



PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR SURVEYORS, ESTATE AGENTS AND AUCTIONEERS

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

Date Business established

QUESTION THREE

Main office address

Postcode

Main office telephone number

Main office fax number

Contact e-mail address

Practice website

If more than one office exists, is there a senior Partner/Director at each office to oversee operations?

Yes

No

If 'No', please provide a C.V. of the person overseeing the office.

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

QUESTION FOUR

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

Name of all Partners / Directors	Age	Qualifications	Date Qualified	How long as Partner / Director of the Firm(s)

Name of all Consultants	Age	Qualifications	Date Qualified	How long as Consultant of the Firm(s)

QUESTION FIVE

Please advise number of permanent staff (excluding Partners/Directors)

(a) Qualified Staff (b) Unqualified Assistants (c) All Others

QUESTION SIX

Is cover required for any Partner or Director in respect of his/her liability arising from any previous business? Yes No

If 'Yes', please advise

For which Partners	Title of previous business	Date Partner left Business	Limit of Indemnity required if less than that of current firm

QUESTION SEVEN

Is cover required for work sub-contracted? Yes No

If 'Yes', please advise

Name	Qualifications	Fees Paid (last financial year)	Does Sub-consultant have their own cover?

QUESTION EIGHT

State gross fees received for the following categories

	Last Financial Year	Previous Financial Year	Estimate for Current Year
United Kingdom	£	£	£
USA./Canada	£	£	£
Elsewhere	£	£	£
Total	£	£	£

Please state financial year end date

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State Largest total fees from any one client or group for the following years

	Last Financial Year	Previous Financial Year	Estimate for Current Year
Fees	£	£	£

QUESTION ELEVEN

(a) Structural Surveys Reports and Valuations. Please specify number undertaken in the past year of:

(i) Residential Structural Surveys	<input type="text"/>	(iv) Major Structural Survey Reports	<input type="text"/>
(ii) Partial reports / inspections	<input type="text"/>	(v) Other (please specify below)	<input type="text"/>
(iii) Building society/lending institutions	<input type="text"/>	<input type="text"/>	

(b) Please specify in respect of Residential Surveys Reports and Valuations in the last 5 years:

(i) Average Property Value	<input type="text"/>	(ii) Largest Property Value	<input type="text"/>
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(c) State gross fees received for the following categories in respect of Residential Survey Reports and Valuations:

Last Financial Year	Previous Financial Year	Estimate for Current Year
£	£	£

QUESTION TWELVE

(a) Commercial Structural Survey Reports and Valuations – Specify the amount of the largest and average valuation in the last 5 years for:

		Largest	Average		Largest	Average
(i) Single Property	UK	£ <input type="text"/>	£ <input type="text"/>	Elsewhere	£ <input type="text"/>	£ <input type="text"/>
(ii) Portfolio	UK	£ <input type="text"/>	£ <input type="text"/>	Elsewhere	£ <input type="text"/>	£ <input type="text"/>

(b) State gross fees received for the following categories in respect of Commercial Survey Reports and Valuations:

Last Financial Year	Previous Financial Year	Estimate for Current Year
£	£	£

(c) State the number of Commercial Valuations undertaken in the past year:

QUESTION THIRTEEN

(a) Please state the approximate geographical spread of your Structural Survey Reports and Valuations in the last five years, or, if previously none please show the anticipated geographical spread for the forthcoming twelve months.

London	<input type="text"/>	East Anglia	<input type="text"/>	S.E England	<input type="text"/>
Midlands	<input type="text"/>	S.W England	<input type="text"/>	Scotland	<input type="text"/>
N.E England	<input type="text"/>	Wales	<input type="text"/>	N.W England	<input type="text"/>
N. Ireland	<input type="text"/>	Elsewhere (Please specify	<input type="text"/>		

(b) If the firm carries out Surveys Reports and Valuations in a geographical location in which it has no previous practical experience or accepts Survey Reports and Valuations which fall outside its normal scope, what steps are taken to ensure that the Survey Reports and Valuations accurately reflect the 'local' market condition/values applicable to the type of property involved.

QUESTION FOURTEEN

In connection with any Survey Reports and Valuations please advise details of the following:

(a) Internal quality assurance standards in force and checks undertaken to ensure compliance of such standards.

(b) System(s) for cross referring valuations of similar/identical properties.

(c) Minimum number of comparables obtained when a valuation is undertaken

(d) Is it your practice to always re-inspect for re-valuations or assignments of existing Surveyors? Yes No

If 'No', what is the maximum period for which you deem a Survey Report or Valuation to be current before re-inspection is required

QUESTION FIFTEEN

Do you always comply with the RICS 'Red Book' (statement of Asset Valuation and Guidance Notes) and the 'White Book', (Manual of Guidance Notes) Yes No

QUESTION SIXTEEN

(a) Has any Partner/Director/Employee been subject to any disciplinary proceedings by the RICS or ISVA Yes No

If 'Yes', please provide details

(b) Has any Partner/Director/Employee been removed from any panel of Surveyors? Yes No

If 'Yes', please provide details

QUESTION SEVENTEEN

Architectural / Quantity Surveying / Project Management / Project Co-ordination

State the 3 largest contracts where construction has commenced during the past 5 years

Starting Date and Est Completion Date	Description of Contract and Location (Hotel, Factory etc.)	Total Contract Value	Company's/Firm's Contract Value	State Professional Services Provided
1 to				
2 to				
3 to				

QUESTION EIGHTEEN

Have you undertaken any contract where the practice supply materials, plant, goods or equipment? Yes No

If 'Yes', please give details

QUESTION NINETEEN

Rent Reviews / Lease Renewals

(a) Largest rent review undertaken? Average rent review undertaken?

(b) Is there a working diary system in force? Yes No

(c) How often is the system checked?

QUESTION TWENTY

If the proposer operates a general insurance agency, state whether company agent or independent intermediary.

QUESTION TWENTY ONE

Does the Company/Firm or any Partner/Director act on behalf of or undertake work for any firm company or organisation in which the Company/Firm or any Partner/Director has a financial interest? Yes No

If 'Yes', please give details and details of the fees earned from such work

QUESTION TWENTY TWO

Does the Company/Firm or any Partner/Director have any association with or financial interest in any other firm, company or organisation (other than as shareholders / stockholders in a publicly quoted company)? Yes No

If 'Yes', please give details of the nature of the association together with the name and **business** of the Third Party

QUESTION TWENTY THREE

Is the Company/Firm or any Partner/Director a member of a consortium or joint venture? Yes No

If 'Yes', please give the names of other members/partners and their capacities in venture

NB. Special arrangements must be made with Insurers if coverage is required for work done whilst a member of a consortium or joint venture. In such cases a copy of the consortium / joint venture agreement will be required

QUESTION TWENTY FOUR

Does the Company/Firm always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any Employee, Director, Partner or Principal responsible for money accounts or goods? Yes No

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.

- Do all cheques drawn for more than £25,000 require two signatures? Yes No
- Is cash in hand and petty cash checked independently of the employees responsible? Yes No
- (a) At least monthly? Yes No
- (b) Additionally, without warning at least every six months? Yes No
- Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank? Yes No
- Please confirm that your Annual Accounts have been prepared and/or certified by an independent Accountant or Auditor? Yes No
- Please confirm that the responsibilities for Authorisation of Transactions, Processing of Transactions and Completing Transactions will be carried out by entirely separate Employees/Principals/Directors? Yes No

QUESTION TWENTY FIVE

- 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 TWENTY SIX

- 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?

QUESTION TWENTY SEVEN

- 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 TWENTY EIGHT

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

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

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

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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