

PROFESSIONAL INDEMNITY INSURANCE ESTATE & LETTING AGENTS PROPOSAL FORM

INSTRUCTIONS

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

QUESTION ONE

Practice name (please include all names under which you practice)

QUESTION TWO

Main office address

Postcode:

Main office telephone number

Main office fax number

Contact e-mail address

Practice website

Date established

List number of branch offices

PLEASE LIST ON A SEPARATE SHEET ALL BRANCH OFFICES INCLUDING ADDRESSES FOR WHICH YOU ARE SEEKING COVER.

QUESTION THREE

Please advise the following (including details of sole practitioner).

Name of all Partners / Directors / Members	Age	Qualifications	Years in the Industry	How long as Partner / Director / Member of the Firm(s)

QUESTION FOUR

State the gross fees received for the following years

	Last Completed Financial Year	Current Year	Estimate Next Year
United Kingdom	£	£	£
Other (Provide details on a separate sheet)	£	£	£
Total Gross Fee Turnover	£	£	£

QUESTION FIVE

Do you undertake any work in relation to the following:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| i) Valuations other than for marketing purposes? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii) Property condition surveys (other than home condition reports) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii) Project management of building works | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv) Insurance mediation or other financial services except where on a purely introductory basis to an external insurance broker or IFA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

QUESTION SIX

Please provide percentage breakdown to the nearest whole percentage. (If practice is newly established, state estimated fees for the forthcoming year.

- | | | | |
|---|------------------------|-------------------------------|------------------------|
| 1. Estate Agency - Residential | <input type="text"/> % | 7. Letting Agency | <input type="text"/> % |
| 2. Estate Agency - Commercial | <input type="text"/> % | 8. Energy Assessments | <input type="text"/> % |
| 3. Property Management - Residential | <input type="text"/> % | 9. Home Condition Reports | <input type="text"/> % |
| 4. Property Management - Commercial | <input type="text"/> % | 10. Rent Review - Residential | <input type="text"/> % |
| 5. Insurance commissions (introductions to third party only) | <input type="text"/> % | 11. Rent Review - Commercial | <input type="text"/> % |
| 6. Independent financial advice (introductions to third party only) | <input type="text"/> % | 12. Other (please specify) | <input type="text"/> % |

What is the value of the largest rent review undertaken in the last five years?

£

What is largest fee received in the last five years for property management?

£

Do you require cover for claims brought under legal systems outside the UK?

Yes No

QUESTION SEVEN

Do you maintain up to date anti-virus and firewall software (updated at least every six months)?

Yes No

QUESTION EIGHT

Has the Company/Firm suffered any loss or identified any potential loss during the past five years through fraud or dishonesty of any Employee, Director or Principal?

Yes No

If 'Yes', state date, circumstances, amount and steps taken to prevent recurrence.

Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) been made against the Company / Firm or its present and/or past Partners / Directors?

Yes No

If 'Yes', give full details including amounts involved.

Have all claims been notified to Insurers?

Yes No

What measures have been taken to prevent a recurrence of the situation which gave rise to any claim?

Are any of the Partners, Directors or employees AFTER ENQUIRY, aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm(s) or its predecessors in business or any of its present or former Partners / Directors?

Yes No

If 'Yes', give full details of circumstances and amounts involved.

QUESTION NINE

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

QUESTION TEN

Please give details of the firm's current Professional Indemnity Insurance.

DO NOT COMPLETE THIS QUESTION IF YOU ARE ALREADY A CLIENT OF BLUEFIN (PREVIOUSLY SBJ PROFESSIONAL)

Limit of Indemnity	Excess	Premium	Name of Insurer	Renewal Date
£	£	£		

QUESTION ELEVEN

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of Indemnity	£	£	£
Excess	£	£	£

CONFIRMATION**DISCLOSURE OF MATERIAL FACTS**

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

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

THIS FORM MUST BE SIGNED BY A PRINCIPAL OF THE FIRM

Signature: _____

Date: _____

Print name: _____

Position: _____

Please return this Application Form along with any other supplementary information sheets to the address detailed below:-

**Bluefin | Professional Risks | Castlemead | Lower Castle Street | Bristol | BS1 3AG
t: 0117 929 3344 | f: 0117 925 1594 | e: enquiry@sbj-pi.com | w: www.sbj-pi.com**



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