



PROFESSIONAL
INSURANCE AGENTS LTD

Professional Indemnity Insurance Proposal Form

Surveyors & Estate Agents

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Surveyors Professional Indemnity Insurance

Section 1 Business Details

1.1) *Including all previous trading names / styles.*

Name of Business:	<input type="text"/>		
Registered Business Address:	<input type="text"/>		
Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Contact Number(s):	<input type="text"/>	Business Establishment Date(s):	<input type="text"/>
Website Address:	<input type="text"/>	Fax:	<input type="text"/>
Do you require cover for any subsidiary companies and/or former companies?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

1.2)

Names of Principals / Partners / Directors & Consultants	Age	Years in current position	Qualification
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many Employees are there?	<input type="text"/>		
Please state your Employer Reference Number (ERN) & Wage Roll:	ERN:	<input type="text"/>	Wage Roll: <input type="text"/>

1.3) Is your business a member of any professional organisations, regulatory bodies or trade associations?

☐ Yes ☐ No

If Yes, please provide details below

1.4) Please state the gross turnover in respect of the following years:

	Last completed financial year	Estimate - current financial year	Estimate - next financial year
Domestic turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
USA/Canada turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other territory turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Date of financial year end:	<input type="text"/>	How much gross turnover is paid to third party contractors?	<input type="text"/>
Currency:	<input type="text"/>		<input type="text"/>

1.5) If you have undertaken work outside of your domestic territory, please provide full details of all previously completed, current and any forthcoming overseas projects:

Are all overseas contracts subject to your domestic law? ☐ Yes ☐ No ☐ N/A

If no, please enter full details below

Section 2 Activities/Contractual Information

2.1) Please describe below the specific nature of your business activities, this should include any previous activities which you no longer perform, but you still require cover for (we strongly recommend that cover for past work is requested):

2.2) Please confirm the split of your total gross turnover for your last completed financial year in respect of the following areas. *New business start-ups should provide estimations*

	Domestic	Overseas	USA/ Canada
Architectural			
Asbestos Surveying			
Auctioneering			
Building Society Agencies			
Building Surveying			
Commercial Estate Agency			
Commercial Land/Property Management			
Commercial Letting Agency			
Commercial Mortgage Survey & Valuation *			
Domestic Energy Assessments			
Expert Witness			
Home Condition Reports			
Mortgage Broker			
Other Survey			
Other Valuation			
Project Co-ordination			
Project Management			
Property Search Agencies			
Quantity Surveying			
Rent / Lease Reviews			
Residential Estate Agency			
Residential Land / Property Management			
Residential Letting Agency			
Residential Mortgage Survey & Valuation *			
Structural Survey & Valuation (Commercial) *			
Structural Survey & Valuation (Residential) *			
Town Planning			
Other (please define) <div></div>			
Total:			

If you have declared turnover arising from Survey & Valuation work, please complete the attached 'S&V Questionnaire'.

2.3) Please give details of the 3 largest contracts you have carried out in the past 6 years. *(new business start-ups should declare estimated/pending contracts)*

Client	Nature of projects and your specific responsibilities	Overall project value (If known)	Total fee income derived from the client	Start Date / End date

2.4) (If applicable) please complete the below table for each of the past 3 years in respect of properties that you lease, manage, sell or value.
New business start-ups should provide estimations.

Year	Largest value	Average value

Section 3 Risk Management

3.1) When entering into contracts with clients do you;

- | | | |
|---|------------------------------|-----------------------------|
| a) Only perform the work if the contract is in writing and signed by the client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Confirm any changes to your originally agreed services in writing to your client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Seek specialist, qualified legal advice prior to entering into contracts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Exclude liability for consequential loss or financial damages that is greater than the value of the contract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Ensure that any sub-contractors you employ hold a separate and valid Professional Indemnity & Public Liability Insurance policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3.2) (If applicable) Do you always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any professional employee? ☐ Yes ☐ No

If you have answered 'no' to any question in section 3, please confirm below in what instances and why you do not

Section 4 Insurance History

4.1)

Current	Inception Date:	<div></div>	Premium:	<div></div>
	Limit:	<div></div>	Excess:	<div></div>
	Insurer:	<div></div>		
Required	Limit:	<div></div>	Excess:	<div></div>

4.2) Would you like us to request terms for the following?

- | | | | | | |
|------------------|------------------------------|-----------------------------|----------------------|------------------------------|-----------------------------|
| Public Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employers' Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Office Contents | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cyber Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 5 Claims

5.1) Have any claims (successful or otherwise) been made against any of the companies to be insured and / or its past and present partners / principals / directors? ☐ Yes ☐ No

5.2) Have any claims arisen in respect of employee dishonesty / fraudulent activity? ☐ Yes ☐ No

5.3) Have any precautionary notifications been made to current / previous Insurers, that you believed at the time of notification may escalate into a claim? ☐ Yes ☐ No

5.4) Have any fee disputes - which you believed could have resulted in a possible counter-claim being brought against you – been reported to current / previous Insurers? ☐ Yes ☐ No

5.5) Has any proposal for insurance made on your behalf, or on behalf of any past and present partners / principals / directors ever been declined, or has any insurance ever been cancelled or refused at renewal? ☐ Yes ☐ No

5.6) Has any disciplinary action been brought by a regulatory or professional body against any of the companies to be insured and / or its past and present Partners / Principals / Directors? ☐ Yes ☐ No

5.7) Are you aware of any circumstances which may result in a claim being made against any of the companies to be insured and / or its past and present partners / principals / directors? (this includes any shortcomings in your work not yet known to clients, that you believe cannot be adequately rectified) ☐ Yes ☐ No

If you have answered 'yes' to any of the questions above, and you have not previously reported these to PIA, please provide full details (including any payments made or reserves) in a separate document (ideally a word/pdf document). If a successful claim/disciplinary action was made, please also confirm the steps taken to mitigate the chances of re-occurrence.

Section 6 Survey & Valuation (S&V) Questionnaire (Complete if performing both of these activities)

6.1) Activity Breakdown

a) Please confirm the total turnover derived from the following areas:

Activity Type	Residential		Commercial	
	Last Completed Financial Year	Estimated Financial Year	Last Completed Financial Year	Estimated Financial Year
Home Conditions Reports	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Re-Mortgage Valuations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Valuation for Lending Purposes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RICS (or equivalent) Homebuyers Reports	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Structural Surveys with Valuation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please define below)	<input type="text"/>			

b) Have you ever, or do you plan to undertake valuation work in respect of properties owned by individuals with weakened credit histories? ☐ Yes ☐ No

If 'yes' – please provide full details of the number of reports, properties involved, name of lender(s) and your fees earned

6.2) Radius of your Survey and / or Valuation Work.

Please confirm the location split of Survey and/or Valuation activity.

Miles Radius	Number of Surveys	Number of Valuations
Less than 25 miles from your registered office	<input type="text"/>	<input type="text"/>
25 to 50 miles from your registered office	<input type="text"/>	<input type="text"/>
50 + miles from your registered office	<input type="text"/>	<input type="text"/>
Total:	<input type="text"/>	Total: <input type="text"/>

6.3) Valuation for lending purposes (complete if applicable)

a) **Commercial:** Please provide details of the 3 largest valuations undertaken in the last 6 years. New business start-ups should provide estimations.

Description of property and location	Nature of your work undertaken and year	Value of the property	Name of Lender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

b) **Residential:** Please provide details of the 3 largest valuations undertaken in the last 6 years. *New business start-ups should provide estimations.*

Description of property and location	Nature of your work undertaken and year	Value of the property	Name of Lender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

c) Have you ever been refused admission or removed from any lenders panels?

☐ Yes ☐ No

If 'yes' – please provide full details below

d) Please confirm how many comparables you use per property

e) Please confirm the number of times you re-inspect the property when undertaking re-mortgage or further advance valuations

f) Please confirm the number of drive-by valuations

g) Please confirm the number of desk-top valuations

h) (If applicable) How do you limit your exposure to a claim when performing drive-by and / or desk-top valuations?

6.4) Risk management

a) Do you always ensure that all staff and principals maintain their qualifications and ensure that their knowledge is kept current?

☐ Yes ☐ No

b) Does a senior member of staff consistently monitor the quality and accuracy of surveys and valuations?

☐ Yes ☐ No

c) Are surveys and valuations undertaken by less experienced members of staff always subject to sign-off by a senior member of staff?

☐ Yes ☐ No

Section 7 Declaration

I / We declare that the statements and particulars in this proposal and submission are true and I / We have made a fair presentation of the risk, by disclosing all material matters which I / We know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances. Furthermore, I / We will agree to inform Insurers of any material alterations to my / our circumstances that may occur before or after the completion of any contract of insurance offered to me / us by the Insurer

Signature of Principal / Partner / Director:

Full Name:

Date:

****By signing this declaration, on behalf of our company and any applicable employees, we are also consenting to PIA sending relevant insurance information to us as part of their services. This consent can be withdrawn at any time by giving written notice to PIA.**

Please note that returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Professional Insurance Agents Limited' to seek terms on my/our behalf from Insurers; including current Insurers