

Surveyors and Valuers Professions Proposal Form

1.a Company Name / Title of Insured

1.b Principle Address
 Post Code

1.c Telephone Number
 Facsimile Number
 Email Address

2 Date Company Established / /
 Date Financial Year End /

3 If cover is required for an Associated or Subsidiary Company please provide details (Name & Address)
 Post Code

4.a Please give details of Partners or Directors or Principals

Names	Age	Qualifications	Date Qualified	How long a Partner in this practice
			/ /	
			/ /	
			/ /	
			/ /	

4.b Please state total number of

- | | |
|------------------------------|----------------------------|
| i) Directors () | iv) Support Personnel () |
| ii) Managers () | v) Sales and Marketing () |
| iii) Technical Personnel () | |

4.c If the Proposer has more than one office is there a Senior Partner / Director at each to oversee operations?
 YES NO

If NO please give details of procedures in place to ensure efficient running of the other offices and quality procedures in place

5.a If cover is required for any Consultants and or Sub-Contractors please give details

Names	Age	Qualifications	Date Qualified
			/ /
			/ /
			/ /

5.b Please give details of the type of work that you ask the Consultants and or Sub-Contractors to undertake

5.c Please state fees generated from Consultants and or Sub-Contractors £

5.d Do all Consultants and or Sub-Contractors carry their own Professional Indemnity?

YES NO

If NO please give details of procedures in place to ensure quality control of this work

6.a If cover is required for a Predecessor Firm(s) please give the Name of the Firm(s) and description of its' activities

6.b If cover is required for any Partner or Director who has left, retired or died please give details

Names	Age	Qualifications	Date Qualified	How long a partner in this practice
			/ /	
			/ /	
			/ /	

6.c If cover is required for the liability of any Partner or Director arising out of advice given or services performed prior to joining the firm please give details

Names	Age	Qualifications	Years Experience	Occupation of Previous Firm	Date Ceased as a Partner or
					/ /
					/ /
					/ /

6.d If such Partner or Director or Firm for whom they worked had any claims or circumstances of which underwriters should be made aware please give full details

6.e If any Partner or Director has been involved with a Company or Firm that has ceased trading for whatsoever reason or been made personally bankrupt or otherwise legally affected please give full details

7 Does the Company or Firm or any Partner or Director act on behalf of or undertake work for any Company, Firm or Organisation in which the Company or Firm or any Partner or Director has a financial interest (other than as a shareholder / stockholder in a publicly quoted company)?

YES NO

If YES please give details

8 Is the Company or Firm or any Partner or Director a member of any Professional Organisation?

YES NO

If YES please give details and confirm that all work is carried out in accordance with the Professional Organisation guidelines and that there have been no circumstances whereby a disciplinary action has been taken

9 Are you a Sole Practitioner?

YES NO

If YES

i) Is this a part time occupation?

YES NO

If YES give details of your full time occupation

ii) What arrangements have you made to run the Firm in the event of sickness or holidays?

10.a Have any major changes in the Proposers activities / structure taken place in the past twelve months?

YES NO

If YES please give full details

10.b Are any major changes in the Proposers activities / structure / fee growth expected in the next twelve months?

YES NO

If YES please give details

10.c Is cover required for any previous activity, now ceased, which is different from that declared within this proposal form?

YES NO

If YES please give details

11 Is the Proposer currently insured or been insured previously for Professional Indemnity?

YES NO

If YES please state

i) Name of Insurer

ii) Indemnity Limit (State whether Aggregate or Any One Claim)

£

iii) Excess £ iv) Date cover expires / /

Excess	£	iv)	Date cover expires	/	/
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v) Number of years Insured

Number of years Insured	
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12 Have any claims for professional negligence, error or omission (successful or otherwise) been made against the Company or Firm or its present or past Partners or Directors during the past ten years?

YES NO

If YES give full details including amounts

13 What measures have been taken to avoid a similar situation occurring?

14 Are any of the Partners or Directors or Employees, AFTER ENQUIRY, aware of any CIRCUMSTANCES which may give rise to a claim against this Company or Firm or their predecessors in business or any of the present or former Partners or Directors or Employees or aware of any shortcoming in your work for a client which is likely to lead to a claim against you?

YES NO

If YES give full details

15.a Does Proposer always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods ?

YES NO

If NO give full details

15.b Has Proposer suffered any loss during the past five years through fraud or dishonesty of any employee?

YES NO

If YES state date, circumstances, amount and steps taken to prevent recurrence

15.c Is any Partner or Director allowed to sign cheques without another signature? YES NO

If YES what limit £

15.d Is cash in hand and petty cash checked independently of the employees responsible?

i) At least monthly? YES NO

ii) Additionally, without warning, at least every six months? YES NO

15.e Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank?

YES NO

15.f Are employees receiving cash and cheques in the course of their duties required to pay in daily?

YES NO

16 Has any Insurer ever:

i) Declined proposal or renewal for this Company or Firm or any Partner or Director?

YES NO

ii) Required an increased premium or imposed special terms?

YES NO

iii) Cancelled an Insurance?

YES NO

If any answer is YES please give full details

17.a What is the limit of indemnity required?

£100,000 £250,000 £500,000 £1,000,000 Other £

17.b What is the amount of excess which your Company or Firm would be prepared to carry?

£500 £1,000 £2,500 Other £

It is likely that underwriters may impose a compulsory excess

Section 2

SVEA1

1.a State gross fees received in the past financial year. If practice is newly established fees for the forthcoming year

	UK	Elsewhere (excluding USA / Canada)	USA / Canada
Architectural	£	£	£
Auctioneering			
Fine Arts	£	£	£
Livestock including Horse	£	£	£
Other	£	£	£
Building Society Agency	£	£	£
Estate Agency			
Residential	£	£	£
Commercial	£	£	£
Estate & Land Management	£	£	£
Insurance Agency	£	£	£
Investment	£	£	£
Land Surveying & Valuation	£	£	£
Letting Agency	£	£	£
Mortgage Broking	£	£	£
Pollution or Contaminated	£	£	£
Project Co-ordination *	£	£	£
Project Management *	£	£	£
Property Management	£	£	£
Quantity Surveying	£	£	£
Setting Out	£	£	£
Structural Surveying			
Residential	£	£	£
Commercial	£	£	£
General Building Surveying*	£	£	£
Valuation			
Residential	£	£	£
Commercial	£	£	£
Total Fees for Entire	£	£	£

Project Co-ordination* is the term used in similar cases but where the insured's principle makes the appointment whether on the insured's recommendation or not. **Project Management*** is the term used where the insured is responsible for appointing other professionals &/or other necessary to the Project.. **General Building Surveying*** do not include specific details asked in question 1.a but do include matters such as refurbishment and modernisation programmes, Controlled Surveys, Planned Maintenance Surveys and the like where load-bearing surfaces are unaffected.

1.b Please advise for each of the last four financial years and an estimate of the forthcoming year

Date	/ /	/ /	/ /	/ /	/ /
UK	£	£	£	£	£
USA / Canada	£	£	£	£	£
Elsewhere excluding USA / Canada	£	£	£	£	£
Total	£	£	£	£	£

2.a Residential-Structural Surveys Reports and Valuations – Please supply number undertaken in the past year of

i) Structural surveys	
ii) Partial reports / inspections (i.e. housebuyers)	
iii) Building society / lending institution reports	
iv) Major structural survey reports	
v) Other	

If Other please give details

2.b Residential and Commercial Surveys and Valuations. Please give the number of jobs undertaken in each class of work in the last year and then the fees for the last three years

Type of Work	Number of Valuations & Surveys	Average Value of Property	Maximum Value of Property	Fees received last three years		
Commercial Valuation		£	£	£	£	£
Commercial Surveys		£	£	£	£	£
Residential Valuation		£	£	£	£	£
Residential Surveys		£	£	£	£	£
Property portfolio		£	£	£	£	£

If work is undertaken outside of the UK in these fields please give full details and fees received

2.c If you have declared income in Quantity Surveying please give details of

- i) Average Contract Value
 ii) Largest Contract Value

£
£

2.d Are all Surveys and Valuations undertaken by Qualified (i.e. RISC) staff ? YES NO

If NO please give full details of staff members experience and review controls in place

3 In connection with any Survey Reports and Valuations please advise details of the following:

- i) Internal quality assurance standards in force and checks undertaken to ensure compliance of such standards

- ii) System(s) for cross-referring valuations of similar or identical properties

- iii) Minimum number of comparables obtained when a valuation is undertaken

- iv) Is it your practice to always re-inspect for re-valuations or assignments of existing surveys?

YES NO

If NO Please explain why and what is the maximum period for which you deem a Survey Report or Valuation to be current before re-inspection is required ?

- v) Do you ensure that the terms and conditions of the survey or valuation are signed by the client prior to the work being carried out?

YES NO

If NO please give reasons why and precautions taken to avoid disputes

4 If you have declared income from General Building Surveying please give details of the scope of work and the maximum value of property surveyed

5 If you are involved in the following types of Survey or Valuation please give details of the amount of income you earn and details of the work undertaken

Type of work	Income	Brief Description of activities
Aerial / Marine / Engineering	£	
Mineral / Geological	£	
Land / Farm	£	

6 When re-valuing a property for re-mortgage, second mortgage or other purpose does the Proposer always re-inspect the property

YES NO

If NO what action is taken to ensure that the revaluation is accurate

7.a Please provide details of the Lenders for whom you have undertaken valuation during the last two years

	Amount of	Fee Income	Number of
	20	20	Valuations
Building Societies	£	£	
UK Clearing Banks	£	£	
Others	£	£	

If Others please give full details

7.b Please give details of the three highest value mortgage valuation undertaken

Town	Commercial	Residential	Value of Property	Lender	Fee Earned
	<input type="checkbox"/>	<input type="checkbox"/>	£		£
	<input type="checkbox"/>	<input type="checkbox"/>	£		£
	<input type="checkbox"/>	<input type="checkbox"/>	£		£

7.c Does the Proposer only survey properties where the valuation is intended for the borrower or potential lender?

YES NO

If NO please provide full details

7.d Does the Proposer provide valuations for use by mortgage brokers?

YES NO

If YES please specify the type of property and fee income form this work

8 If you have indicated income from Insurance Agency please provide details

Type of Insurance	Number of Policies Sold	Maximum Value of Policy	Fee Income
Personal Lines <input type="checkbox"/>		£	£
Commercial <input type="checkbox"/>		£	£
Letsure etc <input type="checkbox"/>		£	£
Financial <input type="checkbox"/>		£	£

9 If you have declared an income from Pollution or Contaminated Land Site Work please give full details of work

10 If you have declared an income from Auctioneering please give details of :

i) Average value of good handled and description of type of goods

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ii) Maximum value of good handled and description of type of goods

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11 If you undertake Architectural work please give details of the three largest projects

Brief Description of Contract & Responsibilities	Contract Value
	£
	£
	£

12 If you undertake Investment work please give details of the ranges of investment advice you give and of the largest values for Land / Property advised upon

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13 If you have received fees from Second Line Lenders please give the names of the lenders and the fees received

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14 Please give details off the Largest Project Co-ordination and Project Management contracts during the last three years

Brief Description of Contract & Responsibilities	Contract Value
	£
	£
	£

15.a If you undertake Rent Reviews or Lease Renewals please give details of

i) Largest rent review undertaken -	£
ii) Average rent undertaken -	£
iii) Number of Residential reviews	
iv) Number of Commercial reviews	

b) Is there a working diary system in force? YES NO

c) How often is the system checked?

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16.a When acting as a Letting Agent please give details of references taken up for prospective tenants and confirm that these are checked prior to occupancy

16.b What procedures are taken to ensure that rent review dates are not missed

16.c Please give details of the largest properties managed in the past three years

Location of Property	Description of Property	Annual Rental Value
		£
		£
		£

17.a Do you currently, and have you in the past, always complied with the RICS 'Red Book' (Statement of Asset Valuation and Guidance Notes) and the 'White Book' (Manual of Guidance Notes)?

YES NO

17.b Has any Director, Partner or Employee been subject to any disciplinary proceedings by the RICS, NAEA or ISVA or other professional body?

YES NO

If YES please provide details

17.c Has any Director, Partner or Employee been removed from any panel of surveyors?

YES NO

If YES please provide details

18 Is the Individual, Firm or any Partner, Principal or Director a member of a Consortium or Joint Venture?

YES NO

If YES please give details of

Name of Consortium or Joint Venture

Type of services being provided to the Consortium or Joint Venture

Annual income / fees for relevant contract(s)

19 Please give an approximate split of the geographical area of the UK in which you will be working

London	%	East Anglia	%
South East England	%	Midlands	%
South West England	%	Scotland	%
North East England	%	Wales	%
North West England	%	Northern Ireland	%

If you work outside of the UK or in areas of the UK with which you are not acquainted please give details and if you undertake Valuation please explain what measures you undertake to ensure the accuracy to 'Local' market conditions & valuations

20.a Who in the Company or Firm is responsible for Quality Procedures?

20.b What internal procedures does the Company or Firm have in force in relation to Quality Procedures and Matters?

20.c How often are working procedures reviewed to ensure their continuing suitability and what form does this review take? (For instance compliance with recent legal changes i.e Property Misdescriptions Act)

21.a Please provide details of the procedures in place for confirming client instructions

21.b What records are kept of:

i) The original contract and subsequent amendments

ii) On site visits

iii) Telephone conversations involving instructions and / or the provision of advice

This page forms your declaration to underwriters and can also be used to provide any additional information that you might want to provide pertinent to your Firm that may assist underwriters in their decision making process.

In all cases underwriters will require you to sign and date this form. If you present this proposal form to us electronically (by email) you will eventually be required to sign and date this form.

I/We declare that the statements and particulars in this proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform insurers of any material alteration to these facts occurring before completion of the Contract of Insurance. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Sennet Professional Indemnity Limited' to seek terms on my/our behalf from Insurers including current Insurer's if any.

Signed:

Date:

(this must be signed by a Partner, Director or equivalent ranking employee)

All information provided to us and then to underwriters is governed by the DATA PROTECTION ACT 1998. Sennet Professional Indemnity Limited and Underwriters act strictly in accordance with the Act its principals and tenets and any subsequent amendments thereto.