

## SurveyorSelect Proposal Form Professional Indemnity Insurance

### Instructions

- Please provide a full answer to every question.
- Please complete in capital letters using an ink pen and tick boxes as appropriate. If there is insufficient space to provide answers to the proposal form questions, please use the ADDITIONAL INFORMATION section on page 16.
- In this proposal we use the term 'Principal' to mean any sole principal, partner, director or member of a Limited Liability Partnership.
- Please ensure that all relevant sections of the Proposal are completed.

### SECTION 1 (YOUR DETAILS)

#### 1.1 Proposer - name of Firm and trading styles:

	Establishment Date(s)

1.2 Is the Firm named above: Partnership ☐ Limited Liability Partnership ☐ Limited Company ☐

#### 1.3 Name of all predecessors of the Firm for whom cover is required.

	Establishment Date(s)	Cessation

#### 1.4 Contact Details.

Name and position of person responsible for completing this form

Name and position of person responsible for purchasing Professional Indemnity insurance (if different to above):

Telephone No:

Practice Website:

Fax No:

Email Address:

1.5 Principle address and postcode of all other offices.

Percentage of Fee Income billed  
from this office (%)


## SECTION 2 (PARTNERS/DIRECTORS AND CONSULTANTS)

2.1 Please complete the table below giving details of your Firm's Partners and Directors (If insufficient space is allowed below please submit additional information as an attachment).

Names in full of all Partners/Directors	Date of Birth	Qualifications	Date Qualification obtained	How many years at the Firm	RICS Membership No

2.2 Please complete the table for all consultants.

Names in full of all consultants and former consultants	Date of Birth	Qualifications	Date Qualification obtained	RICS Membership No

2.3 If cover is required for any Partner or Director in respect of his/her liability arising from any previous business, please complete the following.

Partners/Directors Name	Name of Previous firm	Date left previous business

### SECTION 3 (OTHER STAFF DETAILS)

3.1 How many other permanent staff do you employ under each of the following headings?

	Full Time	Part Time
a) Qualified Staff	<input type="text"/>	<input type="text"/>
b) Others (Administrative Staff)	<input type="text"/>	<input type="text"/>
c) Self Employed/Contract Hire	<input type="text"/>	<input type="text"/>

### SECTION 4 (FEE INCOME)

4.1 Please state the date of the firm's financial year end:

Date of financial year end

4.2 Please state for the whole Firm the total annual gross fees received in each of the last five completed financial years. (The figures should exclude disbursements but include fees paid to sub-consultants).

	Year: <input type="text"/>	Year: <input type="text"/>	Year: <input type="text"/>	Year: <input type="text"/>	Year: <input type="text"/>
In the UK (for UK clients)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
US/Canada	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elsewhere	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4.3 Please state estimated annual gross fee income for the next full financial year:

4.4 If, in response to question 4.2 if you have stated that fees derive from 'elsewhere' please provide further information on the location(s) and the nature of the contract(s) concerned below.

Country	Starting date	Description of contract	Total contract value	Approximate completion date	Professional services provided
<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"/>
<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"/>

4.5 Does your Firm work, or has it worked, from any other location other than its UK offices?

☐ Yes ☐ No

4.6 Does the Firm enter into contracts where the jurisdiction is not the UK courts?

☐ Yes ☐ No

If 'Yes' please give details below:

Country	Starting date	Description of contract	Total contract value	Approximate completion date	Professional services provided

4.7 If any of the fees declared in question 4.2 are paid by your Firm to any independent and/or sub-consultants please provide the following.

Name of Firm/Individual	Professional Discipline	Fees paid (Last Financial Year)

4.8 a) Do you require sub-contractors and/or consultants to carry Professional Indemnity Insurance?

☐ Yes

☐ No

b) What is the minimum requirement?

**N.B. If this is not a requirement and you would like them to be indemnified under your policy for work done on behalf of your Firm, special arrangements must be made with insurers. In such cases a copy of the individual's CV will be required.**

4.9 Please provide a split of gross fees for the last 2 years (if you are uncertain how to classify activities please refer to the descriptions at the end of this proposal form).

Sector/Activity	Current Financial Year		Previous Financial Year	
	Fee Income	Number of transactions	Fee Income	Number of transactions
<b>Residential</b>				
Estate agency				
Lettings				
Property management				
Development appraisals				
Landlord and tenant advisory				
Building surveying				
Valuations for lending purposes				
Valuations for homebuyers reports 1) For client				
Valuations for homebuyers reports 2) For lending institutions				

	Current Financial Year		Previous Financial Year	
	Fee Income	Number of transactions	Fee Income	Number of transactions
Valuations for non-lending purposes				
Auctioneering				
<b>Commercial</b>				
Estate agency				
Lettings				
Property management				
Development appraisals				
Landlord and tenant advisory				
Investment & portfolio consultancy				
Building surveying				
Valuations for lending				
Valuations for non-lending purposes				
Facilities management				
Auctioneering				
<b>Construction</b>				
Design				
Contract administration				
Project management: Contracts less than £2m in size				
Project management: Contracts greater than £2m in size				
Project co-ordination: Contracts less than £2m in size				
Project co-ordination: Contracts greater than £2m in size				
Cost estimation/QS				
CDM				
Building surveying				
Planning applications				

## Current Financial Year

## Previous Financial Year

Fee Income

Number of transactions

Fee Income

Number of transactions

## Rural

Estate agency

Lettings

Estate/property management

Landlord &amp; tenant advisory

Investment &amp; portfolio consultancy

Valuations for lending purposes

Valuations for non-lending purposes

Auctioneering

Sporting rights

## Miscellaneous

LPA receivership

Rating

Rent reviews

Fine Art auctioneering

Asbestos &amp; hazardous materials surveys

Energy performance certificates

Residential land surveying

Commercial land surveying

Setting out

Compulsory purchase

Financial services

Expert witness

Other (please specify)

## TOTALS

**4.10** Please state the 5 largest contracts awarded to the Firm where construction was completed within the last 12 months.

Start date	Approximate completion date	Description of contract	Total contract value	Fee	Extent of services to be provided

**4.11** Please state the 5 largest contracts awarded to the Firm where construction is expected to start within the next 12 months.

Start date	Approximate completion date	Description of contract	Total contract value	Fee	Extent of services to be provided

## SECTION 5 (SURVEY AND VALUATION WORK)

**5.1** Are all employees who provide valuations under section 112 of the Red Book members of the RICS Valuer Registration scheme?

☐ Yes ☐ No

**5.2** Qualifications of Staff - Please provide the following information for all fee earners undertaking Survey and Valuation work (if insufficient space please list details on a separate sheet).

Full Name	Qualifications	Number of years survey and valuation experience	Number of years with this practice	Previous experience of this type of work (please state previous employment history where employed within last 2 years)

**5.3 a) Work Radius:**

Mile radius from office	Percentage of Surveys / Valuations	
0-25 mile radius of office:	<input type="text"/>	%
25-50 mile radius:	<input type="text"/>	%
50+ mile radius:	<input type="text"/>	%

- b) If the practice regularly takes on work outside its immediate geographical area, especially outside a 25-mile radius of its office(s), what extra controls are in place to ensure sufficient knowledge of local values or other factors that may affect the value/condition of the property in question?

**5.4 a) How many of the firm's staff work from home?**

- b) Of these staff, what percentage of their work is carried out within a 25 mile radius of their home?

 %

- c) Where these staff carry out work outside a 25 mile radius of their home, what extra controls are in place to ensure sufficient knowledge of local values or other factors that may affect the value/condition of the property in question?

**5.5 Please advise the geographical spread of your survey/valuations in the last three years.**

Scotland	<input type="text"/>	%	East Anglia	<input type="text"/>	%	
North West England	<input type="text"/>	%	South West England	<input type="text"/>	%	
North East England	<input type="text"/>	%	London/South East England	<input type="text"/>	%	
Midlands	<input type="text"/>	%	Northern Ireland	<input type="text"/>	%	
Wales	<input type="text"/>	%	Other (please specify)	<input type="text"/>	<input type="text"/>	%

**5.6 Please state the surveying and valuing fees and total gross fees (for all work) for the 5 year period prior to last year.**

	2nd year back	3rd year back	4th year back	5th year back	6th year back
Surveying and valuing - residential	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surveying and valuing - commercial	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total gross fees for all work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



5.7 Please give details of the five highest residential valuations undertaken by you in the last six years.

Location and description of property valued	Date of valuation	Value of Property	Purpose of valuation	Lender (if applicable)	Has there been a change in ownership or lender?

5.8 Please give details of the five largest commercial valuations which you have undertaken in the last six years.

Location and description of property valued	Date of valuation	Value of Property	Purpose of valuation	Lender (if applicable)	Has there been a change in ownership or lender?

5.9 Has the practice undertaken any valuation work in respect of the following during the last 12 months?:

- i) Buy-to-let Properties ☐ Yes ☐ No
- ii) Property Clubs ☐ Yes ☐ No
- iii) New build or conversions for Developers ☐ Yes ☐ No
- iv) Sub-prime products ☐ Yes ☐ No

If 'Yes', please provide details in the table below

Valuations in respect of:	Percentage of Total Valuation Fee (%)	Number of Reports	Brief description of properties involved	Name of lender/s
i. Buy-to-let Properties				
ii. On behalf of Property Clubs				
iii. New build or conversions for Developers				
iv. Sub-prime products				

**5.10** Please provide details of the lenders for whom the practice has undertaken valuation work during the last 6 years and state the fee income for the last year.

Name of Lender	Fee Income	Name of Lender	Fee Income

**5.11** Has the Proposer been removed from or refused admission to any lenders' panels?

☐ Yes ☐ No

If 'Yes' please provide details below:

**5.12** When undertaking re-mortgage or further advance valuations in what percentage of cases does the practice.

Re-inspect the property?  %

Undertake drive-by valuations?  %

Undertake desk-top valuations?  %

**5.13** How does the practice control the firm's increased risk exposure resulting from drive-by or desk-top valuations and in what circumstances does the practice undertake them?

**5.14** When asked to re-value a property for which you have previously provided a valuation, do you re-inspect the subject property?

☐ Yes ☐ No

If 'No' what is the maximum period for which you will deem your original valuation to be valid and would the expiry of this period automatically trigger a further inspection and a new updated valuation? (Please specify)

**5.15** What, if any, internal Quality Assurance Standards are in place to confirm/support the accuracy of any valuation survey? Please advise nature and period of use.

**5.16** Please describe the survey and valuation procedures the practice has in place for:

i. monitoring the quality, accuracy and integrity of ALL surveys and valuations

ii. sign-off for large, complex, specialist and non standard property valuations

iii. peer review, validation and dual sign off

iv. visiting properties to spot check the quality and standard of work

v. ensuring quality of reports with the use of specialist software or reporting systems (please name those used)

vi. recording on file the site notes, photographs, valuation evidence and calculation basis

**5.17** Do you operate any form of manual or computer cross referral of valuations of similar/identical properties?

☐ Yes ☐ No

If 'Yes' please specify:

**5.18** Do you currently, and have you in the past, abided by the RICS Manual of Valuation Guidance Notes and the Statement of Asset Valuation Practice issued by RICS in preparing valuations?

☐ Yes ☐ No

If 'No' please explain the circumstances in which the above is not abided by

## SECTION 6 (ASSOCIATED COMPANIES)

**6.1** Does your Firm or any Partner have, or have they ever had, any association with, or financial interest in any other firm or organisation (other than a share or stockholder in a Publicly Quoted Company)?

☐ Yes ☐ No

If 'Yes' give full details of the nature of the association or interest together with the name and business of the firm or organisation.

**6.2** Are you, for purposes of the Financial Services and Markets Act 2000, and Appointed Representative of any principal?

☐ Yes ☐ No

If 'Yes' please provide the name of your principal(s)

## SECTION 7 (CONSORTIUMS/JOINT VENTURES)

**7.1** Is your Firm or any Partner a member of a consortium or joint venture or engaged with any other firm or person in a Single Project Partnership?

☐ Yes ☐ No

**7.2** Has the Firm or any Partner previously been a member of a consortium or joint venture or engaged with any other firm or person in a Single Project Partnership?

☐ Yes ☐ No

(If the answer to either of the above is 'Yes' please give the names of other members/partners and their capacities in the consortium/joint venture)

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**N.B. Special arrangements must be made with underwriters if coverage is required for work done whilst as a member of a consortium or joint venture. In such cases a copy of the consortium agreement will be required.**

## SECTION 8 (EXISTING INSURANCE ARRANGMENTS)

**8.1** If the Firm currently has Professional Indemnity Insurance please provide the following details:

Name of Insurer(s)

--

Name of Brokers

--

Limit of Indemnity

--

Excess(es)

--

Retroactive Date

--

Policy Expiry date

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## SECTION 9 (PREVIOUS APPLICATIONS FOR PI)

**9.1** Has an insurer ever:

a) Declined to insure this Firm or any Partner?

☐ Yes ☐ No

b) Imposed special terms?

☐ Yes ☐ No

c) Cancelled or voided insurance?

☐ Yes ☐ No

If any answer is 'Yes' please give full details

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## SECTION 10 (NEW POLICY ARRANGEMENTS)

**10.1** Please specify the limit of indemnity you require quotations for and level of excess you are prepared to carry. If you would like quotes for variable limits and various excesses please state below:

Limit(s) of Indemnity

--

Excess

--

**10.2** If you have any specific requirements with regard to your Professional Indemnity Insurance please state these in the space provided below.

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## SECTION 11 (CLAIMS)

Please list, in respect of the Firm, its current Partners/Directors, retired Partners/Directors and/or Predecessors of the Firm, for the last 10 years:

a) all claims made against any of them

AND

b) all circumstances or events disclosed to Insurers

If none please check the box

☐

None

Please supply Insurer/Broker Claims Summary sheets where applicable

Date	Claimant	Details of project and the alleged wrong doing	Amount of claim	Settlement amount and date	Defence Cost	Quantum and/or Insurers' Reserve (if known)

## SECTION 12 (CLAIMS continued)

**12.1** Are any of the Partners/Directors AFTER ENQUIRY with all staff and consultants aware of any circumstances or events, which may give rise to a claim against the Firm or its Predecessors?

☐ Yes ☐ No

If 'Yes' please give full details

## SECTION 13 (SIGNIFICANT CHANGES)

**13.1** Has there been any significant change in your practice in the last year or do you expect any significant change in the coming year? If 'Yes' please explain on a separate sheet i.e. retiring partners, ceasing practice, etc.

☐ Yes ☐ No

**13.2** Is the practice planning any succession or merger with another practice within the next 12 months? If 'Yes' please provide full details.

☐ Yes ☐ No

**13.3** Do you intend to diversify your work split (as declared in the Areas of Practice section), legal entity or location in the next 12 months? If 'Yes' please provide full details.

☐ Yes ☐ No

## SECTION 14 (OTHER MATERIAL INFORMATION)

All material information must be disclosed as part of the proposal and before insurance commences. Material information includes any fact which we may reasonably wish to know in relation to our assessment of the risk, the exposure and in calculation of any appropriate premium. You must disclose all such information whether or not a specific question has been included in this application form

**14.1** Is there any other material information that may be relevant to this application? If 'Yes' please explain below

☐ Yes ☐ No

## ADDITIONAL INFORMATION

**Additional Information:**

Use this space to provide further information in support of answers given to questions in this Proposal. Please state question number clearly.



## DECLARATION

**DISCLOSURE OF MATERIAL FACTS** - It is essential that when you are seeking a quotation, taking out or renewing an insurance, that you disclose all material facts to Insurers. A material fact is one that is likely to influence the judgement of an Insurer in fixing the premium or in determining whether to accept the risk. If your proposal is a renewal it should include any changes in facts previously advised to insurers. If you have any doubt about facts considered material you should disclose them.

**Failure to disclose could prejudice your rights to indemnity in the event of a claim or cause Insurers to void your policy.**

☐ By ticking here, we declare that all statements and particulars are true, full enquiry having been made, and we have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this insurance proposal and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been concluded and throughout the duration of the contract of insurance. We understand that the information we provide will be used by the Insurer in determining acceptance of the application together with the premium charged for the risk and the terms of any policy provided.

☐ I/We declare that the statements made and particulars given in the Proposal are true and I/We have not mis-stated or suppressed any material fact.

☐ I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

### Data Protection

Any personal information you provide may be passed to Paragon International Insurance Brokers Ltd and your Insurer(s) in relation to your application for Professional Indemnity Insurance Cover. It may be used by such Broker's or Insurers' relevant staff in making a decision concerning your insurance application and for the purpose of servicing any cover which may be arranged and administering claims. Information may be passed to loss adjusters and reinsurers for these purposes. In the signing of this Proposal form or otherwise seeking insurance through us you are agreeing to the above terms.

Print Name:

Print Name:

Signature of Partner/Director:

Signature of Partner/Director:

Date:

Date:

## CONTACT DETAILS FOR THE SURVEYORS SELECT TEAM

Please return the completed proposal form to. **A copy of this form should be retained for your records:**

Should you require any assistance when completing this form or you simply wish to discuss your requirements then please do not hesitate to contact:

### The SurveyorsSelect Team

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Accredited Lloyd's Broker

Authorised and regulated by the Financial Conduct Authority