



# PROPERTY PROFESSIONALS INDEMNITY PROPOSAL FORM

*To use this form/complete it electronically you will require the free  
Adobe Reader app - which can be [found here](#)*

**1:** Please provide full trading names of all Firms to be insured under this arrangement including predecessor practices if cover is required:

Name (s)	Date Established
Please provide full address and postcode (if more than 1 please include or details separately with submission)	

**2:** Please provide details of all Principals/Directors/Partners (if more than 3 please include details separately with submission:

Name	Relevant Qualifications	No. of Years Relevant Experience (inc. notes if needed)

**3:** Please provide details of your gross fee income (estimated for next 12 months if a new business):

Financial Year End Date:

Please State	UK	USA/Canada	Other	Total
Total Gross Fees in last financial year:				
Estimated Gross Fees in next financial year:				

**4:** Please provide a split of your activities from the following services (estimated if a new business)

Quantity Surveying	%
Building Surveying	%
Residential Estate Agency/Letting Agency	%
Commercial Estate Agency	%
Residential Property Management	%
Commercial Property/Land Management	%
Rent Reviews/Lease Renewals	%
Land Surveying/Setting Out	%
Planning & Development Consultancy	%
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 in space provided at end of application)	%
<b>TOTAL:</b>	<b>%</b>

**5: Activities**

What is the largest Contract Value undertaken in respect of Architectural Design / Quantity Surveying / Project Management / Project Co-ordination?

select if N/A

Do you undertake (past, present or future) any work in the following areas: dams, harbours, jetties, offshore installations, tunnels (excluding drainage), bridges (other than small landscape or foot bridges), mines, nuclear, chemical, petro-chemical industries, oil, gas, railways (trackside / safety critical) and airports (airside), swimming pools, amusement rides / parks, asbestos surveys or golf courses?

Yes  No

Have you undertaken any structural surveying work or do you intend to do any in the future?

Yes  No

Have you ever undertaken any valuation (including pre-purchase surveys, homebuyer reports and valuation for lending work) in the past or do you intend to do so any in the future?

Yes  No

Have you ever undertaken Asbestos Surveys or inspections, or intend to in the do so in the future?

Yes  No

Have you ever been involved in / responsible for the specification, selection, design, installation, certification of cladding / cladding systems or the project management of work that included cladding / cladding systems specified, designed, installed or certified by a third party?

Yes  No

In respect of Property Management only, are there are any unresolved resident disputes connected to any H&S matters?

Yes  No

Do you directly appoint professional sub-consultants (i.e. surveyors, engineers, architects etc)?

Yes  No

*If Yes, do you ensure that the sub-contractor maintains their own Professional indemnity Insurance*

Yes  No

Have you carried out and/or been responsible for any External Wall Systems 1 (ESW1) Fire Safety reviews?

Yes  No

Is any work undertaken outside of the United Kingdom and the Channel Islands and the Isle of Man?

Yes  No

Does your largest client during the past 12 months exceed 50% of your annual income or £40,000?

Yes  No

Does the total paid to sub-contractors or consultants exceed 10% of your total Gross Fees / Turnover

Yes  No

Have you ever been refused similar insurance, or had any policy cancelled or voided at any time.

Yes  No

Have you ever received income (or expect to) for Investment Business or Financial Services regulated by the Financial Conduct Authority, Institute of Chartered Accountants / Institution of Chartered

Yes  No

If required, please give full details to the above:

**6: Internal Management Procedures:**

Can you confirm that you operate a diary system?

Yes  No

Can you confirm you have written risk management procedures which are regularly reviewed and circulated?

Yes  No

Can you confirm that all contracts, including changes are confirmed in writing, setting out precisely what you will do (if not please detail further below why not)?

Yes  No

**7:** Please give details of your three largest contracts commenced in the past three years and largest 2 anticipated.

Start Date	Completion Date	Services	Name of Contract	Gross Income to you
Largest 2 anticipated				

**8:** Claims history

Have any claims in respect of the risks to which this form relates ever been made against the business or any of the Principals, Partners or Directors?  Yes  No

Are any of the Principals, Partners or Directors, AFTER FULL ENQUIRY, aware of any circumstance which might give rise to any such claim?  Yes  No

Has any proposal in respect of the risks to which this form relates ever been declined or has any such insurance ever been cancelled or renewal refused?  Yes  No

If you have answered "YES" to one or more of the above, please give full details:

**9:** Current Insurance Details *(only needed if a new enquiry to PLB)*

Do you currently purchase Professional Indemnity Insurance?  Yes  No

Name of Current Insurer	Renewal date	Limit of Indemnity	Premium

Please provide details of any additional relevant information in the following section:

## Fair Presentation of Risk in Accordance with the Insurance Act 2015

The Partner, Principal or Director of the Firm/Company, must make a fair presentation of the risk to us - in accordance with Section 3 of the Insurance Act 2015. Such fair representation must be reasonably clear and accessible, each representation of fact substantially correct, and every material representation of expectation or belief, made in good faith. In this regard, fair presentation covers `every material circumstance which the Partner, Principal or Director of the Firm/Company knows (or ought to know) generally, including any of the Senior Management. For the sake of completeness, this also includes any information held within the Firm / Company's organisation. If any subsidiaries, affiliates or other parties are to be insured under this application, we expect that the relevant information has been sourced and provided herein.

For the purposes of this Fair Presentation the Senior Management means, in accordance with the Insurance Act 2015: those individuals that play significant roles in the making of decisions about how the Insured's activities / services / clients are to be managed. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its `Senior Management' and those persons responsible for the Insured's insurances. I / we the undersigned, agree that this submission together with any additional detail supplied, represents a fair presentation of the risk known to the Senior Management of the Firm/ Company noted below.

**A copy of this proposal should be retained by you for your own records**

### Short Form Privacy Notice

In order for us and the insurers to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have. In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim. The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors. More information about our use of personal data is set out in our Privacy Notice on our website, [www.privacy-notice.co.uk](http://www.privacy-notice.co.uk) We recommend that you review this notice

Name of Principal Signing this form:

Signature of Principal:

Date\*:

*\* If electronically signing this form a date need not be entered - this is only if the form is being completed by hand - (a digital signature automatically includes a time and date stamp and secures the application) - please note not all insurers accept a digital signature so a "wet signature" is preferred*