



Surveyors and Estate Agents Proposal Form

Professional Indemnity

Version 04.18.002

This form has been designed to be completed and signed electronically.

Once completed please save it and send it back to: suttonpi@heraindemnity.co.uk

Or if you prefer to print and send the form, please post to:

Hera Indemnity First Floor Offices, 1 Mulgrave Chambers 26-28 Mulgrave Road Sutton Surrey SM2 6LE

Section 1 - Basic Details

Details must be provided of any other trading titles, including predecessor firm(s) for which cover is required.

All addresses must be shown together with the partner(s), director(s) or principal(s) responsible for the work at each location.

If necessary please submit this information using the supplementary sheet at the end of this form.

Firm Name		
Office Address		
	Posctode	
Date Established	Contact Name	
Telephone No	Contact Email	
Web Address		

Section 2 - Staff Details

2.1 Please give details of numbers of staff within the four categories below:

Partners, Directors or Principals	Qualified Staff	Trainee Staff	Other

2.2 Please give details of numbers of all partners, directors, principals, consultants and qualified employees of the firm:

If your firm has more than five partners, directors or principals, please use the additional sheet provided on page 8 of this form.

Full Name	Position	Full / Part Time	Time in Current Position	Qualifications	Date Qualified

Se	ction 3 – Risk Management						
3.1	Is your firm (or any partner, director or princ partnership or have any association with or					YES	○ NO
If yo	u have answered Yes to question 3.1, pleas	se give full details o	n the supplement	ary sheet at the e	nd of this form.		
3.2	2 Do you always take up written references when engaging staff?						○ NO
3.3	Do all cheques drawn for over £5,000 require	re at least two signatu	ires?			YES	\bigcirc NO
3.4	Have any loses been sustained by fraud or	dishonesty?				YES	\bigcirc NO
3.5	Are you aware of any fraud or dishonesty in director, principal or employee of the firm?	relation to any partne	er,			YES	○ NO
3.6	Does the firm hold monies on behalf of any	independent third par	ties?			YES	○ NO
3.7	Is there a diary system in force to ensure de	eadlines for rent review	w are met?			YES	○ NO
Arc	Please estimate the percentage of fees allow for the forthcoming year. hitectural Work	T	% Project Manage		·		%
	estos Assessment / Detection / Analysis		1 Tojeat Wanage	te / Land Managen	nent		%
	Removal		% Quantity Surve		iont -		%
	ding Surveying		% Rating and Rer				%
	ployer's Agent		% Setting Out				%
Esta	ate Agency - Commercial		% Structural Surv	eys - Commercial			%
Esta	ate Agency - Residential		% Structural Surv	eys - Residential		%	
Insu	rance or Building Society Agency		% Town Planning	and Development			%
Inve	estment Agency		% Valuations For	Lending Purposes	- Commercial		%
Lan	d / Mineral / Hydrographical Surveys			Lending Purposes		%	
Prin	cipal Designer		% Valuations For Commercial	Non Lending Purpo	oses -	9/	
Pro	ject Coordination		% Valuations For Residential	Non Lending Purpo	oses -	%	
Oth	er (Please Specify)						

100%

Total

	Do you require cover for any previous areas of work which are different from that declared within this proposal form, such as valuations for lending purposes or survey work?						
If you have a	nswered Yes	to question 4.2,	please give ful	l details on th	e supplementary sheet at	the end of this form.	
4.3 What is	the date of yo	our firm's financial	I year end?				
4.4 Please	state your gro	ss fees received	for the past finar	ncial year and	estimates for the current an	d forthcoming years:	
Financial Pe	eriod		UKI	ncome	Overseas Inco	me T	otal Income
Last Comple	te Year						
Current Year	(Estimated)						
Next Year (E	stimated)						
Section 5 -	Quantity Sur	veying, Project	Management, F	Project Co-ord	s using the supplementar lination, Architectural ommenced in the past 6 year		
Cli	ent	Start Date	Descripti	on of Work	Total Contract Value	Your Contract Fee	Completion Date
5.3 Please	give the follow	ring details of the	3 largest projec	ts where const	ruction is likely to commend	ce in the next 12 month	S.
CONTRACT	1						
Client Name						,	
Start Date				(Completion Date		
Description of	of Work						
Contract Value	ie			Y	our Contract Fee		
CONTRACT	2						
Client Name							
Start Date				C	Completion Date		
Description of	of Work						
Contract Valu	ıe			Y	our Contract Fee		

COI	NTRACT 3						
Clie	nt Name						
Star	t Date		Completion Date				
Des	cription of Work						
Contract Value Your Contract Fee							
Sec	ction 6 – Claims						
6.1		I indemnity claims, whether succe m or any of the partners, principa	essful or not, ever been made against t als or directors of the firm?	ne firm,	YES	○ NO	
6.2	After full enquiry, are a give rise to a claim?	any partners, principals or director	s of the firm aware of any circumstanc	e which might	YES	○ NO	
If you	u have answered Yes t	to question 7.3 please provide a	additional details on the supplement	ary sheet at the end of	this form.		
Sec	ction 7 – Cover Requir	rements					
7.4	Diagon marida varia						
7.1	riease provide your ci	urrent insurance details:					
Curi	rent Insurer		Current Broker				
Limi	t of Indemnity		Excess				
Prer	mium		Renewal Date				
7.2	Please provide details	of the cover you require:					
Limi	t of Indemnity		Excess				
7.3			uestions 1 and 2 at any time been refucancelled or had special terms impose		YES	○ NO	
If you	u have answered Yes t	to question 7.3 please provide a	additional details on the supplement	ary sheet at the end of	this form.		
7.4	7.4 Do you require cover for any partner, director, consultant or employee for liability arising out of a previous business? YES ONO						
If you	u have answered Yes t	to question 7.3 please provide a	additional details on the supplement	ary sheet at the end of	this form.		
7.5	7.5 Please provide the expiry date of your Employer's Liability Insurance:						

Section 8 - Duty To Make A Fair Presentation

You have a duty to make a fair presentation of the risk to be insured to the insurer. This requires disclosure of any information which would influence the judgement of a prudent insurer in deciding whether to accept your insurance, impose special terms, or charge an increased premium.

A proposal form, or any other document relating to the contract of insurance, must be answered fully and accurately. All representations must be substantially correct if relating to matters of fact, or made in good faith if they are matters of expectation or belief. Please consider the questions regarding any other information very carefully.

Please be aware that a failure to make a fair presentation of your risk may affect the payment of your claims, cause additional charges or even invalidate the policy.

Disclosure of information also applies to senior management and those responsible for the insured's insurance. The definition of senior management is those individuals who play significant roles in the making of decisions concerning how the insured's activities are to be managed or organised.

Information must be disclosed in a way which is reasonably clear and accessible to a prudent insurer.

This duty arises not only at inception of the policy but also at renewal or in the event of any material change in your risk during the period of insurance. Please contact us immediately if you have any doubt as to what constitutes a relevant fact or circumstance.

8.1	Do you expect any significant change to or in your Company/Firm in the next 12 months?	YES	○ NO
8.2	Is there any other material information that may be relevant to this application?	YES	○ NO

If you have answered Yes to question 7.3 please provide additional details on the supplementary sheet at the end of this form.

It is essential that every Proposer or Insured, when seeking a quotation to take out or renew any insurance, discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice. Unless agreed to the contrary, this insurance shall be subject to English Law.

Section 9 - Declaration

I declare that after full enquiry of all senior management and those responsible for our insurance, the contents of this proposal are true and we have not misstated, omitted or suppressed any material circumstance or information.

I confirm that this proposal form, together with any other document that may have been provided, does provide a fair presentation of the risk to be insured.

If there is any material alteration to the facts and information provided or any new matter arises before the completion of the contract of insurance, I undertake to inform insurers.

Signed by (Principal, Partner or Director):	Printed:	
For and on behalf of:	Date:	

Specimen copies of policy wordings are available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference.

Please send your completed form to: suttonpi@heraindemnity.co.uk

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Supplementary Sheet - Additional Information					
Please provide any required additional details relating to previous sections in the box below.					



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