



**Property Professions  
Application Form**  
Including Surveyors, Estate Agents  
and Property Managers

| 1) Please provide full trading names of all <b>Firms</b> to be insured under this arrangement ( <b>You/Your</b> ): |                  |
|--|------------------|
| Name(s)  | Date Established |
|  |                  |
|  |                  |
|  |                  |
|  |                  |

2) Please provide **Your** website address:

| 3) Please provide all addresses: |
|----------------------------------|
|                                  |
|                                  |
|                                  |

| 4) If cover is required for <b>Your</b> previous business (predecessor practices), please provide full details below: |            |          |                               |
|---|------------|----------|-------------------------------|
| Name(s)   | Start Date | End Date | Reason for winding up/leaving |
|   |            |          |                               |
|   |            |          |                               |

| 5) If any of the <b>Principals</b> require cover for any previous professional business activity not covered elsewhere, please provide details below: |       |       |       |       |       |       |  |
|---|-------|-------|-------|-------|-------|-------|--|
| Name of <b>Principal</b> to be covered  |       |       |       |       |       |       |  |
| Name of previous <b>Firm</b>  |       |       |       |       |       |       |  |
| Period at previous <b>Firm</b>  | From: |       | From: |       | From: |       |  |
|   | To:   |       | To:   |       | To:   |       |  |
| Fees for last 3 years of trading  | Year  | Total | Year  | Total | Year  | Total |  |
|   |       |       |       |       |       |       |  |
|   |       |       |       |       |       |       |  |
|   |       |       |       |       |       |       |  |
| Position held at previous <b>Firm</b>   |       |       |       |       |       |       |  |
| Reason for leaving  |       |       |       |       |       |       |  |

6) Do **You** have any association with or financial interest in any other **Firm**?  Yes  No

If YES, please provide full details below of the nature of the association and the name and business of the third party:

7) Please supply details of all **Principals**:

| Name | Age | Qualifications | Date Qualified | Date of Engagement |
|------|-----|----------------|----------------|--------------------|
|      |     |                |                |                    |
|      |     |                |                |                    |
|      |     |                |                |                    |

8) Please supply details of total numbers of staff:

| Principals | Qualified Staff | Unqualified Staff | Others |
|------------|-----------------|-------------------|--------|
|            |                 |                   |        |

9) Has any **Principal** ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body? If YES, please provide full details below:  Yes  No

|  |
|--|
|  |
|--|

10) Please provide full details if any **Principal** has been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily:

|  |
|--|
|  |
|--|

11) Please provide details of **Your** current Professional Indemnity insurance arrangements below:

|  |  |
|--|--|
| Current Insurer  |  |
| Current Broker   |  |
| Policy Renewal Date  |  |
| Limit of Indemnity   |  |
| Excess   |  |
| Premium  |  |
| If <b>You</b> currently have Professional Indemnity coverage in force, please advise the retroactive date, if any: |  |
| Date   |  |

12) Please provide a breakdown of turnover/fees generated:

Year End Date (month applicable)

| Year End           |  |  |  |  |  | N/Y Estimate |
|--------------------|--|--|--|--|--|--------------|
| Work in UK         |  |  |  |  |  |              |
| Work in EU         |  |  |  |  |  |              |
| Work in USA/Canada |  |  |  |  |  |              |
| Work elsewhere     |  |  |  |  |  |              |
| Total              |  |  |  |  |  |              |

| 13) Please provide a breakdown of <b>Your</b> activities and percentage of income generated for each discipline: |   |
|--|---|
| Quantity Surveying   | % |
| Building Surveying   | % |
| Residential Estate Agency/Letting Agency   | % |
| Commercial Estate Agency   | % |
| Residential Property Management  | % |
| Commercial Property/Land Management  | % |
| Rent Reviews/Lease Renewals  | % |
| Land Surveying/Setting Out   | % |
| Planning & Development Consultancy   | % |
| Project Co-ordination  | % |
| Project Management   | % |
| Architecture   | % |
| Residential Surveys/Valuations for lending purposes  | % |
| Other Residential Surveys & Valuations   | % |
| Commercial Surveys/Valuations for lending purposes   | % |
| Other Commercial Surveys & Valuations  | % |
| General Insurance Business   | % |
| Environmental  | % |
| Other work - please provide full details in below:   | % |
|  |   |
| <b>Total:</b>  | % |

| 14) If <b>You</b> have declared any fees for Quantity Surveying, Project Co-ordination, Project Management, Architecture or any other construction management/administration role, please provide details of <b>Your</b> 5 largest contracts that have been completed in the last 6 years: |            |                     |                      |                   |                      |
|--|------------|---------------------|----------------------|-------------------|----------------------|
| Client   | Start Date | Description of Work | Total Contract Value | Your Contract/Fee | Est. Completion Date |
|  |            |                     |                      |                   |                      |
|  |            |                     |                      |                   |                      |
|  |            |                     |                      |                   |                      |
|  |            |                     |                      |                   |                      |
|  |            |                     |                      |                   |                      |

15) If **You** have declared any fees for Quantity Surveying, Project Co-ordination, Project Management, Architecture or any other construction management/administration role, please provide details of **Your** 5 largest contracts currently in hand:

| Client | Start Date | Description of Work | Total Contract Value | Your Contract/Fee | Est. Completion Date |
|--------|------------|---------------------|----------------------|-------------------|----------------------|
|        |            |                     |                      |                   |                      |
|        |            |                     |                      |                   |                      |
|        |            |                     |                      |                   |                      |
|        |            |                     |                      |                   |                      |
|        |            |                     |                      |                   |                      |

16) Please provide details of **Your** largest and average valuations if **You** have undertaken work in any of the following disciplines:

| Discipline                         | Highest Valuation | Average Valuation |
|------------------------------------|-------------------|-------------------|
| Commercial Estate Agency           |                   |                   |
| Residential Estate Agency          |                   |                   |
| Auctioneering                      |                   |                   |
| Non-lending residential valuations |                   |                   |
| Non-lending commercial valuations  |                   |                   |
| Commercial Rent Reviews            |                   |                   |

17) Do all cheques drawn for over £5,000 require at least two signatures?  Yes  No

18) Are bank statements, receipts, counterfoils and other supporting documents checked at a minimum monthly against the cash book entries, and by others not responsible daily for looking after the same?  Yes  No

19) Is cash in hand and petty cash checked independently of the person responsible at least monthly and additionally without warning at least every six months?  Yes  No

20) Have **You** ever undertaken any work which involves contaminated or polluted land or property?  Yes  No

Have **You** ever provided advice on whether land or property might be contaminated or polluted?  Yes  No

21) Do **You** engage the services of sub-contractors?  Yes  No

If YES, please provide answers to the following, otherwise skip to the next question.

What percentage of fees/turnover was paid to sub-contractors during the last financial year?  %

Do **You** always require **Your** sub-contractors to hold their own Professional Indemnity coverage and verify that it is in force?  Yes  No

If YES, please confirm the minimum limit **You** require them to maintain:  £

22) Do you undertake projects where the work is outside the United Kingdom? If YES, please give full details below:  Yes  No

| Country | Client | Start Date | Description of Work | Total Contract Value | Your Contract Fee | Est. Completion Date |
|---------|--------|------------|---------------------|----------------------|-------------------|----------------------|
|         |        |            |                     |                      |                   |                      |
|         |        |            |                     |                      |                   |                      |
|         |        |            |                     |                      |                   |                      |

23) Have **You** at any time entered into a contract that is subject to the law of countries other than the United Kingdom? If YES, please give full details below:  Yes  No

| Country | Client | Start Date | Description of Work | Total Contract Value | Your Contract Fee | Est. Completion Date |
|---------|--------|------------|---------------------|----------------------|-------------------|----------------------|
|         |        |            |                     |                      |                   |                      |
|         |        |            |                     |                      |                   |                      |
|         |        |            |                     |                      |                   |                      |

24) In respect of quantity surveying, project management, project co-ordination, building surveying and achitecture, are all current projects on time and within budget and have all projects undertaken within the last 2 years been completed on time and within the agreed budget? If NO, please give full details below:  Yes  No

25) Have **You** at all times used written agreements for each contract undertaken, which clearly outline the services to be provided and have all changes always been confirmed in writing?  Yes  No

If NO, please give full details below:

26) Other than by Sub-contracting, have **You** ever entered into contracts where **You** may incur liability for the services provided by others (such as a consortium involving joint and several liability)?  Yes  No

If YES, please provide full details below:

27) Have **You** ever entered into contracts on behalf of clients?  Yes  No

If YES is written sign off for the contract terms always obtained from **Your** client prior to committing them?  Yes  No

28) Please select the Limit of Liability **You** require quotations for.

|                          |                          |  |                          |
|--------------------------|--------------------------|--|--------------------------|
|                          | <input type="checkbox"/> |  | <input type="checkbox"/> |
| £500,000                 | <input type="checkbox"/> |  | <input type="checkbox"/> |
|                          | <input type="checkbox"/> |  | <input type="checkbox"/> |
| Other Limit of Liability |                          |  |                          |

29) What Level of Excess do **You** require?

30) Has any claim been made or loss suffered by **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? If YES, please provide details below:  Yes  No

| Date of Claim/loss | Details of claim/loss | Amount Paid | Date Settled | Outstanding Reserve |
|--------------------|-----------------------|-------------|--------------|---------------------|
|                    |                       |             |              |                     |
|                    |                       |             |              |                     |
|                    |                       |             |              |                     |
|                    |                       |             |              |                     |
|                    |                       |             |              |                     |

31) Are **You** aware of any of the following?

Any circumstances which might lead to a claim against **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?  Yes  No

Any matter which might otherwise affect the consideration of this proposal?  Yes  No

Has any application for similar insurance made on **Your** behalf or on behalf of any past or present **Principal** ever been declined, refused renewal, cancelled or accepted only on special terms?  Yes  No

If the answer to any of the above is YES, please provide full details below:

## Fair Presentation of Risk in Accordance with the Insurance Act 2015

The Partner, Principal or Director of the Firm/Company, must make a fair presentation of the risk to us - in accordance with Section 3 of the Insurance Act 2015. Such fair representation must be reasonably clear and accessible, each representation of fact substantially correct, and every material representation of expectation or belief, made in good faith. In this regard, fair presentation covers every material circumstance which the Partner, Principal or Director of the Firm/Company knows (or ought to know) generally, including any of the Senior Management. For the sake of completeness, this also includes any information held within the Firm / Company's organisation. If any subsidiaries, affiliates or other parties are to be insured under this application, we expect that the relevant information has been sourced and provided herein.

For the purposes of this Fair Presentation the Senior Management means, in accordance with the Insurance Act 2015: those individuals that play significant roles in the making of decisions about how the Insured's activities / services / clients are to be managed. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its 'Senior Management' and those persons responsible for the Insured's insurances. I / we the undersigned, agree that this submission together with any additional detail supplied, represents a fair presentation of the risk known to the Senior Management of the Firm/Company noted below.

**A copy of this proposal should be retained by you for your own records**

### Short Form Privacy Notice

In order for us and the insurers to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have. In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim. The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors. More information about our use of personal data is set out in our Privacy Notice on our website, [www.privacy-notice.co.uk](http://www.privacy-notice.co.uk) We recommend that you review this notice

Name of Principal Signing this form:

Signature of Principal:

Date\*:

*\* If electronically signing this form a date need not be entered - this is only if the form is being completed by hand - (a digital signature automatically includes a time and date stamp and secures the application)*