



PROFESSIONAL INDEMNITY  
PROPOSAL FORM

*estate agents/other surveyors*

**PLEASE READ THE FOLLOWING BEFORE**

**COMPLETING THIS PROPOSAL FORM:**

**TO PRESENT A CLEAR AND UNAMBIGUOUS PICTURE AND TO ENSURE THAT UNDERWRITERS UNDERSTAND THE NATURE OF YOUR RISK:**

- \* ALL QUESTIONS SHOULD BE COMPLETED IN INK.**
  
- \* WHERE A QUESTION IS NOT APPLICABLE TO YOUR PARTICULAR CIRCUMSTANCES, PLEASE WRITE 'N/A'.**
  
- \* PLEASE TICK THE YES OR NO BOXES.**
  
- \* IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS PLEASE USE AN ADDITIONAL SHEET AND ATTACH IT TO THIS PROPOSAL FORM.**
  
- \* COMPLETING AND SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR INSURERS TO COMPLETE THIS INSURANCE.**
  
- \* IF THIS PROPOSAL RELATES TO A NEW BUSINESS OR VENTURE, PLEASE COMPLETE THE QUESTIONS AS FAR AS POSSIBLE, GIVING ESTIMATED OR ANTICIPATED INFORMATION.**

## PROFESSIONAL INDEMNITY INSURANCE

An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form in ink. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer or Insurers to complete a contract of insurance.

If there is insufficient space to answer any question, please continue on your headed notepaper and attach it to this form.

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

### PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS TO ASSIST THE UNDERWRITERS' CONSIDERATION OF THE PROPOSAL

1a) Name of Individual or Firm(s) (including any subsidiary requiring cover):

b) Date established:

c) Address(es) (specifying who is responsible, if there is more than one location):

d) Website:

e-mail address:

e) Name(s) of any previous Firm(s) requiring cover and the date(s) on which they ceased trading:

2a) Name of Individual,  
Partner, Principal  
or Director

Age and  
Qualifications

Date Qualified

Number of years  
in this Practice

PLEASE ATTACH DETAILED C.V.'S, IF NO RELEVANT QUALIFICATIONS

b) Names of Consultants regularly used	Age and Qualifications	Date Qualified	Number of years Practicing as a Consultant to the Practice
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**PLEASE ATTACH DETAILED C.V.'S, IF NO RELEVANT QUALIFICATIONS**

c) Do you require cover for past Partners, Principals or Directors? **YES/NO**  
 If yes, please provide details

3a) Is any Individual or the Firm admitted to any Association or Trade Body? **YES/NO**  
 If yes, please give details.

b) Has any person been the subject of disciplinary proceedings by any professional body? **YES/NO**  
 If yes, please give details.

4 Please state the total number of Partners, Principals or Directors:

Qualified Staff (other than Consultants):

Other Full-time and Part-time Staff:

5a) If you are a sole practitioner, please give details of arrangements made in the event of sickness or holiday.

b) Is this a Part-time occupation?

**YES/NO**

If yes, please give brief details of your present full-time work.

6 Please specify the type of work normally carried out.

7a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months?

**YES/NO**

If yes, please give details.

b) Is cover required for any activity, now ceased, which is different from those declared, within this proposal form?

**YES/NO**

If yes, please give details.

8 Please list by activity the approximate percentage of work carried out in each instance:

Residential:

Full Structural Surveys %

Partial Surveys (housebuyers/sellers) %

Lending Institution Valuations %

Other Valuations (e g matrimonial) %

Commercial:

Surveys %

Valuations %

**PLEASE COMPLETE THE SURVEY AND VALUATION QUESTIONNAIRE, IF APPLICABLE**

Architectural %

Building Surveying %

Land, Minerals and Hydrographic Surveying %

Quantity Surveying:

Pre and Post Contract Services %

Setting Out %

Project Management %

Project Co-ordination/Employer's Agent %

Feasibility, Planning and Development %

Design Principal or Project Supervisor,  
responsible for Health & Safety %

**PLEASE COMPLETE THE SEPARATE CDM/PSDP QUESTIONNAIRE**

Estate Agency %

Property Management:

Residential %

Commercial %

Estate Management %

Land Management %

Investment Agency %

8 (continued)

Auctioneering:	
Property	%
Livestock	%
Fine Art	%
Other (please specify)	%
General Practice	%
Rating and Rent/Lease Review	%
Building Society Agency	%
Insurance Agency (please elaborate)	%
Mortgage Advice	%

**PLEASE REQUEST 'LOW COST' ENDOWMENT QUESTIONNAIRE, IF APPLICABLE**

Loss Assessing or Adjusting	%
Expert Witness	%
Other Work (please give details)	%

9a) Please state the gross fees received for each of the last three financial years billed to clients and an estimate for the next twelve months.

Year	U.K.	Worldwide ex USA/Canada	USA/Canada
20    Fees			
20    Fees			
20    Fees			
Estimate			
20    Fees			
Financial Year ends:	(Month)		

b) What percentage of fees is paid to consultants? %

10a) Please list the five largest contracts undertaken in the last three years:

- i)
- ii)
- iii)
- iv)
- v)

b) What is the largest annual income earned from a single client in the last twelve months?

c) In the case of Overseas contracts, please list the countries involved and whether U K or local law applies. Also, please give brief details of the contract(s) and size.

d) If overseas work is undertaken, please describe how you exert control.

11a) When Consultants are engaged, are they appointed directly by you or paid by the client?

**YES/NO**

b) Have you and will you ensure that such persons or firms have entered into a binding contract accepting full responsibility for their own Professional neglect, error or omission and that they carry and maintain in force Professional Indemnity insurance?

**YES/NO**

c) Please provide details of work undertaken by Consultants.

**IT IS A CONDITION OF THIS POLICY THAT P I INSURANCE IS MAINTAINED BY THIRD PARTY PROFESSIONALS, TO ALLOW FOR SUBROGATION, IN THE EVENT OF A CLAIM**



12a) Do you use standard Contract Conditions/Letter of Appointment?

**YES/NO**

If yes, please attach a copy

If no, please detail how you define your duties to your client

b) If you insert standard disclaimers in reports or letters, please describe the circumstances in which these are used **and** enclose a copy

13a) Do you or do you intend to undertake any work that will fall under the Department of Work and Pensions' Control of Asbestos at Work regulations?

**YES/NO**

b) If yes, are specific individuals asbestos inspectors, accredited by the Royal Institution of Chartered Surveyors or the Asbestos Removal Contractors Association?

**YES/NO**

If yes, please give details

14a) If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

b) Do you undertake work for or are you associated, either by shareholding or official position, with any company/organisation, where you are in a position to make major decisions?

**YES/NO**

If yes, please give details.

c) Have any of the Partners, Principals or Directors been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily?

**YES/NO**

If yes, please give details

15 Do you wish to consider any of the following extensions?

Loss of Documents	YES/NO
Unintentional Breach of Confidentiality	YES/NO
Libel & Slander	YES/NO
Unintentional Breach of Copyright	YES/NO
Dishonesty of Employees	YES/NO
Claims arising from Associated Companies	YES/NO

16 Do you currently have Professional Indemnity insurance?

YES/NO

If yes, please give details.

Expiry Date:

Limit:

Excess:

Insurer:

17 Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms?

YES/NO

If yes, please give details.

18 Please state: limit of indemnity required

: self insured excess

19a) Do you always require satisfactory written references when engaging employees? **YES/NO**

b) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature?  
**YES/NO**

If yes, please give details

c) How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

d) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unpresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

20 **Have you EVER had any claims made against you or know of any circumstances that could or would have resulted in a claim, if cover had been in force?** **YES/NO**  
If yes, please give full details.



**C D M/ P S D P QUESTIONNAIRE**

**TO BE ANSWERED BY ANY INDIVIDUAL OR FIRM APPOINTED  
AS DESIGN PRINCIPAL OR PROJECT SUPERVISOR**

1a) Have you been appointed as the Principal Designer, where you could be liable under the Construction (Design and Management) Regulations, or have you previously acted a CDM Co-ordinator or a Planning Supervisor or Project Supervisor for the Design Process (in Ireland)? **YES/NO**

b) If you were ever appointed as both, did you ensure that you had separate appointments, in view of the possible conflict of interest? **YES/NO**

2 Please describe the services that you intend to offer in this connection

3a) Have these tasks been allotted to specific individuals? **YES/NO**

b) If yes, what steps have been taken to ensure that any individuals, undertaking the role of Principal Designer or Project Supervisor, are adequately experienced in relevant health and safety aspects?

c) Please confirm that individuals, who have or will act as Principal Designer or Project Supervisor:

i) are a design professional **YES/NO**

ii) have attended or will attend specific Health & Safety courses? **YES/NO**

If yes, please give details and advise if they have or will become certificated.

If not, please explain how they are qualified to undertake the task.

4a) Do you ensure that you are appointed at the outset of a contract and that the client and all sub-contractors/consultants are fully aware of their duty under the CDM or PSDP Regulations?

**YES/NO**

If not, please give details.

b) Please confirm that you have never been appointed **after** tender stage of a contract or after construction is under way?

**YES/NO**

If yes, please give details

5 Have there been any occasions where you have become aware that there is no health and safety file for on-site utilities?

**YES/NO**

If yes, please provide details

6 Have you been involved in any projects where there has been a serious delay in completing health and safety files or assessing plans, on behalf of a client?

**YES/NO**

If yes, please give full details

**SURVEYORS AND VALUERS QUESTIONNAIRE**

**TO BE COMPLETED BY AN INDIVIDUAL OR FIRM UNDERTAKING  
STRUCTURAL SURVEYS OR VALUATIONS**

1a) Please state the names of those individuals undertaking surveys and/or valuations, who require cover:  
**IF ANYONE IS UNQUALIFIED AND/OR HAS LESS THAN FIVE YEARS EXPERIENCE,  
PLEASE ATTACH A C.V.**

**Qualified, in this context, means:**

**Fellow or Professional Associate of the RICS**

**Fellow or Associate of the Incorporated Society of Valuers and Auctioneers**

**Fellow of the Architects and Surveyors Institute**

**Royal Institute of British Architects**

**Royal Institute of Architects of Scotland**

b) If an unqualified individual undertakes surveys and/or valuations, is their work supervised by a qualified person? **YES/NO**

2a) Please advise the geographical spread of your surveys/valuations, in the last three years:

Northern Ireland	%	Midlands	%
Scotland	%	East Anglia	%
North East England	%	South West England	%
North West England	%	South East England	%
Wales	%	London	%
Other (please specify)	%		

b) Mile radius from office

Percentage of Surveys/Valuations

0-25 mile radius from office:	%
25-50 mile radius	%
50+ mile radius:	%

3 Please advise, by percentage, your surveys/valuations, in the last five years	<b>Residential</b>		<b>Commercial</b>	
	<b>Percentage</b>	<b>No</b>	<b>Percentage</b>	<b>No</b>
<b>Purpose</b>				
Valuations for lending purposes (excluding 3 below)	%		%	
RICS Homebuyer or equivalent surveys	%		%	
Further advances/re-mortgage valuations	%		%	
Asset Valuations for balance sheet purposes or probate/ divorce valuations	%		%	
Full structural surveys with valuations	%		%	
Building Surveys (no valuation)	%		%	
Home Condition Reports for HIPS	%		%	
Other ( please provide details below )	%		%	

4 Have you undertaken any valuation work in respect of:

- i) Buy-to-let Properties
- ii) Property Clubs
- iii) New build for Developers
- iv) Sub-prime products during the:

	Last 12 Months	YES/NO
If yes, please provide details below		
	Previous 2 Years	YES/NO
If yes, and the average annual numbers and details differ substantially from those given below (or none undertaken in the last 12 months), please provide details on a separate sheet		

  

Valuations in respect of:	Percentage of Total Valuation Fee Income	Number of Reports	Brief Description of Properties Involved	Name of Lender/s
Buy-to-let Properties	%			
On behalf of Property Clubs	%			
New build for developers	%			
Sub-prime products	%			



5 Please state the five largest residential valuations that have been undertaken (including their location), for each of the last five years, and indicate the reason for the valuation. (e g lending institution, asset valuation etc)

	Last Year	Previous Year	Previous Year	Previous Year	Previous Year
i)					
ii)					
iii)					
iv)					
v)					

6a) Please state the five largest commercial valuations that have been undertaken (including their location), for each of the last five years, and indicate the reason for the valuation. (e g lending institution, asset valuation etc)

	Last Year	Previous Year	Previous Year	Previous Year	Previous Year
i)					
ii)					
iii)					
iv)					
v)					

b) Please state the number and highest value of Portfolio valuations undertaken, for each of the last five years:

Year	Number	Value	Year	Number	Value
20			19		
20			19		
20			19		

7 Please provide details of the lenders for whom you have undertaken valuation work during the last 3 years and state the fee income for the last year:

Name of Lender	Fee Income	Name of Lender	Fee Income
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8 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 surveys/valuations to be current, before such re-inspection is required.

9 Is all your valuation work in compliance with the RICS Manual of Valuation Guidance Notes and the Statement of Asset Valuation Practice and Guidance Notes (Red Book)?

**YES/NO**

If no, please explain why not

10 What, if any internal Quality Assurance standards are currently in use, to confirm/support the accuracy of any valuation and when were they introduced?

11 Do you operate any form of manual or computer cross-referral of valuations of similar/identical properties?  
**YES/NO**

**FAÇADE WALL PANELLING QUESTIONNAIRE**

1. Are you now, or have you ever been involved in any activities, in any capacity, with any construction projects which have ever involved the use of ACM cladding (Aluminium Composite Material Rainscreen Cladding) or High Pressure Laminate (HPL) cladding systems?

This work could also be undertaken as a sub-consultant or sub-contractor to other parties, as well as any direct contract appointment. Activities can include, but are not limited to:

**Design**

**Project management**

**Project co-ordination**

**Project supervision**

**Material specification**

**Structural Surveying**

**Certification of completed work**

YES/NO

2. If the answer to question 1. above is “yes”, please enter details below for all contracts where you had or currently have any involvement (please provide any further details separately):

2a) Project Name:..... Total Contract Value: £.....

Client Name:..... Cladding Contact Value: £.....

Your role:..... Completion Date:.....

2b) Project Name:..... Total Contract Value: £.....

Client Name:..... Cladding Contact Value: £.....

Your role:..... Completion Date:.....

2c) Project Name:..... Total Contract Value: £.....

Client Name:..... Cladding Contact Value: £.....

Your role:..... Completion Date:.....

3. Where your involvement in any of the projects listed in Question 2 included any material specification for ACM or HPL cladding, please list which materials were specified by you or by those acting on your behalf:

Project Name	ACM/HPL Materials used/specified	ACM Compatible with BS 476-22, BS476-4 or Class A1 to EN13501-1 standards?	HPL Compatible with Class A1 or A2-S1 Standards?
1. ....	.....	YES/NO	YES/NO
2. ....	.....	YES/NO	YES/NO
3. ....	.....	YES/NO	YES/NO
4. ....	.....	YES/NO	YES/NO
5. ....	.....	YES/NO	YES/NO
6. ....	.....	YES/NO	YES/NO

**(If necessary, please provide the full list of additional projects on a separate sheet)**

4. Have you had any enquiries from either current or former Employees or Principals regarding the use of materials listed in Question 3? If "Yes" please provide full details below.

YES/NO

5. If you have answered "Yes" to Question 1, but are unable to provide any details relating to former projects for which you provided any services, please provide an explanation below:

6. Are there any other pertinent facts relating to the above questions that you feel should be brought to the attention of Insurers in connection with any past or current projects on which you have had an involvement, or in relation to the materials mentioned in Question 3, and any comments relating to a "No" answer to Question 4 above?