

Application Form
for
Professional Indemnity

Surveyors

Definitions

Each time **We** use one of the words or phrases listed below in this application form it will have the same meaning

A defined word or phrase will be printed in bold each time it appears except for headings and titles

Material Fact

Any fact matter or other information which may influence alter or prejudice **Our** appraisal of **Your** business and/or **Our** consideration of the exposures covered under the Certificate

We/Us/Our

Glemham Underwriting Limited representing certain Underwriters at Lloyds (full details of which are provided in the Certificate wording and can be supplied on request)

You / Your/ Yourself

The practice partnership or company (or principal if a sole practitioner) including all partners directors and employees proposing for this insurance This may also include any subsidiaries and previous firms (and partners) that require coverage

IMPORTANT POINTS

This application form must be completed signed and dated by **Your** Principal Managing Director or Senior Partner

Please ensure that all questions are answered in full and that where there is insufficient space in the application form any relevant additional information is provided on a separate sheet

All **Material Facts** must be disclosed to **Us** whether or not they are the subject of a specific question herein and **You** have a continuing duty to disclose such facts to **Us** throughout the duration of the period of insurance Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy void

Please provide a brochure (if available) CV's for your principals and a copy of your standard contract terms

1 (a) **Your** name(s)/trading title(s)

(b) Establishment Date(s)

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(c) Principal Address (including postcode)

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(d) All other addresses (including postcodes)

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(e) Website

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* (**Your** website content will not be deemed to form part of this application form unless supplied in hard copy form and attached to this proposal form)

2 (a) Please provide a full description of **Your** activities

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(b) Have **You** changed **Your** name or been part of a merger de-merger or joint venture or have there been any material changes to **Your** activities in the past 6 years? If YES please provide full details

YES / NO

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3 (a) Please complete the following

Full names of all Directors and Partners	Number of Years in this capacity	Professional Qualifications	Date Qualified

(b) Number of staff (excluding those listed above)

Professionally Qualified Staff
 Technical
 Self employed/Contract staff
 Others e.g. admin
 Total

4 (a) Please provide details of **Your** turnover for the past 3 years together with an estimate for the forthcoming year

	Year ___/___/___	Year ___/___/___	Last Complete Financial Year ___/___/___	Forthcoming Year ___/___/___ (Est. Only)
UK & Channel Isles				
European Union				
USA/Canada				
Elsewhere				

(b) Please indicate the approximate percentage of the total work carried out by discipline as follows

Discipline		Last Complete Financial Year	Forthcoming Year (Estimate)
Estate Agency	Residential		
	Commercial		
Property Management	Residential		
	Commercial		
Rent Reviews	Residential		
	Commercial		
Building Surveys	Residential		
	Commercial		
Valuations	Residential		
	Commercial		
Auctioneering			
Quantity Surveying			
Land Surveying (excluding setting out)			
Setting Out			
Hydrographic Surveys			
Project Management			
Project Coordination			
Planning Supervision			
Town Planning			
Feasibility Studies			
Architectural			
Financial Services			
Expert Witness			
Other (Please provide full details)			
Total		100%	100%

(c) Please provide details of the 5 largest projects **You** have undertaken during the past six years

Client	Services Provided	Start Date	Completion Date	Your Income	Total Contract Value

5 (a) Do **You** anticipate any material changes to **Your** activities or the types of project in which **You** are involved in the forthcoming 12 months? If YES please provide full details

YES / NO

(b) Do **You** have any contract or client which represents more than 30% of **Your** annual income? If YES please provide full details

YES / NO

(c) Are **You** (or any Partner or Director of **Yours**) associated or connected (financially or otherwise) with any other organisation? If YES please provide full details including details as to the nature of the association or relationship details of any work undertaken for such organisation and the income received from such work

YES / NO

(d) Are all of **Your** contracts subject to English law? If NO please provide full details

YES / NO

(e) Please provide details of the 5 largest valuations undertaken by **You** during the past six years

Client	Valuation Type/Purpose	Date Undertaken	Valuation Amount

(f) Please provide further details in respect of the number of valuations undertaken during the last complete financial year

Total number of staff who undertake valuations on Your behalf	Total number of residential valuations undertaken	Total number of commercial valuations undertaken

(g) Please confirm that reference is made to at least two comparable properties and is documented in writing prior to a valuation being issued? YES / NO

(h) Are all valuations in excess of GBP 1 000 000 reviewed and verified by a Senior Partner or a second member of staff (who is qualified to undertake such work) prior to being issued? YES / NO

6 (a) Do **You** currently buy Professional Indemnity Insurance? If YES please confirm YES / NO

Existing Insurer	Indemnity Limit
Excess	Premium
Renewal Date	Retroactive Date*

*Please note that cover will only apply to work executed after the Retroactive Date This date can usually be found in the schedule which accompanies **Your** current policy or certificate

(b) Have **You** ever had any previous request for similar insurance declined or had a previous policy or certificate cancelled voided or had any punitive conditions imposed? If YES please provide full details YES / NO

(c) Please state the limit(s) of Indemnity for which **You** require quotations

GBP	GBP	GBP
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(d) Please state the amount of Self Insured Excess **You** are prepared to carry. Please note that any terms provided may be subject to a minimum Excess based on the information supplied in this application form

GBP	GBP
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Risk Management

7 (a) Do **You** have a compliance officer or risk manager? If YES please provide the following YES / NO

Name Number of years with the firm in this capacity Qualifications

If NO please provide details of the person responsible for internal risk management

Name Number of years with the firm in this capacity Qualifications

(b) Have any of **Your** Principals Directors or Partners been made personally bankrupt or been personally involved with any business which has been placed into receivership liquidation or been wound up at the request of its creditors? If YES please provide full details below YES / NO

(c) Do **You** ensure that all contracts are subject to terms of engagement which are either industry standard are provided by **Your** Professional Institute or are reviewed and approved by **Your** solicitor? YES / NO
If NO please explain

(d) Do **You** seek to limit **Your** liability in contract? YES / NO
If YES please state the upper limit at which liability is capped or explain

(e) Do **You** engage subcontractors or enter into any contracts where **You** are contractually liable for the actions of subcontractors? YES / NO

If YES please answer the following

(i) What percentage of **Your** annual turnover is paid to subcontractors? %

(ii) Do **You** have a clearly defined process for the vetting selection management and control of subcontractors YES / NO

(iii) Are all subcontractors are engaged on contractual terms that either mirror or are at least as onerous as the contractual terms under which **You** have been engaged YES / NO

(iv) Are all subcontractors are required to carry adequate insurance prior to their appointment YES / NO

(v) What is the minimum limit of Professional Indemnity Insurance that **You** accept for **Your** subcontractors? GBP

(f) Are all of **Your** current contracts progressing to timescale within budget and with no unresolved issues or problems? If NO please provide full details below YES / NO

(g) Do **You** obtain written signoff from **Your** client at each stage of a design contract prior to commencing the next stage? YES / NO

(g) Do **You** undertake any due diligence to ensure that prospective clients are financially stable with an acceptable credit rating? YES / NO

Claims Experience

Professional Indemnity Insurance is underwritten on a claims made basis and as such **We** will exclude any claim and/or circumstance which may give rise to a claim which is known by **You** prior to the inception date of the Certificate AFTER FULL ENQUIRY of all relevant persons please answer the following

8 (a) Have any Professional Indemnity claims been made against **You** or against any former Principal Director or Partner of **You** (including whilst in previous employment) whether successful or otherwise? YES / NO

(b) Have any claims for dishonesty ever been made against **You** or against any former Principal Director Partner or Employee of **Yours**? YES / NO

(c) Are **You** aware of any circumstance which could reasonably be foreseen to give rise to a claim against **You** or **Your** predecessors in business or any of the present or former Principals Directors or Partners? YES / NO

If **You** have answered YES to any of the above please provide full details (including date of loss allegation quantum and current status) Please use a separate sheet of paper if there is insufficient space below

GLEMHAM UNDERWRITING LIMITED CAN OFFER A PREMIUM INSTALMENT FACILITY

PLEASE CONFIRM IF YOU WOULD LIKE TO RECEIVE FURTHER DETAILS

DECLARATION

I/we declare that the above answers statements particulars and any additional information are true to the best of our knowledge and belief

I/we confirm that all **Material Facts** have been disclosed

I/we understand and agree that this application form shall be the basis of the contract with Glemham Underwriting Limited

Signature of Your Director/Partner:	
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Date:	
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You are reminded of the **IMPORTANT POINTS** on the front of this application form

Please retain a copy of this application form for your records