

HERA INDEMNITY

MAKING A DIFFERENCE

SURVEYORS PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

Surveyors Professional Indemnity Insurance Proposal Form

Instructions

- · This proposal form must be completed by a Principal, Director, Partner or Company Secretary of the Proposer.
- If there is insufficient space to provide answers, please supply additional information on a separate sheet of the Proposer's company headed paper.
- All questions must be answered.
- Completion of this proposal form does not bind the Proposer to complete the insurance. Please keep a record of all information supplied to us.

Disclosure

- It is your responsibility, throughout the lifetime of a policy and at renewal, to provide us and your insurers with complete and accurate information. You should check carefully the details on the proposal form that have been completed on your behalf to ensure that they are correct.
- With regard to the insurance cover we arrange for you, you owe a duty of disclosure to the Insurer. Please refer to the Duty of Fair Presentation at the end of this proposal form. You must take reasonable care to provide complete, accurate and honest answers to the questions we ask when you take out, make changes to or renew your policy. This will include all information that is likely to affect both the assessment and acceptance of risks being insured, whether or not a specific question has been included in this Proposal Form. Failure to provide full and accurate information may invalidate your cover, thus any potential claim may be declined. If you are unsure whether you should disclose it or if you are in any doubt, do not hesitate to ask us.

1. Your Details	
Proposer – name of Firm and trading styles:	Establishment Date(s)
Is the Firm named above: Partnership Limited Liability Partnership	ip Limited Company
Name of all predecessors of the Firm for whom cover is required. Establishment Date	e(s) Cessation
Contact Details	
Name and position of person responsible for completing this form	
Name and position of person responsible for purchasing Professional Indemnity insurance (if different to above) :
Telephone Fax	
Email	
Website	
AAGNOIRG	

Principal address and postcode of all oth	ner offices.			Percentage of Fe this office (%)	ee Income billed from
2. Partners / Directors / Consultants					
Please complete the table below giving on formation as an attachment).	details of your Firr	n's Partners and Directo	rs (If insufficient space is	allowed below please	e submit additional
Names in full of all Partners/Directors	Date of Birth	Qualifications	Date Qualification obtained	How many years at the Firm	RICS Membership No
] [] [
]	
Names in full of all Consultants and former Consultants	Date of Birth	Qualifications	Date Qualification obtained	How many years at the Firm	RICS Membership No
] [] [
] [] [] [
f cover is required for any Partner or Dir	ector in respect	f his/her liability arising f	irom any provious business	e plages complete th	ne following
Partners/Directors Name		of Previous firm		e left previous busine	

3. Other Staff Details										
How many other permanent s	staff do you employ	under each of the fo	ollowing l	headings?		Fu	II Time		Pa	art Time
Qualified Staff					[
Others (Administrative St	aff)				[T i		
Self Employed/Contract H	Hire									
4. Fee Income										
Date of the Firm's financial ye	ear end									
Please state for the whole Fir (The figures should exclude of					e complete	ed financia	l years.			
	Year:									
In the UK	(for UK clients)									
	US/Canada									
	Elsewhere									
	Total									
Please state estimated annua	al gross fee income	for the next full fina	ncial yea	r:						
If, in response to the above, ynature of the contract(s) cond		Description of con		Total contr		Approx		Profes	(s) and the	
] [] [
] [] [
Does your Firm work, or has	it worked, from any	other location other	than its	UK offices?			Ye	es		No
Does the Firm enter into cont							Ye	es 🗌		No _
If 'Yes' please give details be	low:									
Country	Starting date	Description of con	troot	Total contr	raat valua	Approx	imate tion date		ssional es provid	ad
Country	Starting date	Description of con			act value		lion date	Servic	es provid	5 u
								L		
]								
]								

If any of the fees declared in Section 4 are paid by	y your Firm to any independent and	d/or sub-consultants please	provide the following.	
Name of Firm/Individual	Professional Discipline	Fees pai	id (Last Financial Year)	
Do you require sub-contractors and/or consultants	to carry Professional Indemnity In	surance?	Yes N	No
What is the minimum requirement?				
N.B. If this is not a requirement and you would special arrangements must be made with insur				
Discourage into a sulfit of successful the last two	/:f			_
Please provide a split of gross fees for the last two of this proposal form).	o years (if you are uncertain now to	classify activities please re	her to the descriptions at the end	1
	Current Financial Ye		Previous Financial Year	
	Fee Income Numbe	r of transactions Fee	Income Number of transa	actions
Residential Estate agency				
Lettings				
Property management				
Development appraisals				
Landlord and tenant advisory				
Building surveying				
Valuations for lending purposes Valuations for homebuyers reports 1) For client				
Valuations for homebuyers reports 2) For lending institutions				
Valuations for non-lending purposes				
Auctioneering				
Commercial Estate agency				
Lettings Property management				
Development appraisals				
Landlord and tenant advisory				
Investment & portfolio consultancy				
Building surveying Valuations for lending				
Valuations for lending Valuations for non-lending purposes				
Facilities management				
Auctioneering				

Current Financial Year
Fee Income Number of transactions

Previous Financial Year
Fee Income Number of transactions

Construction			
Design			
Contract administration			
Project management: Contracts less than £2m	in size		
Project management:			
Contracts greater than £2	2m in size		
Project co-ordination: Contracts less than £2m	in size		
Project co-ordination: Contracts greater than £2	2m in size		
Cost estimation/QS			
CDM			
Building surveying			
Planning applications			
Rural			
Estate agency			
Lettings			
Estate/property managen	nent		
Landlord & tenant adviso			
Investment & portfolio co			
Valuations for lending put			
Valuations for non-lending	g purposes		
Auctioneering			
Sporting rights			
Miscellaneous			
LPA receivership			
Rating			
Rent reviews			
Fine Art auctioneering			
Asbestos & hazardous m	aterials surveys		
Energy performance certificates			
Residential land surveying			
Commercial land surveying			
Setting out			
Compulsory purchase			
Financial services			
Expert witness			
Other (please specify)			
Totals			

Please state the five largest of	contracts awarded to Approximate	the Firm where construction	on was completed within	n the last 12	2 months. Extent of services
Start date	completion date	Description of contract	Total contract value	Fee	to be provided
Please state the five largest of	contracts awarded to	the Firm where construction	on is expected to start w	vithin the ne	avt 12 months
Thease state the live largest t	Approximate	o the Fifth where construction	on is expected to start v	vidilii die rie	Extent of services
Start date	completion date	Description of contract	Total contract value	Fee	to be provided
] [
5. Survey and Valuation W	lork				
•					
Are all employees who provide RICS Valuer Registration sch		section 112 of the Red Boo	k members of the		Yes No
Qualifications of Staff – Pleas		ring information for all fee e	arners undertaking Surv	ey and Valu	uation work
(if insufficient space please lis	st details on a separ	rate sheet).			
			Number of years survey No	umber of	Previous experience of this type of work (please state previous
Full Name		Qualifications	& valuation year	rs with this	employment history where employed
ruii Name		Qualifications	experience p	oractice	within last two years)

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Mile radius from of	fice	Percentage of S	Surveys / Val	uations						
0-25 mile radius of off	ice:				%					
25-50 mile rad	ius:				%					
50+ mile rad	ius:				%					
f the practice regularly takes on are in place to ensure sufficient										trols
low many of the Firm's staff wo	rk from home	9?								
Of these staff, what percentage	of their work	is carried out within	a 25 mile ra	dius of thei	r home?					%
Where these staff carry out work or other factors that may affect the					rols are in pla	ce to ensur	e sufficier	nt knowled	dge of local v	alues
Please advise the geographical	spread of you	ur survey/valuations		ree years.						٦
Scotland			%			ast Anglia] %
North West England			%		South Wes	_] %]
North East England			%	Lond	on/South Eas	_] %]
Midlands			%			ern Ireland] % ¬
Wales			% Other	(please spe	ecify)					%
Please state the surveying and v	aluing fees a	and total gross fees	(for all work)	for the five	year period	prior to last	year.			
		2nd year back	3rd yea	r back	4th year b	ack	5th year b	oack	6th year b	ack
Surveying and valuing – res	sidential									
Surveying and valuing – com	mercial									
Total gross fees for	all work									
Please give details of the five high	ghest residen	itial valuations under	taken by the	e Firm in the	e last six yea	rs.				
•	ate f valuation	Value of Prope	rty	Purpose o	of valuation	Lender (if applicat			been a chan or lender?	ige in

Please give details of the five	largest com	mercial v	aluation	s which you h	nave ı	undertaken in the last six	k years.		
Location and description of property valued	Date of valuation	ı \	Value of	Property		Purpose of valuation	Lender (if applicable)		re been a change in ip or lender?
Has the practice undertaken a	any valuation	work in	respect	of the following	ng du	ring the last 12 months?			
Buy-to-let Properties							,	res 📗	No
Property Clubs							,	res	No No
New build or conversions for	Developers						,	res	No No
Sub-prime products							,	/es	No No
If 'Yes', please provide details	s in the table	below							
		Percent	tage of						
Valuations in	respect of	Total Va Fee	luation	Number o Reports	of	Brief description of pro	onerties involved	Na	ame of lender/s
		. 00	(70)	rtoporto		Brief decomption of pro			and or fortdolle
Buy-to-le	t Properties								
On behalf of Pro	perty Clubs								
New build or o	conversions								
	Developers								
0.1									
Sub-prin	ne products								
Please provide details of the for the last year.	lenders for w	hom the	practice	has undertal	ken va	aluation work during the	last six years and	state the f	ee income
Name of Lei	nder		Fe	e Income		Name	e of Lender		Fee Income
Has the Proposer been remo	ved from or r	efused a	dmissior	n to any lende	ers' pa	anels?	•	res	No
If 'Yes' please provide details	below:								

When undertaking re-mortgage or further advance valuations in	n what percentage of cases does the p	ractice.	
Re-inspect the property?	%		
Undertake drive-by valuations?	%		
Undertake desk-top valuations?	%		
How does the practice control the firm's increased risk exposure does the practice undertake them?	e resulting from drive-by or desk-top va	aluations and in what circumstance	S
When asked to re-value a property for which you have previous do you re-inspect the subject property?		Yes	No
If 'No' what is the maximum period for which you will deem you a further inspection and a new updated valuation? (Please spec		ald the expiry of this period automat	ically trigger
What, if any, internal Quality Assurance Standards are in place Please advise nature and period of use.	to confirm/support the accuracy of any	y valuation survey?	
r lease advise nature and period of use.			
Please describe the survey and valuation procedures the practi	ice has in place for:		
Monitoring the quality, accuracy and integrity of ALL surveys an			
Sign-off for large, complex, specialist and non standard propert	ty valuations		
Peer review, validation and dual sign off			

Visiting properties to spot check the quality and standard of work		
Ensuring quality of reports with the use of specialist software or reporting systems (please name those used)		,
Recording on file the site notes, photographs, valuation evidence and calculation basis		
Do you operate any form of manual or computer cross referral of valuations of similar/identical properties?	Yes	No 🗍
If 'Yes' please specify:	.00	
Do you currently, and have you in the past, abided by the RICS Manual of Valuation Guidance Notes and the Statement of Asset Valuation Practice issued by RICS in preparing valuations?	Yes	No
If 'No' please explain the circumstances in which the above is not abided by		
The please explain the discumstances in which the above is not ablace by		
6. Associated Companies		
Does your Firm or any Partner have, or have they ever had, any association with, or financial interest in any other firm or organisation (other than a share or stockholder in a Publicly Quoted Company)?	Yes	No
If 'Yes' give full details of the nature of the association or interest together with the name and business of the fire	m or organisation.	

Are you, for purposes of the Financial of any principal?	Services and Markets Act 2000, and Appointed Representative	Yes	No
If 'Yes' please provide the name of yo	ur principal(s)		
7. Consortiums / Joint Ventures			
ls your Firm or any Partner a member or person in a Single Project Partners	of a consortium or joint venture or engaged with any other firm hip?	Yes	No
Has the Firm or any Partner previousl with any other firm or person in a Sing	y been a member of a consortium or joint venture or engaged gle Project Partnership?	Yes	No
(If the answer to either of the above is	s 'Yes' please give the names of other members/partners and their capaci	ities in the consortium/join	t venture)
N.B. Snecial arrangements must be	made with underwriters if coverage is required for work done whils	st as a member of a con-	sortium
or joint venture. In such cases a co	py of the consortium agreement will be required.	st as a member of a cons	SOLIUIII
8. Existing Insurance Arrangemen			
	Indemnity Insurance please provide the following details:		
Name of Insurer(s)			
Name of Brokers Limit of Indemnity			
Excess(es)			
Retroactive Date			
Policy Expiry date			
, , ,			
9. Previous Applications for PII			
Has an insurer ever:			
Declined to insure this Firm or any Pa	rtner?	Yes	No
Imposed special terms?		Yes	No
Cancelled or voided insurance?		Yes	No
If any answer is 'Yes' please give full	details		
10. New Policy Arrangements			
	ou require quotations for and level of excess you are prepared to carry. mits and various excesses please state below:		
Limit(s) of Indemnity			
Excess			
If you have any specific requirements	with regard to your Professional Indemnity Insurance please state these	in the space provided bel	ow.

11. Claims

Please list, i	n respect of the Firm, its c	current Partners/Directors, retired Partners/Dire	ctors and/or Prede	cessors of the F	Firm, for the last	10 years:
All claims m	ade against any of them					
AND						
All circumsta	ances or events disclosed	to Insurers				
If none pleas	se check the box	None				
Please sup	ply Insurer/Broker Claim	s Summary sheets where applicable				
			0.44		Quantum and/o	
Date	Claimant	Details of project and the alleged wrong doing	Amount of claim	Settlement amount and date	Defence cost	Insurers' Reserve (if known)

12. Claims Continued		
Are any of the Partners/Directors AFTER ENQUIRY with all staff and consultants aware of any circumstances or events, which may give rise to a claim against the Firm or its Predecessors?	Yes	No
If any answer is 'Yes' please give full details		
13. Significant Changes		
Has there been any significant change in your practice in the last year or do you expect any significant change in the coming year? If 'Yes' please explain on a separate sheet i.e. retiring Partners, ceasing practice, etc.	Yes	No
Is the practice planning any succession or merger with another practice within the next 12 months?	Yes	No
If 'Yes' please provide full details	_	
Do you intend to diversify your work only (or declared in the Areas of Drestics section) local entity or		
Do you intend to diversify your work split (as declared in the Areas of Practice section), legal entity or location in the next 12 months?	Yes	No
If 'Yes' please provide full details.		
14. Other Material Information		
All material information must be disclosed as part of the proposal and before insurance commences. Material information	mation includes any t	act which we
may reasonably wish to know in relation to our assessment of the risk, the exposure and in calculation of any appr all such information whether or not a specific question has been included in this application form.	opriate premium. You	ı must disclose
Is there any other material information that may be relevant to this application?	Yes	No 🗍
If 'Yes' please explain below		140
Tes please explain below		

Declaration

The undersigned person declares that the above statements and particulars are true, to their best knowledge and belief, and have not suppressed or mis-stated any material facts.

Name of Director/Partner/Company Secretary	Date
Signature of Director/Partner/Company Secretary	Date

IMPORTANT NOTICE – DUTY OF FAIR PRESENTATION

The Insurance Act 2015 came in to force on 12th August 2016. Under this Act, you owe a duty of disclosure to the Insurer which includes your duty to make a fair presentation of the risk. A 'fair presentation' is one:

- Which clearly discloses all material circumstances which the Insured's Senior Management (defined as those individuals who play significant roles in the making of decisions about how the Insured's activities are to be managed or organised), including persons responsible for the Insured's insurance, know or ought to know following a reasonable search or which is sufficient to make the Insurer ask questions about the risk. A circumstance is material if it would influence an Insurer's judgement in determining whether to take risk and, if so, on what terms. If you are in any doubt whether a circumstance is material we recommend that it should be disclosed:
- Which discloses information in a manner which is clear and accessible to a prudent insurer (ie no 'data dumping');
- 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.

Failure to disclose a material circumstance may entitle an Insurer to:

- In some circumstances, avoid the policy from inception and in this event any claims under the policy would not be paid;
- Impose different terms on your cover, and / or
- Proportionately reduce the amount of any claim payable.

This duty applies:

- Before your cover is placed;
- When it is reviewed; and
- At any time that it is varied.

Your policy wording may also provide that this duty continues for the duration of the policy.

You should contact us immediately for assistance if you are unsure whether information may be material, or if it comes to your attention that you may have not disclosed full and accurate information.



Broker at

LLOYD'S