

# Professional Indemnity Insurance Proposal Form for Surveyors / Estate Agents





## Professional Indemnity For Surveyors / Estate Agents

1) Full trading name	s of all Firms	to be insured.	under this arran	aemeni				
			Name(s)	gernern				Date Established
							1	
2a) Website								
2b) Email Address						_		
2c) Telephone Num	ber							
3) All addresses:								
4) Full names of Dire	ectors/Parte	ers/Principles	& Consultante					
Nam		Age		Q	ualifications			Date Qualified
5) Total Number of S	Staff							
Principals		Qualifie	d Staff		Unqualified St	taff		Others
C) If any or in require	d for Vour pr	aviaua buainaa	(prodocecor	prostice		سنام فبالم	lataila halau	
6) If cover is require Name(s)		Start Date	End Date	practice			inding up/le	
								g
7a) Has any Principa motoring offences),							ns pending	(excluding minor
If YES, please provid	de full details		anueu/uisquaim	eu by li	tell profession	iai Douy !		
7b) Please provide f which has ceased to	ull details if a	any Principal ha	as been made p	ersonal	ly bankrupt or	has been	associated	with any business
which has ceased in	ading, either	voluntarily of t	compulsonly.					
8) Current Professio			t of Indorration	-		D		Deneuvel Detr
Insurer	Broke		t of Indemnity	Ŀ	Excess	Prer	mium	Renewal Date
		I						
9) Breakdown of turr	nover/fees:			Finan	cial Year End:			
	20 ( )	20 ( )	20 (	)	20 ( )		20 ( )	Next Year
UK								
USA/Canada								

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EU Elsewhere Total



# Professional Indemnity For Surveyors / Estate Agents

10) Work Split			
Quantity Surveying	%		
Building Surveying			
Resident Estate Agency/Letting Agency	%		
Commercial Estate Agency	%		
Residential Property Management	%		
Commercial Property/Land Management	%		
Rent Reviews/Lease Reviews	%		
Land Surveying	%		
Setting Out	%		
Planning & Development Consultancy			
Project Management			
Project Co-Ordination			
Architecture			
Environmental			
General Insurance Business			
11) Survey and Valuation Work Split			
Residential Surveys/Valuations for lending purposes	%		
Other Residential Surveys & Valuations			
Commercial Surveys/Valuations for lending purposes			
Other Commercial Surveys & Valuations			
Other Work – please provide full details:			

Total: %

12) Largest and Average Valuations if any work is undertaken in the below disciplines:				
Discipline	Average Value	Largest Value		
Commercial Estate Agency				
Residential Estate Agency				
Auctioneering				
Non-lending residential valuations				
Non-lending commercial valuations				
Commercial Rent Reviews				

13) Past 5 years largest contracts / if a start-up please provide expected contract sizes and values:					
Starting Date – Completion Date	Client	Description of Contract	Contract Value	Your Fees	
1)					
2)					
3)					

If any projects are undertaken outside of the UK, please provide full details

14) Has any claim be proposal for insurance	en made or loss suffered by You, whether insured or n e relates?	ot, in respect of	any of the risks to YES	which this NO
Date of Claim/Loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve

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### Professional Indemnity For Surveyors / Estate Agents

15) Are you aware of any of the following?	YES	NO
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?		
Any matter which might otherwise affect the consideration of this proposal?		
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?		
If the answer to any of the above is YES, please provide full details below:		

16) Please select you require:	ct the Limit of Indemnity	17) What Level of Excess do You require?	
£250,000.00	£2,000,000.00		
£500,000.00 £3,000,000.00			
£1,000,000.00	£5,000,000.00		
Other Limit of In	demnity:		

#### 18) Additional information:

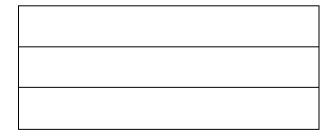
### DECLARATION

I/We declare that the previous statements and particulars are true and I/We have not suppressed or misstated any material facts.

I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any subsequent contract of insurance.

Name of Principal Signing this form:

Signature of Principal:



Date:

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