

# PROPERTY PROFESSIONALS PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

Name of Insured/Proposer:

Address:

Telephone number:

Postcode:

Email Address:

Web address:

Full description of your business activities:

Date business established

Number of: Directors/Partners.....

Qualified Staff .....

Others .....

Do you engage consultants or sub-contractors? Yes  No

If Yes, please give details of the activities undertaken by such consultants or sub-contractors on a separate sheet.

Do you ensure that the consultant or sub-contractor:

i) has appropriate qualifications? Yes  No   
 ii) maintains Professional Indemnity Insurance? Yes  No

Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes  No

Has any Partner, Principal, Director or Employee been subject to disciplinary proceedings by any Association or Professional Body?

Yes  No

Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business?

Yes  No

Are you aware, after full enquiry, of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business?

Yes  No

If you have ticked Yes to any of the above, please give full details on a separate sheet

Please list the firm's three largest contracts undertaken in the last three years:

| Location and Type of Service Provided | Contract Value | Your Fee | Date Commenced | Approximate Completion Date |
|---------------------------------------|----------------|----------|----------------|-----------------------------|
|                                       |                |          |                |                             |
|                                       |                |          |                |                             |
|                                       |                |          |                |                             |

**Please answer all questions fully and if you have a brochure, CV or other information concerning your business please attach it to this proposal form. Please return this form to Affinity Select Insurance Services Ltd Horsted Square Bellbrook Business Park Uckfield Sussex TN22 1QG or Fax 01825 761479**

Give details of your fees/income derived from clients based in:

|               | Actual for Last Financial Year | Estimate for Current Financial Year | Estimate for Next Financial Year |
|---------------|--------------------------------|-------------------------------------|----------------------------------|
| UK            | £                              | £                                   | £                                |
| North America | £                              | £                                   | £                                |
| Elsewhere     | £                              | £                                   | £                                |

Please confirm the approximate division of each discipline undertaken during the last complete financial year:

|  |             |
|--|-------------|
| Quantity Surveying   | %           |
| Architectural  | %           |
| Project Management – where you are responsible for appointing other professional and/or non-professional firms necessary to the contract | %           |
| Project Co-ordination – where your client or principal makes the appointments whether on your recommendation or not                      | %           |
| Building Surveying   | %           |
| Setting Out  | %           |
| Land Surveying   | %           |
| Estate Agency:<br>Residential  | %           |
| Commercial   | %           |
| Survey/Valuation/Inspection Reports:<br>Residential  | %           |
| Commercial   | %           |
| Property/Estate/Land Management:<br>Residential  | %           |
| Commercial   | %           |
| Rating and Rent Reviews  | %           |
| Auctioneering:<br>Fine Art   | %           |
| Other  | %           |
| Asbestos Surveying   | %           |
| Expert Witness / Arbitration   | %           |
| General Practice   | %           |
| All other work (please specify)  | %           |
| <b>TOTAL</b>   | <b>100%</b> |

In respect of Quantity Surveying/Architectural/Project Management/Project Co-ordination give details of the two largest contracts in the last three years:

| Nature and Location of Contract and Services Provided | Contract Value | Fees Earned |
|---|----------------|-------------|
|   | £              | £           |
|   | £              | £           |

In respect of Survey/Valuation/Inspection work please provide details of the approximate geographical percentage breakdown over the last three years:

|                |   |                  |   |            |   |
|----------------|---|------------------|---|------------|---|
| Central London | % | Greater London   | % | SE England | % |
| East Anglia    | % | Midlands         | % | NE England | % |
| NW England     | % | SW England       | % | Wales      | % |
| Scotland       | % | Northern Ireland | % | Other      | % |

Give the following details in respect of Valuations carried out during the last three years:

| Type        | Total Number | Highest Value and Client Name |
|-------------|--------------|-------------------------------|
| Residential |              |                               |
| Commercial  |              |                               |
| Portfolio   |              |                               |

Is it your practice to always re-inspect for re-valuations or assignments of existing surveys? Yes  No

If No please advise the maximum period for which you deem your valuation/survey to be current before such re-inspection is required on a separate sheet

Is all your valuation work in compliance with the RICS Appraisal & Valuation Manual (Red Book)?

Yes  No

Do you have any other additional Quality Management procedures?

Yes  No

If Yes, please give details on a separate sheet

Does the firm currently hold Professional Indemnity Insurance?

Renewal Date \_\_\_\_\_

What Limit of Indemnity do you require? \_\_\_\_\_

Excess \_\_\_\_\_

Name of current insurers: \_\_\_\_\_

Premium \_\_\_\_\_

What date does your financial year end? \_\_\_\_/\_\_\_\_/\_\_\_\_

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated 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 Insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

Signature of Principal/Partner/Director

Dated

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