



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: enquiries@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	YES	○ NC			
If yo	u have answered Yes to question 3.1, pleas	se give full details on	the supplementary sheet at the end of this form	n.	
3.2	Do you always take up written references w	hen engaging staff?		YES	○ NC
3.3	Do all cheques drawn for over £5,000 requir	e at least two signature	s?	YES	○ NC
3.4	Have any loses been sustained by fraud or o	dishonesty?		YES	\bigcirc NC
3.5	Are you aware of any fraud or dishonesty in director, principal or employee of the firm?	relation to any partner,		YES	○ NC
3.6	Does the firm hold monies on behalf of any	independent third partie	s?	○ YES	○ NC
3.7	Is there a diary system in force to ensure de	eadlines for rent review a	are met?	YES	○ NC
4.1	Please estimate the percentage of fees allow for the forthcoming year.	cated to each area of pr	actice for the last 12 months or, if a new practice,	estimated perce	entages
Arc	hitectural Work	%	Project Management		%
	pestos Assessment / Detection / Analysis Removal	%	Property / Estate / Land Management		%
Aud	tioneering	%	Quantity Surveying		%
Bui	lding Surveying	%	Rating and Rent Reviews	%	
Em	ployer's Agent	%	Setting Out	9/	
Est	ate Agency - Commercial	%	Structural Surveys - Commercial		%
Est	Estate Agency - Residential				%
Insurance or Building Society Agency				%	
Investment Agency			Valuations For Lending Purposes - Commercial	al	
Land / Mineral / Hydrographical Surveys Waluations For Lending Purposes - Residentia					%
Principal Designer % Valuations For Non Lending Purposes Commercial					%
Pro	ject Coordination	%	Valuations For Non Lending Purposes - Residential		
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 answer	red Yes to question 4.2,	please give ful	Il details on the	supplementary sheet at	the end of this form.	
4.3 What is the da	ate of your firm's financia	I year end?				
4.4 Please state y	your gross fees received	for the past fina	ncial year and e	stimates for the current an	d forthcoming years:	
Financial Period		UK	Income	Overseas Inco	me To	otal Income
Last Complete Yea	ır					
Current Year (Estin	mated)					
Next Year (Estimate	red)					
Section 5 – Quan	ntity Surveying, Project	Management, I	Project Co-ord	nation, Architectural		
Client	Start Date	Descripti	ion of Work	Total Contract Value	Your Contract Fee	Completion Date
5.3 Please give th	ne following details of the	3 largest projec	ets where constr	uction is likely to commend	ce in the next 12 months	S.
CONTRACT 1						
Client Name					T	
Start Date			С	ompletion Date		
Description of Worl	k					
Contract Value			Y	our Contract Fee		
CONTRACT 2						
Client Name						
Start Date			С	ompletion Date		
Description of Worl	k					
Contract Value			Y	our Contract Fee		

CONTRACT 3					
Client Name					
Start Date		Completion Date			
Description of Work					
Contract Value		Your Contract Fee			
Section 6 – Claims					
Section 6 - Claims					
	al indemnity claims, whether succe firm or any of the partners, principa	essful or not, ever been made against the firm, als or directors of the firm?	YES	○ NO	
6.2 After full enquiry, are give rise to a claim?	any partners, principals or director	rs of the firm aware of any circumstance which might	YES	○ NO	
If you have answered Yes	s to question 7.3 please provide a	additional details on the supplementary sheet at the end of	this form.		
Section 7 – Cover Requ	ivomonto				
Section 7 - Cover Requ	mements				
7.1 Please provide your	current insurance details:				
Current Insurer		Current Broker			
Limit of Indemnity		Excess			
Premium		Renewal Date			
7.2 Please provide detai	ls of the cover you require:				
Limit of Indemnity		Excess			
insurance, quoted ar	n increased premium, had a policy	uestions 1 and 2 at any time been refused similar cancelled or had special terms imposed?	YES this form.	○ NO	
		nt or employee for liability arising out of a previous business?	() YES	○ NO	
				O NO	
If you have answered Yes	to question 7.3 please provide a	additional details on the supplementary sheet at the end of	this form.		
	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: enquiries@heraindemnity.co.uk

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

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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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