



PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR MEMBERS OF THE RTPi

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

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

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

QUESTION THREE

Has the name of the Firm(s) changed or has any amalgamation or take-over taken place during the past six year? Yes No

If 'Yes', please give details

QUESTION FOUR

Name of all Partners / Directors	Date of birth	Qualifications	Date of RTPi Membership	How long as Partner/Director of the Firm(s)

QUESTION FIVE

Is cover required for Partners Previous Business for any Partner / Director named in question 5. If 'Yes', please state

Name of Partner	Title of Previous Business	Date Partner left Business

QUESTION SIX

Please advise the number of:

Staff who are members of the Royal Town Planning Institute

Other staff with Professional Qualifications

Other Full-Time staff

Permanent Part-Time staff

Any other occasional associated professionals (excluding sub-consultants)

QUESTION SEVEN

(a) Is any work undertaken by Sub-Consultants?

Yes No

If 'Yes', please advise nature of work

(b) If Sub-Consultants are used, are they appointed directly by and paid by the Client?

Yes No

(c) Do Sub-Consultants employed carry insurance to cover their liability for such work?

Yes No

QUESTION EIGHT

(a) Does the Firm(s) or any Partner or Director have any financial interest in any other professional firm or practice? If 'Yes', please give name and nature of business

Yes No

Is it intended to provide professional services to such firm or practice? If 'Yes', please give details

Yes No

(b) Does any Partner or Director hold any Directorships or Appointments in Companies or other organisations (e.g. Housing Associations, Trusts)?

Yes No

If 'Yes', and cover is required for professional services provided to such Companies or organisations, please give: -

Individuals Name	Nature of Appointment	Nature of Company or Organisation	Nature of Services Provided

(Cover is not normally available for work done for Companies in which your Partners/Directors have a Controlling Interest)

(c) Do the Partners or Directors have a Controlling Interest in any of these organisations?

Yes No

If 'Yes', please give details

QUESTION NINE

State the gross fees received for the last two years and provide an estimate for the forthcoming year

Country	Last Year	Previous Year	Est for Forthcoming Year
United Kingdom	£	£	£
Republic of Ireland	£	£	£
Overseas (Non USA / Canada)	£	£	£
USA / Canada	£	£	£
Total	£	£	£

Date of Financial Year End

	Last Year	Previous Year	Est for Forthcoming Year
Payments to Sub-Consultants	£	£	£

Please state total gross earnings in respect of services provided as a Planning Inspector for the Department of the Environment or a Planning Reporter for the Scottish Office.

Last Year	Previous Year	Est for Forthcoming Year
£	£	£

QUESTION TEN

(a) In which Countries does / will the Firm(s) operate?

(b) Please advise how overseas work is controlled

QUESTION ELEVEN

Please give details of five largest contracts during the past six years, if applicable:

Dates Started and Dates Completed	Contract Value	Nature of Building	Extent of Responsibilities (delete as necessary)
			*
			*
			*
			*
			*

* (DO = Design Only | DS = Design & Supervision | DSPM = Design, Supervision & Project Management | REF = Refurbishment / Planned Maintenance Surveys where load bearing walls are affected)

QUESTION TWELVE

Please state percentage of business relative to the types of work undertaken by the Firm:

(a)	Town Planning	%
(b)	Other Work	
(i)	Landscape Architecture	%
(ii)	Minerals (other than income derived from negotiating and obtaining planning permission for minerals working).	%
(iii)	Advice of economic viability	%
(iv)	Highway and access design	%
(v)	Architectural (if contracts undertaken on terms other than RICS Conditions of engagement for Architectural services or standard RIBA terms of engagement, please give details).	%
(vi)	General Practice Surveying	%
(vii)	Property / Estate / Land Management (excluding "Minerals")	%
(viii)	Estate / House Agency	%
(ix)	Valuations / Structural Surveys (Residential)	%
(x)	Valuations / Structural Surveys (Commercial)	%
(xi)	Building Surveying	%
(xii)	Land Surveys / Valuations	%
(xiii)	Quantity Surveying	%
(xiv)	Project Management	%
(xv)	Building Society Agency	%
(xvi)	Insurance Agency	%
(xvii)	Loss Assessing or Adjusting	%
(xviii)	Any work not mentioned above (Please give details on a separate sheet)	%
		100%

QUESTION THIRTEEN

Have the percentages for your breakdown in work altered by more than 10% during the past two years? Yes No
If 'Yes', please advise changes.

QUESTION FOURTEEN

Does the proposer foresee any substantial change to the breakdown in work, or the undertaking of any new operations during the next twelve months? If 'Yes', please advise. Yes No

QUESTION FIFTEEN

Does the proposer undertake any work for which fees are NOT charged? (e.g. Charitable works) Yes No
If 'Yes', please advise.

QUESTION SIXTEEN

Under Question 13, for any activities where you have answered 'Nil', please give details if you have been engaged in such work in the last six years.

QUESTION SEVENTEEN

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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) Assumed the responsibilities of "Duty Holder" as defined in the Control of Asbestos at Work Regulations 2002 (CAWR)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) Do you propose to undertake any of the above (a) (b) or (c) during the forthcoming period of insurance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If 'Yes', to (a),(b),(C) or (d), an Asbestos Questionnaire will need to be completed – please contact us for details.

QUESTION EIGHTEEN

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| (a) Has the Firm(s) sustained any loss through the fraud or dishonesty of any person during the past six years? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

If 'Yes', please advise

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| (b) Does the Firm(s) obtain references when engaging new employees? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) Will any Partner/Director or Employee be permitted to draw cheques on their sole signature in respect of the Firm(s) or Clients(s) accounts? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If 'Yes', please state who and to what limit

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| (d) Does the Firm(s) have a separate client account for the holding of Planning Application Funds? (N.B. Insurers consider the maintenance of a separate clients account to be a good risk feature) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) Please confirm that the Annual Accounts have been prepared and/or certified by an independent Accountant or Auditor? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

QUESTION NINETEEN

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Has any Proposal for Professional Indemnity, Fraud or Dishonesty risks made on behalf of the Firm(s), any predecessors in business, or present Partners or Directors, ever been declined or has any such Insurance been cancelled or renewal refused or special terms imposed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

If 'Yes', please give full details.

QUESTION TWENTY

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Have any claims been made against the Firm(s) or its/their predecessors in business or its/their present or former Partners or Directors in respect of liabilities to be covered by the proposed Professional Indemnity Insurance during the past six years? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

If 'Yes', please give full details including dates, description of loss and amounts involved

QUESTION TWENTY ONE

After FULL ENQUIRY are any Partners / Directors aware of any claims and / or circumstances which may give rise to a claim against the Firm(s) or its predecessors in business or the present or former Partners / Directors in respect of liabilities to be covered by the proposed Professional Indemnity Insurance during the last six years?

Yes No

If 'Yes', please give full details. (It is important that a full answer is given to this question, include dates, description of potential loss and amounts involved).

IF INSUFFICIENT SPACE IS PROVIDED BELOW, PLEASE USE A SEPARATE SHEET.

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QUESTION TWENTY TWO

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

DO NOT COMPLETE THIS QUESTION IF YOU ARE ALREADY A CLIENT OF SBJ PROFESSIONAL

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

QUESTION TWENTY FOUR

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:-

SBJ Professional | 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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