



**Professional Indemnity Insurance Proposal Form for
Surveyors / Estate Agents**





Professional Indemnity For Surveyors / Estate Agents

1) Full trading names of all Firms to be insured under this arrangement:	
Name(s)	Date Established

2a) Website	
2b) Email Address	
2c) Telephone Number	

3) All addresses:

4) Full names of Directors/ Partners/ Principles & Consultants			
Name	Age	Qualifications	Date Qualified

5) Total Number of Staff			
Principals	Qualified Staff	Unqualified Staff	Others

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

7a) 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:

7b) 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:

8) Current Professional Indemnity Policy					
Insurer	Broker	Limit of Indemnity	Excess	Premium	Renewal Date

9) Breakdown of turnover/fees:					Financial Year End:	
	20 ()	20 ()	20 ()	20 ()	20 ()	Next Year
UK						
USA/Canada						
EU						
Elsewhere						
Total						



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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 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Date of Claim/Loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve



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

18) Additional information:

DECLARATION

I/We declare that the previous statements and particulars are true and I/We have not suppressed or mis-stated 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:
