



HERA INDEMNITY

Proposal Form for Surveyors & Estate Agents

Proposal Form for Surveyors & Estate Agents

Professional Indemnity

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



Hera Indemnity Insurance Proposal Form for Surveyors & Estate Agents

Important Notes

- A. Answer every question fully. If necessary attach separate sheets with information which can be incorporated into your declaration. As your policy approaches renewal date it is important that the details we hold about you are kept up to date and all material facts about the risk are declared.
- B. A Principal, Partner, Director or Member of the firm must complete the proposal and make all the necessary enquiries of their fellow Partners, Directors, Members and Employees.
- C. Wherever we ask questions on this declaration about you or your firm we mean you, your Partners, Directors, Members or Employees or any former Partners, Directors, Members or Employees of any firm for which cover is required under this insurance.
- D. Individuals forming a Limited Liability Partnership (LLP) are known as Members.
- E. The Insurance Act 2015 requires you to make a fair presentation of the risk. An insured, and their agents, are under a duty to disclose all material facts and circumstances to an insurer. You should carry out a search of the information held by you and the firm, and present the information in a clear and accessible format. The Act also places a duty of disclosure on brokers. As your brokers, we are obliged to disclose any material information relating to you and the firm that we are aware of, and which you may not have included in your presentation. Please ensure that the information you provide in this proposal is complete and can be easily interpreted and understood by the insurer.
- F. Certain professional bodies and/or regulators have specific requirements as to the cover you are required to purchase, including but not limited to the limit of indemnity an affiliated firm or member must carry. If you or your firm are regulated by or affiliated with any professional body or similar organisation, it is your responsibility to ensure that the cover you purchase is sufficient both for your needs and to satisfy the requirements of your professional body/regulator.

Your Firm

Name(s) of firm(s) to be insured:
(See important note C)

Firm's Principal Address:

| | | |
|--|----------|--|
| | | |
| | | |
| | | |
| | | |
| | Postcode | |

Contact information

Telephone:

Fax:

Mobile:

Email:

Branch offices:

When was the firm
first established:

| Names of all Partners, Directors or Members <small>(Include your own details if you are a Sole Practitioner)</small> | Date of Birth | Period of time as a Partner, Director or Member | Professional Qualifications | Date Qualified |
|--|----------------------|--|------------------------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

How many staff does your firm presently employ (excluding Partners, Directors or Members)?

| Professionally Qualified | Technical | All Others |
|---------------------------------|------------------|-------------------|
| | | |

Is any Director, Partner, Member or Fee Earner regulated by a professional body?
e.g. The RICS

Yes No

If "Yes" please provide the name(s) of the professional body or bodies (see important note F)

What percentage of your gross fees was paid to sub-consultants last year?

%

Do you require any sub-consultants to be indemnified under your insurance?

Yes No

Do you use any sub-consultants who do not hold their own professional indemnity insurance?

Yes No

If 'Yes' to any of the above please provide details in the 'Additional Information' section of this form.

Your Fee Income

Provide details of your gross fees (excluding VAT) received in the last financial year and your estimated fees for the forthcoming year

| | Last Completed Financial Year | Current/Forthcoming Financial Year (estimate) |
|--------------------------------|--------------------------------------|--|
| United Kingdom | | |
| Channel Islands or Isle of Man | | |
| USA or Canada | | |
| Elsewhere | | |
| Total Fees | | |

Your Business Activities

| | | |
|--|---------------------------------------|-------------|
| Architectural Work | | % |
| Auctioneering | Fine Art | % |
| | Other | % |
| Building Surveying | | % |
| Commercial Survey/Valuation | Structural Surveys | % |
| | Valuations - for Lending | % |
| | Valuations - Non-Lending | % |
| Estate Agency | Commercial | % |
| | Investment Agency/Property Investment | % |
| | Residential | % |
| Insurance and Financial Services | Financial Services | % |
| | General Insurance Agent | % |
| Land Survey/Valuation Reports | | % |
| Planning and Development (Where there are no detailed plans) | | % |
| Principal Designer/ CDM Coordinator (Under CDM regulations) | | % |
| Project Management | Employer's Agent | % |
| | Project Co-ordination | % |
| | Project Management | % |
| Property Management | Facilities Management | % |
| | Land/Estate | % |
| | Rating & Rent Reviews | % |
| | Residential Letting | % |
| Quantity Surveying | Other Services | % |
| | Pre and Post Contract Services | % |
| Residential Survey/ Valuation/Inspection | Energy Assessments | % |
| | Lending Institution Valuations | % |
| | Other Valuations - Non-Lending | % |
| | Partial Surveys (Homebuyers etc.) | % |
| | Pre-Sale Home Inspections | % |
| | Structural Surveys | % |
| All other business activities (please state) | | % |
| Total | | 100% |

Details of 'all other business activities'

For all rent reviews and lease renewals undertaken in the last three years, please specify:

| | |
|---|--|
| Largest commercial rent review/lease renewal | |
| Average commercial rent review/lease renewal | |
| Largest residential rent review/lease renewal | |
| Average residential rent review/lease renewal | |

If you have undertaken any Quantity Surveying, Architectural Work, Project Co-ordination and/or Employer’s Agent work in the last 3 years then please specify the three largest contracts

| Start/Finish Date | Description and Location | Total Contract Value | Your Fees | Services Provided by Your Firm |
|-------------------|--------------------------|----------------------|-----------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

If you expect to be providing any Quantity Surveying, Architectural Work, Project Co-ordination and/or Employer’s Agent services in the coming year then please specify the three largest anticipated contracts

| Period of Contract | Description and Location | Total Contract Value | Your Fees | Services Provided by Your Firm |
|--------------------|--------------------------|----------------------|-----------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

Survey & Valuation Work

Have you ever undertaken any Survey reports and/or provided any property valuations for any purpose? Yes No

Have you ever undertaken a Survey that included a Valuation for lending purposes? Yes No

Have you ever provided an Asbestos Survey or Inspection Report? Yes No

If ‘Yes’ to the above then please complete our Survey & Valuation Questionnaire.

For all commercial and residential survey reports and valuations undertaken in the last three years, please specify

| | |
|---|--|
| Largest single residential or commercial property value | |
| Average single residential or commercial property value | |
| Largest property portfolio | |

Claims Experience

During the last six years, have any claims (successful or otherwise) been made against you or any other firm to be covered by this insurance? (See Important Note C) Yes No

Are you or any Partner, Director or Member, after having made full enquiries, aware of any circumstances which may give rise to a claim against you? (See Important Note C) Yes No

If ‘Yes’ to any of the above please provide the date of intimation, a brief description of claim, total payments/outstanding reserves including costs and confirmation of the current status in the ‘Additional Information’ section of this form.

Have all claims and circumstances which might give rise to a claim been reported to insurers? Yes No N/A

Overseas Work

Have you ever undertaken any work outside of the UK and/or undertaken any work where the 'end product' of such work is carried out outside the UK?

Yes No

(Please note that if you answer "No" any quotations are likely to exclude such work)

Do you work under any jurisdiction other than United Kingdom of Great Britain and Northern Ireland?

Yes No

Are you represented in any country outside the UK or do you have any reciprocal arrangements with a firm domiciled outside the UK?

Yes No

If 'Yes' to any of the above please provide details in the 'Additional Information' section of this form, ensuring that you include contract values.

General Questions

Have you ever been refused professional indemnity insurance or has such insurance ever been cancelled or special conditions applied or have you ever been in the Assigned Risks Pool?

Yes No

During the last six years, have you been the subject of a disciplinary proceeding by any professional organisation?

Yes No

Do you undertake work for any other firm, company or organisation in which you have a financial or controlling interest or which has a financial or controlling interest in your firm (other than as shareholders/stockholders in a publicly quoted company)?

Yes No

In the last three years have you participated in a consortium or joint venture?

Yes No

Have you undertaken any facilities management in the last three years?

Yes No

Do you undertake any manufacturing, construction, alteration, repair or installation work?

Yes No

Do you supply any materials or other goods?

Yes No

If 'Yes' to any of the above please provide details in the 'Additional Information' section of this form.

Current Insurance

Do you currently have Hera Indemnity Insurance in force?

Yes No

If 'Yes', please provide the following details (not required if you are currently a client of Hera Indemnity)

| | |
|--------------------|--|
| Insurer | |
| Limit of Indemnity | |
| Excess | |
| Premium | |
| Retroactive Date | |
| Renewal Date | |

Please state the Limit of Indemnity options for which you require quotations

| | | |
|--|--|--|
| | | |
|--|--|--|

Please state the excess options for which you require quotations

| | | |
|--|--|--|
| | | |
|--|--|--|

Do you require cover for liability arising from any Partner / Director / Member's previous business?

Yes No

Would you like us to provide you with a quotation for Cyber Liability Insurance?

Yes No

Are you happy for us to contact you about other insurances or services that we may offer?

Yes No

Would you like a quotation for Employee Health, Protection and Wellbeing products?

Yes No

Would you like a quotation for Management Liability Insurance?

Yes No

Additional Information

Declaration

How we will use your Information

Hera Indemnity will process your data in accordance with relevant data protection legislation. The information supplied to us by you may be held on computer and passed to insurers for underwriting and claims purposes. You should show this notice to anyone whose personal data may be processed to administer this policy.

In order to administer your insurance policy and any claims made against the policy we may share personal data provided to us with other companies and with business partners including overseas companies. If we do transfer your personal data including where we propose a change of underwriter we make sure that it is appropriately protected.

Under the conditions of your policy you must tell us about any Insurance related incidents whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to the relevant database. We may search these databases when you apply for insurance in the event of any incident or claim or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim. We may also pass your information to reinsurers and/or loss adjusters.

Under data protection legislation you can make a written request for a copy of certain personal records held about you and have any inaccuracies corrected. Any requests or enquiries about our data protection policy or practices should be addressed to Hera Indemnity.

Fraud Prevention & Detection

In order to prevent and detect fraud, we may at any time:

1. Share information about you with other organisations including the Police
2. Undertake credit searches
3. Check and/or share your details with fraud prevention and detection agencies.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

When you provide information about another person, you are confirming that they have appointed you to act for them. Such persons will have been made aware of the purposes for data collection and processing set out above and have consented to such processing. You will receive, on their behalf, any data protection notices and keep them informed about how their data will be processed and where it may be disclosed.

By signing this form you are confirming that you have read and accepted the information set out above.

Duty of Discourse

You are responsible for carrying out a reasonable search of all information held by the firm, and disclosing all material facts and circumstances to the Insurer. You are under a duty to make a fair presentation of the risk, and we as your brokers, are also under a duty to disclose material information. Please see Important Note (E), above.

I declare that to the best of my knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application are true and complete.

I declare that I have carried out a reasonable search of all information held by the firm and informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of this insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

Number of additional sheets included with this application:

Signed:

Date:

Print Name:

Position Held:

Company Name:

This form and any questionnaires or additional sheets must be signed by a Partner / Principal / Member / Director of the practice.



HERA INDEMNITY

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

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