

## PROFESSIONAL INDEMNITY INSURANCE QUALITY AND RISK MANAGEMENT QUESTIONNAIRE

In this questionnaire we use the term 'Principal' to mean any sole Principal, Partner, Director or Member of a Limited Liability Partnership (LLP).

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|-------|--|-------|----|
| ilicy | Number:  |       |    |
|       |  |       |    |
| Ca    | n You confirm that:  | Yes   | No |
| a)    | You have been established for 5 or more years with the same Principals?  |       |    |
| b)    | Are you certified (or in the process of being certified) to ISO 9001 Quality Systems or subject to a similar form of external quality assessment?  |       |    |
| c)    | You work to a professional code of practice, such as RICS, ICA or similar?   |       |    |
| d)    | Written contract conditions are used in every case?  |       |    |
| e)    | You have written work instructions or checklists for the services provided?  |       |    |
| f)    | You have identified the risks associated with Your field of work and taken action to minimise these risks?   |       |    |
| g)    | You review management working procedures at least every six months to ensure their continuing suitability?   |       |    |
| h)    | Prior to contracts being accepted You check that contract specifications and customer requirements can be met by ensuring that You have the technical ability to undertake the contract, the resources and time? |       |    |
| i)    | Records are kept of the original contract, subsequent amendments, verbal agreements and telephone conversations?   |       |    |
| j)    | Work done by Your staff is reviewed using spot checks and periodic reviews?  |       |    |
| k)    | Reviews of Your staff, Partners, Directors or Members of LLPs are completed at least once every 12 months?   |       |    |
| l)    | Regular file reviews and audits are conducted at least once every 12 months for all Your fee earners, including Principals?  |       |    |
| m)    | Your staff and Principals have training and development plans in place (e.g. participation in a Continued Professional Development programme)?   |       |    |
| n)    | Your recruitment procedures include:  obtaining written references,  verifying qualifications and previous experience,  checking for any previous Professional Indemnity claims or circumstances?                |       |    |
| You   | would like to provide further information, particularly where You have answered 'no', please use the box b   | elow: |    |
|       |  |       |    |
|       |  |       |    |
|       |  |       |    |
|       | ase give details of any industry awards or accreditations held by You:   |       |    |

| What is the total fee income from Your largest client in the last year?   |              | £           |  |  |  |  |
|---|--------------|-------------|--|--|--|--|
| 4. Do You use subconsultants or subcontractors?   | Yes          |             |  |  |  |  |
| If 'Yes', when subconsultants or subcontractors are used, can You confirm You:  |              |             |  |  |  |  |
|   | Yes          | No          |  |  |  |  |
| a) use well established reputable firms with their own insurances?  |              |             |  |  |  |  |
| b) use firms known to You or from a regular panel of contractors?   |              |             |  |  |  |  |
| c) check and only use firms with healthy accounts?  |              |             |  |  |  |  |
| 5. Have You appointed a Principal to be responsible for risk management?  | Yes          | ] No [      |  |  |  |  |
| 6. Have You engaged an independent supplier/company to carry out a formal risk assessment of  |              |             |  |  |  |  |
| business procedures?<br>If 'Yes',   | Yes          | ] No [      |  |  |  |  |
| a) have You acted on the recommendations?   | Yes          | No          |  |  |  |  |
| b) please supply copies of any reports and follow up assessments.   |              |             |  |  |  |  |
| IMPORTANT NOTICES   |              |             |  |  |  |  |
| Please read the following carefully before you sign and date the Declaration And Undertaking.   |              |             |  |  |  |  |
| IMPORTANT NOTICE CONCERNING YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK   |              |             |  |  |  |  |
| Before the insurance policy takes effect the Insured have a duty to make a fair presentation of the risks to be insured under the insurance policy.   |              |             |  |  |  |  |
| A fair presentation of the risk is one:   |              |             |  |  |  |  |
| • which:  |              |             |  |  |  |  |
| - discloses to the Insurer every material circumstance which the Insured know of or ought to know of; or  |              |             |  |  |  |  |
| <ul> <li>gives the Insurer sufficient information to put the Insurer on notice that it will need to make further<br/>purpose of revealing those material circumstances,</li> </ul>  | enquiries fo | or the      |  |  |  |  |
| • which makes that disclosure referred to above in a manner which is reasonably clear and accessible to the Insurer; and  |              |             |  |  |  |  |
| • in which every material representation as to a matter of fact is substantially correct, and every material representation as to a matter of expectation or belief is made in good faith.  |              |             |  |  |  |  |
| A material circumstance is one that would influence the Insurer's decision as to whether or not to agree to insure the Insured and, if so, the terms of that insurance. If you are in any doubt as to whether a circumstance is material you should disclose it to the Insurer. |              |             |  |  |  |  |
| A copy of the questionnaire should be retained by you for your own records.   |              |             |  |  |  |  |
| FAIR PROCESSING NOTICE  |              |             |  |  |  |  |
| RSA will treat your personal information fairly and lawfully in accordance with the Data Protection Act 1998.   |              |             |  |  |  |  |
| DECLARATION AND UNDERTAKING   |              |             |  |  |  |  |
| I/We declare that every statement and particular contained within this questionnaire:   |              |             |  |  |  |  |
| which is a statement of fact, is substantially correct, and   |              |             |  |  |  |  |
| which is matter of expectation or belief, is made in good faith.  |              |             |  |  |  |  |
| If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect I/we details of all such changes to the Insurer in order to comply with my/our obligation to provide a fair present insured under the insurance policy.               |              |             |  |  |  |  |
| For the purposes of making this proposal for insurance, I/we agree that the Intermediary (which I/we have relation to this policy) is acting on my/our behalf and not as an agent of the Insurer.   | appointed t  | o advise in |  |  |  |  |
| Signature (Principal)   |              |             |  |  |  |  |
| On behalf of *  |              |             |  |  |  |  |
| *insert name of Proposer  |              |             |  |  |  |  |

Royal & Sun Alliance Insurance plc (No. 93792).
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