

Property Professions Proposal Form

Including Surveyors, Estate Agents and Property Managers

IMPORTANT:

In this application:

"You / Your" refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.

"Firm" means any business, whether a sole trader, partnership or company, limited in liability or otherwise.

"Principal" means any Director, Partner, Member or Sole Trader.

Answers should relate to all work for which cover is required - past, present and future.

You <u>MUST</u> complete all sections of this Application Form. The Application Form must be signed and dated once completed.

This Application Form is for a contract of insurance and **You**, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.

All material facts must be disclosed truthfully, to the best of **Your** knowledge and belief at the time of disclosure. **You** must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Application Form, together with any other information given, will be used by underwriters in their assessment of this application.

Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.

Full details for coverage provided can be found in our Policy Wordings and Summaries, which are available on request.

1) Please provide fu	ll tradin	g names	of all Firms to be	insure	d under th	is arrangement	(You/Yo	ur):	
			Name(s)					Date	Established
2) Please provide Yo	our web	osite addr	ess:						
3) Please provide all	addres	sses:							
4) If cover is required	d for Y	our previo	us business (pre	decesso	or practice	s), please provic	le full de	tails below	<i>/</i> :
Name	e(s)		Start Date	En	d Date	Reasc	n for wi	nding up/l	eaving
5) If any of the Princ provide details belo		equire cov	er for any previo	ous prof	essional b	usiness activity	not cove	red elsewl	here, please
Name of Principal to be covered									
Name of previous Firm									
Period at previous	From:			From:			From:		
Firm	То:	W	T + 1	То:	<u> </u>	T + . 1	To:	\ <u>\</u>	T +
		Year	Total		Year	Total		Year	Total
Fees for last 3 years									
of trading									
Position held at previous Firm									
Reason for leaving									
6) Do You have any	associa	ition with	or financial inter	est in a	ny other F	irm?		Ye	s No
If YES, please provid	de full d	etails belo	ow of the nature	of the a	ssociation	and the name	and busi	ness of the	third party:

7) Please supply det	tails of a	Principals:					
Name	Age	Qualifications	Date Qualified	Date of Engagement			
8) Please supply det	tails of t	otal numbers of staff:					
Principals	Principals Qualified Staff Unqualified Staff Others						
		een convicted of a criminal offen					
by their professiona		motoring offences), or been inve	stigated/reprimanded/disqualifi	ed Yes No			
If YES, please provid							
'' '							
		ils if any Principal has been mad trading, either voluntarily or com		en associated with any			
Business Willeli Hus	ceasea	trading, entrer voluntarily or con	ipaisomy.				
11) Please provide o	letails o	of Your current Professional Inder	mnity incurance arrangements h	elow:			
Current Insurer	ictalis O	r roar carrent rolessional maei	Timey insurance arrangements b	eiow.			
Current Broker							
Policy Renewal Date							
Limit of Indemnity							
Excess							
Premium							
	e Profes	 ssional Indemnity coverage in for	rce nlease advise the retroactive	date, if any:			
Date	- 1010.		ee, picase advise the retroactive	dute, ii dily.			
Date							
12) Please provide a	hreakd	lown of turnover/fees generated	•				
Year End Date (r	nonth a	applicable)					
Year End				N/Y Estimate			
Work in UK							
Work in EU							
Work in USA/Canad	a						
Work elsewhere							
Total							

13) Please provide a breakdown of Your activities and percentage of income generated for each discipline:	
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	%
Project Co-ordination	%
Project Management	%
Architecture	%
Residential Surveys/Valuations for lending purposes	%
Other Residential Surveys & Valuations	%
Commercial Surveys/Valuations for lending purposes	%
Other Commercial Surveys & Valuations	%
General Insurance Business	%
Environmental	%
Other work - please provide full details in below:	%
Total:	%

14) If **You** have declared any fees for Quantity Surveying, Project Co-ordination, Project Management, Architecture or any other construction management/administration role, please provide details of **Your** 5 largest contracts that have been completed in the last 6 years:

Client	Start Date	Description of Work	Total Contract Value	Your Contract/Fee	Est. Completion Date

any other constructions hand:	ction management/a	administration role, please prov	vide details	of Your 5 lar	gest contrac	ts currently in
Client	Start Date Description of Work Tota			Contract Value	Your Contract/Fee	Est. Completion Date
	details of Your larg	est and average valuations if Y o	ou have un	dertaken wo	rk in any of t	he following
disciplines:	Dis	scipline		Highest Val	uation A	verage Valuation
Commercial Estate	Agency					
Residential Estate	Agency					
Auctioneering						
Non-lending resid	ential valauations					
Non-lending com	mercial valuations					
Commercial Rent I	Reviews					
17) Do all cheques	drawn for over £5,0	00 require at least two signatu	res?		Yes	No No
	y against the cash bo	nterfoils and other supporting ook entries, and by others not r			Yes	No No
looking after the 3	arrie.					
		cked independently of the pers		ible at least	Yes	No
monthly and addit	tionally without war	ning at least every six months?				_
20) Have You ever property?	undertaken any wo	rk which involves contaminate	d or pollute	ed land or	Yes	No
Have You ever propolluted?	ovided advice on wh	ether land or property might b	e contamin	ated or	Yes	No No

21) Do You enga	ge the services of sub	-contractors?	?		Yes	No
If YES, please pro	vide answers to the f	ollowing, oth	erwise skip to the next qu	uestion.		
What percentage	of fees/turnover was	paid to sub-	contractors during the las	st financial yea	r?	%
	equire Your sub-contrify that it is in force?	ractors to hol	d their own Professional I	Indemnity	Yes	☐ No
If YES, please con	firm the minimum lin	nit You requi	re them to maintain:		£	
22) Do you under give full details b		the work is ou	ıtside the United Kingdor	m? If YES, pleas	e Ye	es No
Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Est. Completion Date
<u> </u>						
22) Have Veu at	any timo entered inte	a contract th	at is subject to the law of	countries other	ar.	
	Kingdom? If YES, plea:			countries othe	Ye	es No
Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Est. Completion Date
			ement, project co-ordina			
projects undertal	ken within the last 2 y	ears been co	n time and within budge mpleted on time and wit		Ye	es No
budget? If NO, pl	ease give full details l	pelow:				
25) Have You at a	all times used written	agreements t	for each contract underta	aken, which cle		_
	es to be provided and full details below:	d have all cha	inges always been confirr	med in writing?	Y€	es No
, real grows						
			entered into contracts wh a consortium involving jo			s No
liability)? If YES, please pro-	vide full details below	<i>y</i> :				
m rest predict pro	The fair details below					

27) Have You e	ver entered int	o contracts	on behalf of	fclients?		Y	es No
If YES is written committing the	_	contract te	rms always	obtained from You	ı r client prior to	_ Y	es No
28) Please select £500,000 Other Limit of L	iability		require quo	tations for.			
29) What Level	of Excess do Yo	ou require?					
				whether insured o elates? If YES, please			es No
Date of Claim/loss		Details	of claim/loss		Amount Paid	Date Settled	Outstanding Reserve
31) Are You aw	<u> </u>						
Any circumstar of any of the ris				st You , whether ins e relates?	sured or not, in re	espect	es No
Any matter whi	ich might other	wise affect t	the conside	ration of this propo	osal?	Y	es No
Has any application for similar insurance made on Your behalf or on behalf of any past or present Principal ever been declined, refused renewal, cancelled or accepted only on Special terms?							
If the answer to	any of the abo	ve is YES, pl	ease provid	e full details below	:		

DECLARATION

I/we declare that, after full enquiry, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this application together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.

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

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Manchester Underwriting Management Ltd. may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act.

If you do not wish these details to be used for marketing please inform Manchester Underwriting Management Ltd. in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact Manchester Underwriting Management Ltd.

Name of Principal Signing this form:	
Signature of Dringingly	
Signature of Principal:	
Date:	