff	
Other Technical Staff	
Administrative and all other staff	
Total Number	

9. **Have any major changes in the proposer's activities/structure taken place in the past twelve months?**

YES/NO

(If **YES**, please give details.)

10. **Are any major changes in the proposer's activities/structure/fee growth expected in the next twelve months?**

YES/NO

(If **YES**, please give details.)

11. **Is cover required for any previous activity, now ceased, which is different from that declared within the Proposal Form?**

YES/NO

(If **YES**, please give details.)

12. **Please state the gross income/fees received for each of the last three financial years and an estimate for the next financial year in respect of income, fees billed to clients based in the following territories:**

Year	UK	Overseas excluding USA/Canada	USA/Canada
Next			
FINANCIAL YEAR ENDING (MONTH/DAY):			

13. **If overseas work is carried out, please list the countries in which services are performed:**

Please state how overseas work is/will be controlled:

B. Breakdown of Activities

Please state percentage breakdown of each type of work, the volume and percentage of last year's fees declared on the previous page, relative to the types of work undertaken by the Firm(s). Please note that percentage totals should be 100%.

Specialisation	% fee income
QUANTITY SURVEYING	
(i) Pre – and Post – Contract Services Only	
(ii) Other services	
GENERAL PRACTICE	
FACILITIES MANAGEMENT	
PROPERTY INVESTMENT ADVICE/PROPERTY FUND MANAGEMENT	
PROPERTY FINANCE AND FUNDING ADVICE	
STRATEGIC PROPERTY ADVICE/MANAGEMENT CONSULTANCY	
CORPORATE AND PERSONAL RECOVERY/ TURNAROUND/FIXED CHARGE RECEIVERSHIP	
ESTATE/HOUSE AGENCY/SALES	
(i) Residential	
(ii) Commercial	
RESIDENTIAL SURVEY/VALUATION/INSPECTION REPORTS	Nos of reports
(i) Full Structural Surveys	
(ii) Partial Surveys (House buyers etc)	
(iii) Lending Institution valuation reports for lending purposes	
(iv) Other Valuations – non-lending	
COMMERCIAL SURVEY/VALUATION REPORTS	Nos of reports
(i) Surveys	
(ii) Valuations – for lending	
(iii) Valuations – non-lending e.g. insurance, taxation etc	
PROPERTY AND ESTATE MANAGEMENT	
LAND/MINERAL/ HYDROGRAPHIC SURVEYING/ GEOMATICS	
AUCTIONEERING	
(i) Real Property	
(ii) Personal Property - livestock	
(iii) Personal Property – plant & Machinery	
(iv) Personal – antiques, fine art, collectables etc	
BUILDING SURVEYING	

ARCHITECTURAL	
(i) Design only	
(ii) Design and supervision	
(iii) Design supervision and project management	
(iv) Refurbishment	
(v) Design supervision and project co-ordination	
PROJECT MANAGEMENT	
(i) Project Management	
(ii) Project Co-ordination	
(iii) Employers Agent	
PLANNING AND DEVELOPMENT (WHERE THERE ARE NO DETAILED PLANS)	
PLANNING SUPERVISOR – UNDER CDM REGULATIONS	
BUILDING SOCIETY AGENTS	
INSURANCE AGENCY/MEDIATION *	
LOSS ASSESSING OR ADJUSTING *	
RATING AND RENT REVIEW	
CONTAMINATION – Do you undertake specific contaminated land inspections/surveys – e.g. Asbestos Inspections. If Yes, see separate section D.	
EXPERT WITNESS REPORTS/EVIDENCE	
DISPUTE RESOLUTION – ie as a third party resolver in Arbitrations, Adjudications, Independent Expert Determinations or Mediations?	
TOTAL	%

OTHER WORK (PLEASE GIVE DETAILS)

DPB (Designated Professional Body) / FSA

* In respect of insurance mediation activities, are you DPB or FSA regulated? YES/NO

If yes, what is the income generated from regulated insurance mediation work £

Will you be holding client money under the DPB or FSA regulations? YES/NO

C. Associated Companies Questionnaire Section

1. **Does the Proposer undertake work for any Partnership, Company or Organisation in which he/she or any Partner, Principal, Director or Employee holds a position whereby he/she is able to make major decisions on behalf of such Partnership, Company or Organisation?**

YES/NO

(If **YES** please give details):

2. **Is the individual Firm or any Partner, Principal or Director connected or associated (financially or otherwise) with any other Practice, Company or Organisation?**

YES/NO

(If **YES** please give details):

3. **Has the Proposer or any Partner, Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsory?**

YES/NO

(If **YES** please give details):

4. **Has any Partner, Principal or Director been made personally bankrupt?**

YES/NO

(If **YES** please give details):

5. **What percentage of income is derived from Associated Companies as detailed above?**
-

6. **What percentage of the Proposer's income is paid to sub-contractors?**

7. **Please give details of the work undertaken by sub-contractors:**

8. **Do you require cover for any sub-contractors/sub-consultants under your PI policy?**

YES/NO

(If **YES**, please give details)

D. Asbestos

1. **Have you ever:**

- (i) **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

If **YES**, please provide full details;

- (ii) **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

If **YES**, please provide full details;

- (iii) **assumed the responsibilities of “Duty Holder” as defined in the Control of Asbestos at Work Regulations 2002 (CAWR)?**

YES/NO

If **YES**, please provide full details;

-
2. **Do you propose to undertake any of the above (i), (ii) or (iii) during the forthcoming period of insurance?**

YES/NO

If **YES**, please provide full details;

E. Professional Indemnity Insurance Arrangements

1. **Is the Proposer currently insured or been insured previously for Professional Indemnity? If YES please give the following details:-**

Name of Insurers:

Indemnity Limit (State whether Aggregate of Any One Claim):

Excess:

Premium:

Date of expiry of coverage:

Number of consecutive years that the Proposer has been insured:

-
2. **Has any Insurer ever:-**

Declined to offer Insurance for the Proposer or any Partner, Principal or Director?

Imposed any special terms for the Proposer or any Partner, Principal or Director?

Cancelled or voided Insurance for the Proposer's or any Partner, Principal or Director?

If **YES** to any of the above please give details.

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3. **What Limit of Indemnity is now required?**

£1,000,000 / £2,000,000 / £5,000,000 / OTHER - PLEASE STATE

What self insured excess (each and every claim) is the Proposer prepared to carry?

-
4. **Do you have Public Liability Insurance?** YES/NO

Are you satisfied that your Public Liability adequately covers your potential liability arising from your professional services?

YES/NO

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5. **Do you have any other specific requirements in respect of this policy(ies), e.g. in respect of extent of cover, limits placed, territorial/jurisdiction requirements, etc.?**

(If **YES**, please give details)

YES/NO

-
6. **Does the Proposer always obtain satisfactory written references when engaging senior employees?**

YES/NO

-
7. **Is any Partner, Principal, Director or Employee allowed to sign cheques on his/her signature alone?**

YES/NO

If **YES** please describe circumstances and cheque limit.

-
8. **Are Employees who receive cash/cheques in the course of their duties required to pay in daily?**

YES/NO

If **NO** please give details

-
9. **How often are checks carried out on all entries in the Cash Book with all paying in books, receipts, counterfoils and vouchers being reconciled with Bank Statements, including the balance of cash and unrepresented cheques, independently of Employees receiving or banking monies belonging to the Proposer as well as in trust on behalf of others?**

WEEKLY/MONTHLY/QUARTERLY/OTHER

F. Claims

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.

1. DISHONESTY:-

- (i) Has the Proposer sustained any loss through the fraud or dishonesty of any person?

YES/NO

- (ii) Does the Proposer know of any fraud or dishonesty at any time of any past or present Partner, Principal, Director or Employee?

YES/NO

If **YES** to either of the above, please give full details and state the steps taken to prevent recurrence.

2. PROFESSIONAL INDEMNITY:-

- (i) Has any claim, whether successful or not, been made against the Proposer or its predecessors in business or any past or present Partner, Principal, Director or Employee in the last 10 years?

YES/NO

If **YES** a full answer should be given including dates, amounts involved, brief details of the nature of the claim and whether the claim is paid or still outstanding.

- (i) Are you or any of the Partners, Principals, Directors or Employees AFTER FULL ENQUIRY, aware of any circumstances which may give rise to a claim against the Proposer, its predecessors in business or any past or present Partner, Director or Employee?

YES/NO

If **YES** a full answer as in a) above should be given.

Declaration

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters. A material fact is one which may influence an Underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Underwriters will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should disclose it.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Underwriters to void the policy.

I/We declare that the statements and particulars contained in the 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 the basis of any contract of insurance effected thereon. I/we undertake to inform Underwriters of any material alternation to these facts occurring before completion of the contract of insurance.

Signature of Partner,
Principal or Director

Dated (DD/MM/YY)

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.

Supplementary Surveyors Questionnaire

This document will form an integral part of the Proposal Form and the duty of disclosure of all material fact remains.

Please advise the geographical spread of your survey/valuations in the last six years:

Scotland	%
North West England	%
North East England	%
Midlands	%
Wales	%
East Anglia	%
South West England	%
London/South East England	%
Others, please specify	%

	100%

Please advise the approximate value of spread of your Surveys and Valuations over the last six years

	Residential £	Commercial £
From		
To		

Please give details of your five largest commercial valuations over the last five years

Name of Client and purpose (e.g. asset, lending etc)	Property/Site	Location	Total Value	Date Valued



Please give details of your five largest residential valuations over the last five years

Name of Client and purpose	Property/Site	Location	Total Value	Date Valued

Please give details of your five largest property management contracts over the last five years

Name of Client and purpose	Property/Site	Location	Total Value	Your income

Please give details of your five largest architectural projects over the last five years

Name of Client and purpose	Property/Site	Location	Total Value	Your income

Is it your practice to always re-inspect for re-valuations or assignments of existing surveys?

If not, what is the maximum period for which you deem your valuation/survey to be current before such re-inspection is required? Please specify.

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.

Do you operate any form of either manual or computer cross referring of valuations of similar/identical properties?

Please specify.
