

# Surveyors – Professional Indemnity Select Proposal Form

## Important Notes –

### Please read before completing this form:

- a) If you are unsure whether this proposal is suitable for your business or require assistance in its completion, please seek advice from your insurance adviser.
- b) A principal, partner director or member of the business must complete the proposal and make all the necessary enquiries of their fellow partners, directors, members and employees
- c) Whenever we ask questions in this proposal about you or your business we mean the principal, partners, directors, members or employees or any former principal, partners, directors, members or employees of any business or firm for which cover is required under this insurance. You should include details of any predecessor businesses where cover is required.
- d) Wherever we refer to partners, we include where applicable, members of the business (individuals forming a Limited Liability Partnership (LLP) are known as members).
- e) Please provide a copy of
  - any brochures, handouts and any other technical or marketing material in which you describe your professional services
  - your terms of business contracts
- f) Cover is provided on a “claims made” basis:
  - the insurance covers claims first made against you, and/or circumstances that may lead to a claim, notified to us during the period of insurance
  - claims or circumstances which might give rise to a claim must be notified to us in writing as soon as possible and during the period of insurance

## Next Steps

- please answer every question fully. If you do not have enough space attach separate sheets with information which can be incorporated into your proposal
- please complete in ink using BLOCK CAPITALS, and tick boxes as appropriate
- answer the General Questions on pages 2 – 10
- sign and date the Declaration on page 11 and state your authority to sign e.g. Principal, Director, Partner

## 1 GENERAL INFORMATION

**a** Name of Insured

**b** Address of Principal Office

**c** Postal Address

**d** Date of establishment

**e** Website address

**f** Please list all additional business entities (whether or not currently trading, including year of establishment and year of cessation if applicable)

  
  
  

**g** Please list addresses of all other offices currently trading

  
  
  

**h** Is/are the firm(s) or any principal, partner or director a member of a consortium, joint venture, single project partnership or group practice?

YES  NO

If "YES", please supply details:

**i** Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)?

YES  NO

If "YES", please supply details:

## 2 STAFF AND PARTNERS

a Please give details of Principals, Partners or Directors:

Name	Date of Birth	Relevant Qualifications	Date Qualification Obtained	Year became Partner/Director

b Please give details of number of permanent staff in current business:

	Full Time	Part Time
Principals/Partners/Directors		
Professionally Qualified		
All Others		

c Is cover required for any principal, partner or director’s liability arising from any previous practice?

YES  NO

If Yes, please complete the following:

Principal / Partner / Director	Name of Previous Practice	Date left previous practice

## 3 ACTIVITIES

a Please state your total gross income for the last 5 years plus an estimate for the forthcoming year:

Year Ending	UK/EU/Australia	USA/Canada	Elsewhere	Total
/ /	£	£	£	£
/ /	£	£	£	£
/ /	£	£	£	£
/ /	£	£	£	£
/ /	£	£	£	£
<b>Estimate for forthcoming year</b>				
/ /	£	£	£	£

If any income is derived from any office domiciled overseas for which coverage is required, please complete the income breakdown in the **Tax Form** at the back of the proposal form.

b Please give the percentage split of total gross fees received in the last financial year:

### Commercial Survey & Valuation

Building Surveying		%
Valuations (Lending)		%
Valuations (Non-Lending)		%

### Residential Survey & Valuation

Full Structural Surveys		%
Partial Surveys (House Buyers Reports)		%
Leading Institution Valuation Reports		%

### 3 ACTIVITIES (continued)

Pre-Sale House Inspection (Seller Packs)	%
Other Valuations (Non-Lending)	%
<b>Non-Survey &amp; Valuation Activities</b>	
Architectural Design	%
Architectural Refurbishment	%
Asbestos Surveying	%
Auctioneering	%
Building Society Agents	%
Corporate & Personal Recovery / Turnaround / Fixed Charged Recovery	%
Employer Agent	%
Estate Agency – Residential	%
Estate Agency – Commercial	%
Environmental Consultancy	%
Expert Witness	%
Facilities Management	%
General Practice	%
Insurance Mediation Activities	%
Land / Mineral / Hydrographical Surveying / Geomatics	%
Mortgage Broking	%
Planning & Development – No Detailed Plans	%
Planning Supervisor – Under CDM Regulations	%
Project Co-Ordination	%
Project Management	%
Property & Estate Management	%
Property Finance & Funding Advice / Strategic Property Advice	%
Property Investment Advice / Property Fund Management	%
Quantity Surveying	%
Rating & Rent Review – Residential	%
Rating & Rent Review – Commercial	%
Other	%
<b>Total</b>	<b>%</b>

Please supply details of "Other" work:

### 3 ACTIVITIES (continued)

c Do you use independent specialist consultants YES  NO

If "YES", please supply details:

d Do you require them to carry a minimum level of Professional Liability cover? YES  NO

If "YES", please supply details:

e Does the work split above represent the make up of the firm(s) over the past three years? YES  NO

f Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months? YES  NO

g Is any income is derived from the following Professional Services:-

Project Management (PM) YES  NO  Project Co-Ordination (PC) YES  NO  Project Co-Ordination (PC) YES  NO

Architectural Design (AD) YES  NO  Employer Agent (EA) YES  NO

h Please provide details of the 3 largest contracts during the past 5 years:

Date Started	Date Completed	Project Type	Total Contract Value	Fee Income to Insured	Professional Services PM/PC/QS/AD/EA
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	

### 4 SURVEYS & VALUATIONS

#### Work Radius

a Please indicate where your survey / valuation work is undertaken

**Mile Radius From Office**

**% of Surveys / Valuations**

0 – 25 mile from office	<input type="text"/> %
25 – 50 mile from office	<input type="text"/> %
50+ mile from office	<input type="text"/> %

b If you undertake surveys / valuations outside your immediate geographical area (outside 25 mile radius from your office(s)), what extra controls do you have in place to ensure sufficient knowledge of local values / other factors that may affect the value / condition of the property?

## 4 SURVEYS & VALUATIONS (continued)

### Type of Work Undertaken

c Have you undertaken any valuation work in respect of:

- |                                     |                                     |                                    |
|-------------------------------------|-------------------------------------|------------------------------------|
| <b>i</b> Buy-to-let Properties      | <b>YES</b> <input type="checkbox"/> | <b>NO</b> <input type="checkbox"/> |
| <b>ii</b> Property Club             | <b>YES</b> <input type="checkbox"/> | <b>NO</b> <input type="checkbox"/> |
| <b>iii</b> New Build for Developers | <b>YES</b> <input type="checkbox"/> | <b>NO</b> <input type="checkbox"/> |
| <b>iv</b> Sub-Prime Products        | <b>YES</b> <input type="checkbox"/> | <b>NO</b> <input type="checkbox"/> |

during the last 3 years – If “YES”, please provide details in the table below:-

Valuations	% of Total Valuations Fee Income	No of Reports	Brief Description of Properties Involved	Name of Lenders
<b>i</b> Buy-to-let Properties	%			
<b>ii</b> On-behalf of Property Clubs	%			
<b>iii</b> New build for developers	%			
<b>iv</b> Sub-prime products	%			

### Valuation for Lending Purposes

d Please provide details of the 4 largest residential valuations undertaken in the last 5 years

Type/Location of Property	Year of Report	Value of Property

e Please confirm the average residential valuation undertaken: £

f Please provide details of the 4 largest commercial valuations undertaken in the last 5 years

Type/Location of Property	Year of Report	Value of Property

g Please confirm the average commercial valuation undertaken: £

h 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
	£		£
	£		£
	£		£
	£		£

i Has the firm been removed from or refused admission to any lender panels? **YES**  **NO**

If “YES”, please provide an explanation:

## 4 SURVEYS & VALUATIONS (continued)

- j** Please detail below the type of comparable database you maintain and how its use is monitored – also confirm how many comparables you hold per property:

- k** When undertaking re-mortgage or funds or further advance valuations in what percentage of cases do you:

Re-inspect the property	<input type="text"/>	%
Undertaken drive-by valuations	<input type="text"/>	%
Undertaken desk-top valuations	<input type="text"/>	%

- l** Does the firm have an association with and/or a financial interest in any Independent Financial Advisor, Mortgage Broker or Solicitor?

YES  NO

If "YES", please provide details

- m** Does the firm receive income via way of referral fees?

YES  NO

If "YES", please provide details

### Workload & Quality

- n** What is the average number of surveys / valuations undertaken per fee earner per week from:

<b>i</b> Lender Valuations	<input type="text"/>
<b>ii</b> Homebuyers Reports	<input type="text"/>
<b>iii</b> Home Condition Reports	<input type="text"/>
<b>iv</b> Full Structural Surveys & Valuations	<input type="text"/>
<b>v</b> Other	<input type="text"/>
<b>vi</b> Average total of surveys / valuations per fee earner per week	<input type="text"/>

- o** Please describe in detail the procedures you have in place to monitor the quality, accuracy and integrity of each survey / valuation, eg: audit and checking procedures, sign-off threshold by size of valuation, spot checks of fee earner files, peer review, validation of valuations, checks by visit to property.

## 4 SURVEYS & VALUATIONS (continued)

**p** Is allocation of work to individual values controlled via a central process YES  NO

If “NO”, please explain below how you prevent the possibility of undue influence being exercised by external parties.

**q** Does the firm require Partner sign-off for non-standard valuations? YES  NO

**r** Does the firm undertake regular file audits of all fee earners work? YES  NO

**s** Has the firm undertaken any drive-by surveys / valuations in the last 3 years? YES  NO

### Qualifications of Staff

**t** Please provide the following information for all fee earners undertaking Surveying & Valuation work (if insufficient space please list detail on a separate sheet)

Name	Qualifications	Number of years with the practice

**u** Do you always verify qualifications and previous experience? YES  NO

### Type of Property

**v** Please provide details of:

- i** the types and age of properties you regularly inspect
- ii** any listed, unique, unusual or pre 20th Century buildings you have inspected in the last year

### Continuous Training

**w** Please provide some brief narrative on how your firm ensures that all staff and partners maintain their qualifications and ensure their knowledge is up-to-date.

## 5 RISK MANAGEMENT

- a** Does the firm(s) always use standard written contract conditions? YES  NO
- b** Does the firm(s) have standard procedures for the regular review of ongoing contracts internally and with the client? YES  NO
- c** Does the firm(s) provide advice or services which fall outside of the scope of the contract? YES  NO
- d** Does the firm always require satisfactory references or only when engaging senior employees? ALWAYS  SENIOR APPOINTMENTS ONLY
- e** Is any partner / employee allowed to sign cheques on his/her signature alone for values exceeding £5,000? YES  NO
- f** How frequently are checks carried out on all entries in the cash book with paying-in books, receipts, counterfoils and vouchers, and reconciled with bank statements (including the balance of cash and unrepresented cheques), independently of employees receiving or banking monies in respect of monies belonging to the firm as well as in trust on behalf of others?  
 WEEKLY  MONTHLY  QUARTERLY  OTHER (please specify)
- g** Does the firm have their annual accounts prepared and/or certified by an independent accountant or auditor? YES  NO
- h** Does the firm have compliance and procedures manuals related to all aspects of its operations? YES  NO
- i** Has the firm or any of its current / former Partners / employees ever been subject of an investigation or disciplinary proceeding by the Royal Institution of Chartered Surveyors? YES  NO

If "YES", please supply details

## 6 CLAIMS INFORMATION

- a** Has the firm(s) sustained any loss through the fraud or dishonesty of any person? YES  NO

If "YES", please supply details:

- b** Is the firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or principal or employee? YES  NO

If "YES", please supply details:

## 6 CLAIMS INFORMATION

continued

- c** After enquiry, have any Professional Indemnity claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or principals, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not?

YES  NO

If "YES", please supply details:

Date of Claim	Claimant	Details of Claim including any payments made or reserves held
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

- d** After enquiry, are any of the partners, directors or principals aware of any pending claims and/or circumstances existing which may give rise to a Professional Indemnity claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal?

YES  NO

If "YES", please supply details:

Date of Circumstance	Claimant	Details of Circumstance
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

## 7 PREVIOUS INSURANCE

- a** Has the firm(s) previously been insured for Professional Indemnity insurance?

YES  NO

If "YES", please supply details:

Renewal Date	Limit of Liability	Premium	Retention (Excess)	Insurer
/ /	£	£	£	
/ /	£	£	£	
/ /	£	£	£	
/ /	£	£	£	
/ /	£	£	£	

- b** 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 supply details:

## Declaration

1 I/We declare that to the best of my/our knowledge and belief:

- A the above statements and particulars, whether written by me/us or by others on my/our behalf, are true and complete;
- B any statement or particulars which have been given separately by me/us or by others on my/our behalf are true and complete; and
- C I/We have not withheld any material fact\*

2 I/We wish to modify the above statements in the following respects:

3 I/We agree that this proposal and declaration and any particulars given separately shall be the basis of the contract between the Insurer and myself/ourselves.

4 I/We agree to accept the Insurer’s standard form of policy for this type of insurance.

5 I/We understand that the Insurer reserves the right to decline any proposal.

6 I/We understand that Insurers share information with each other, credit reference agencies and other information agencies with regard to credit agreements, policies and claims, primarily to help assess risks, handle claims and prevent fraud. I/We consent to this.

Authorised Signature

Date

Position in company

### Important:

**\*Material facts are those facts which are likely to influence the Insurer in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt about whether a fact is material, you should disclose it, since failure to do so could invalidate your policy.**

### Your Records

You should keep a record (including copies of letters) of all information you supply to the Insurer about this proposal.

### Data Protection Act

We may use the personal and business details you have given us or which are supplied by third parties including any details of directors, officers, partners and employees to provide you with a quotation; deal with your policy; to search credit reference and fraud agencies who may keep a record of the search; to share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud; to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews which may be carried out by third parties acting on our behalf. You agreed when you applied for the policy that your directors, officers, partners, and employees have consented to our using their details in this way. We may need to collect data relating to Insured Persons, which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the insured persons to such information being processed by us and that this fact is made known to the insured persons.

If your policy provides Employers Liability cover information relating to your insurance policy will be provided to the Employers Liability Tracing Office (the “ELTO”) and added to an electronic database, (the “Database”) in a format set out by the Employer’s Liability Insurance: Disclosure by Insurers Instrument 2010.

The Database assists individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK for employers carrying on, or who carried on, business in the UK and who are covered by the employers’ liability insurance of their employers, (the “Claimants”):

- to identify which insurer (or insurers) was (or were) providing employers’ liability cover during the relevant periods of employment; and
- to identify the relevant employers’ liability insurance policies.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers’ liability insurance cover and any other persons or entities permitted by law.

The Database will be managed by the ELTO and further information can be found on the ELTO website [www.elto.org.uk](http://www.elto.org.uk)

By entering into this insurance policy you will be deemed to specifically consent to the use of your insurance policy data in this way and for these purposes.

We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you by telephone, email or post of products and services which we think may be of interest you.

If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB to let us know. Your details will not be kept for longer than is necessary.

Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager at the address above.

Personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

