

1. Name and Address _____

Name of Firm/s

Main Office Address

Telephone Number

Contact Email Address

Practice Website

Date Established

List Number of Branch Offices

Please list all branch offices including addresses for which you are seeking cover in Section 12.

2. The Firm _____

Name of all Partners / Directors / Members	Age	Qualifications	Years in the Industry	How long as Partner / Director / Member of the Firm(s)

3. Practice Fees / Finances _____

State gross fees received for the following categories.

	Last Financial Year	Current Year	Estimate Next Year
United Kingdom	£	£	£
Other (provide details in Section 12)	£	£	£
Total Gross Fee Turnover	£	£	£

4. Specific Work

Do you undertake any work in relation to the following:

- | | | |
|--|---------------------------|--------------------------|
| (a) Valuations other than for marketing purposes? | YES <input type="radio"/> | NO <input type="radio"/> |
| (b) Property condition surveys (other than home condition reports) | YES <input type="radio"/> | NO <input type="radio"/> |
| (c) Project management of building works | YES <input type="radio"/> | NO <input type="radio"/> |
| (d) Insurance mediation or other financial services except where on a purely introductory basis to an external insurance broker or IFA | YES <input type="radio"/> | NO <input type="radio"/> |

5. Breakdown of Work

Please provide percentage breakdown to the nearest whole percentage. (If practice is newly established, state estimated fees for the forthcoming year the following:

- | | | | |
|---|----------------------|-------------------------------|----------------------|
| (a) Estate Agency - Residential | <input type="text"/> | (g) Letting Agency | <input type="text"/> |
| (b) Estate Agency - Commercial | <input type="text"/> | (h) Energy Assessments | <input type="text"/> |
| (c) Property Management - Residential | <input type="text"/> | (i) Home Condition Reports | <input type="text"/> |
| (d) Property Management - Commercial | <input type="text"/> | (j) Rent Review - Residential | <input type="text"/> |
| (e) Insurance commissions
(introductions to third party only) | <input type="text"/> | (k) Rent Review - Commercial | <input type="text"/> |
| (f) Independent financial advice
(introductions to third party only) | <input type="text"/> | (l) Other (please specify) | <input type="text"/> |

What is the value of the largest rent review undertaken in the last five years?

£

What is largest fee received in the last five years for property management?

£

Do you require cover for claims brought under legal systems outside the UK?

YES NO

6. Anti-Virus / Firewalls

Do you maintain up to date anti-virus and firewall software and is it updated regularly?

YES NO

7. Claims and circumstances

Have any claims or circumstances which may give rise to a claim ever been notified by the firm or its present and /or past Partners / Directors? Or after enquiry are you aware of any circumstances which may give rise to a claim?

YES

NO

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?

8. Sanctions

Do you have any connection to customers or suppliers operating in the following countries or are any form of product or service sourced from or passed through these countries or indeed any employees who would visit any of these countries on business:

YES

NO

Iran, Syria, Belarus, South Sudan, Cuba, Democratic Republic of Congo, North Korea, Somalia, Sudan, Zimbabwe, Russia, Ukraine, Crimea.

9. Disciplinary Proceedings

Has any proposer / director / partner of the business:

- (a) Been declared insolvent or bankrupt or been the subject of bankruptcy proceedings? YES NO
- (b) Been the subject of a County Court judgment (or Scottish equivalent) or are there any proceedings pending? YES NO
- (c) Been a director or partner in any business which is or has been the subject of a winding up or administrative order, or receivership or other insolvency proceedings? YES NO
- (d) Had a proposal form declined? YES NO
- (e) Had an insurance cancelled? YES NO
- (f) Had special terms imposed? YES NO
- (g) Been convicted or charged with any criminal offence, or have a prosecution for such an offence pending? YES NO
- (h) Been prosecuted or served with a notice of intended prosecution or a prohibition notice in connection with a breach or alleged breach of any health and safety legislation? YES NO

If YES, state date, circumstances, amount and steps taken to prevent recurrence.

10. Previous Insurance

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 provide details.

11. Quotation Requirements

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

Do not complete this question if you are already a client.

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

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of Indemnity	£	£	£
Excess	£		

12. Additional Information

Confirmation – Please Read Carefully

Your duty to make a fair presentation of the risk

It is your duty to make a fair presentation of the risk to the Insurer. In accordance with the Insurance Act 2015 you must disclose all material information which you know or ought to know. Material information is information that would influence an Insurer in deciding whether a risk is acceptable and, if so, the premium, terms and conditions to be applied. As an organisation you will be deemed to know all material information that is known to your senior management and those responsible for arranging your insurance and which should have been revealed by a reasonable search. Please contact us if you are in any doubt about what information needs to be disclosed.

Declaration

I/We declare the following; I/We understand that I/We have a duty to make a fair presentation of the risk to be insured and that failure in this duty could result in the policy being invalidated and/or any claims not being paid or not being paid in full.

I/We understand that the information provided will be used by the broker and/or insurers to arrange and administer the insurance. This may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

I/We understand that completion of this proposal form does not bind the Insurer to a contract of insurance. If any information provided as part of this application for insurance materially changes before a contract of insurance is concluded, I/We will immediately advise Professional Indemnity Insurance Brokers or the Insurer. All facts provided within this proposal form or provided separately as part of this application for insurance are true or substantially true and any representations as to matters of expectation or belief are made in good faith.

This form must be signed by a principal of the firm

Signature: _____

Date: _____

Print name: _____

Position: _____