**Estate and Letting Agents Proposal Form**

Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

# General information

1. Please provide the following details (including all trading names and subsidiaries):

|  |  |
| --- | --- |
| Name | Date of establishment |
|  |  |
|  |  |
|  |  |
| Website address | |

1. Address/es, including postcodes, for all subsidiaries:

|  |  |
| --- | --- |
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1. Please supply details of all principals, directors, partners:

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| --- | --- | --- |
| Name | Qualifications | How long with the company |
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1. Please state total numbers of:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principals, directors, partners | Qualified staff | Administration | Others | |
|  |  |  |  | |
| 1. Please state the name of any professional body or trade association of which you are a member: | | | |  |
| Professional body | | | | |
| Trade association | | | | |

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| 1. Is cover required for the previous business activities of any principals, directors, partners? | | | | | Yes  No | |
| If **YES**, please provide: | | |  | | |  |
| Name |  | | | | | |
| Name of previous firm |  | | | | | |
| Last year’s fees |  | | | | | |
| Reason for leaving |  | | | | | |
| Position in firm |  | | | | | |
| Is there separate insurance covering the activities of this firm for the period stated above? | | | | | | Yes  No |
| 1. Do you currently have a professional indemnity policy in place? | | | | | | Yes  No |
| If **YES**, please provide: | | | | | | |
| Name of current insurers | |  | | | | |
| Name of your broker | |  | | | | |
| Renewal date | |  | | | | |
| Limit of indemnity | |  | | | | |
| Premium | |  | | | | |
| Excess | |  | | | | |
| Retroactive date | |  | | | | |
| 1. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation? | | | | | Yes  No | |
| If **YES**, please provide details of the nature of the association, together with the name of the business and activities undertaken: | | | | |  | |
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| 1. Do you use consultants / sub-contractors? | | | | | Yes  No | |
| If **YES**: | | | | |  | |
| 1. What percentage of your fee income was paid to them in the last financial year? | | | | | % | |
| 1. What was the nature of the work undertaken? | | | |  | | |
|  | | | |  | | |
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|  | | | |  | | |
| 1. Do you require cover for them under this policy? | | | | Yes  No | | |
| 1. Do you require them to carry professional indemnity insurance to a similar limit? | | | | Yes  No | | |
| If **NO** to 9d­, please provide details as to why not: | | | |  | | |
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1. Please complete the following:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Financial year end date: / / 20 | | | |  | | |  |  |
| 1. Total turnover fee income | **Previous** | **Last complete** | **Current** | | | **Estimate** | |  |
| £ | £ | £ | | | £ | |
| 1. Estimated percentage split of your fee income for: | | | |  | | | |
| Work carried out for UK clients | % | % | % | | | % | |
| Work carried out for US / Canadian clients not subject to US / Canadian law | % | % | % | | | % | |
| Work carried out for US / Canadian clients subject to US / Canadian law | % | % | % | | | % | |
| Work carried out for clients anywhere else in the world – please give details of where | % | % | % | | | % | |
| 1. Do you enter into contracts that are not subject to UK / EU law? | | | | | Yes  No | | |
| If **YES**, please provide details of which countries and jurisdiction: | | | | |  | | |
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# Business activities

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| --- | --- |
| 1. Split of gross fees in the last complete financial year: |  |
| Residential estate agency / letting agency | % |
| Commercial estate agency | % |
| Residential property management | % |
| Commercial property / land management | % |
| Block Management | % |
| Property search agent | % |
| Property Sourcing | % |
| Rent to rent | % |
| Rent reviews / lease renewals | % |
| Domestic energy assessments | % |
| Auctioneering | % |
| Property search agents | % |
| Probate / matrimonial valuations | % |
| Home condition reports | % |
| EWS1 form / external wall fire review | % |
| Building society agency | % |
| General insurance business | % |
| Financial services | % |
| Mortgage broking | % |
| Other, please give details: | % |
| 1. Are activities in question 11 where you have declared no income for the last financial year: |  |
| 1. Have you undertaken any of these activities in the past? | Yes  No |
| 1. Do you intend to undertake any of these activities in the future? | Yes  No |
| If **YES** to any of the above, please provide details including nature of activities, income and also complete questions 13-15 if applicable: |  |
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| 1. If you have entered a percentage of income for commercial estate agency, commercial property / land management in question 11: |  |
| 1. Commercial estate agency: |  |
| 1. Average individual property value handled | £ |
| 1. Highest individual property value handled | £ |
| 1. Commercial property / land management (including rent reviews etc): |  |
| 1. Is there a working diary system which is checked regularly? | Yes  No |
| 1. Highest individual rent review | £ |

1. If you have entered a percentage of income for auctioneering in question 11:

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| --- | --- | --- | --- |
|  | Fees | Maximum value | Average value |
| Livestock and deadstock |  |  |  |
| Fine art or antiques |  |  |  |
| Property or land |  |  |  |
| Other |  |  |  |

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| --- | --- | --- | --- | --- |
| 1. Are you responsible for managing any residential block | | | Yes  No | |
| If yes, then confirm the following:   1. Number of residential units in each block and postcodes of the blocks being managed. | | |  | |
|  | | |  | |
| 1. What is the extent of your responsibilities for fire safety of blocks under your management? | | |  | |
|  | | |  | |
| 1. Are you responsible for appointing third party fire risk assessors that undertakes all fire risk assessments and maintains their own Professional Indemnity cover with at least £1m limit? | | | | |
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| 1. What is the process to be followed if any issues are identified by the fire risk assessors? | | |  | |
|  | | |  | |
| 1. What percentage of work is for blocks that are above 5 storeys / 18 metres in height? | | |  | |
|  | | |  | |
| 1. Are you applying for the Building Safety Fund for costs of remediation to be funded i.e. where cladding is to be removed? | | | | |
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| |  | | --- | | 1. Do you sell, let or manage properties overseas? |   If **YES**, please provide details: | | | Yes  No | |
| Location | Value | Off plan | | Sell / let / manage |
|  |  | Yes  No | |  |
|  |  | Yes  No | |  |
|  |  | Yes  No | |  |
|  |  | Yes  No | |  |

# Risk management

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| 1. Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? | | | Yes  No | |
| 1. Above what amount do payments require at least a two-stage sign-off? | | | £ | |
| 1. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts? | | | Yes  No | |
| If **YES**:   1. Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution? | | | Yes  No | |
| 1. Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions? | | | Yes  No | |
| 1. What steps have you taken to ensure that the transaction has been completed successfully? | | |  | |
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| 1. When entering into contracts please confirm: | | |  | |
| 1. You carry out work only under your standard contract, signed by every client? | | | Yes  No | |
| 1. All contracts are vetted by a legally qualified person before being agreed? | | | Yes  No | |
| If **NO** to any of the above, please explain why not: | | |  | |
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| 1. Do you commit clients to contracts with third parties? | | | Yes  No | |
| If **YES**, do you always obtain clients written acceptance of the terms of contracts before committing them? | | | Yes  No | |
| If **NO**, please explain why not: | | |  | |
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| 1. Has any person for whom insurance is now sought ever been the subject of a disciplinary proceeding taken by any regulatory body, professional organisation or trade association? | | | Yes  No | |
| If **YES**, please provide details: | | |  | |
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| 1. Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied? | | | Yes  No | |
| If **YES**, please provide details: | | |  | |
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| 1. Is there any other information that you consider material to the insurance required? | | | Yes  No | |
| If **YES**, please provide details: | | |  | |
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| 1. For what limits of indemnity are quotations required? | | | |  |
| £250,000 | £500,000 | £1,000,000 | | |
| £2,000,000 | £5,000,000 | £10,000,000 | | |
| Other £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | |

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| Claims  1. In respect of any of the risks to which this proposal relates: | | | |  | |
| 1. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners? | | | | Yes  No | |
| 1. Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person? | | | Yes  No | | |
| If **YES** to any of the above, please provide details | | |  | | |
| Date of claim / loss | Brief details of each claim / loss | Cost of claim / loss | | | Estimated cost of claim / loss outstanding |
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| 1. What steps have been taken to prevent a recurrence? | | |  | | |
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| 1. Are you, after full enquiry: | | |  | | |
| 1. Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners? | | | | Yes  No | |
| 1. Aware of any shortcoming in your work for a client who is likely to give rise to a claim against you? This includes: | | | | Yes  No | |
| 1. A shortcoming known to you, but not your client, which you cannot reasonably put right? | | | |  | |
| 1. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved? | | | |  | |
| 1. An escalating level of complaint from your client on a particular project? | | | |  | |
| 1. A client withholding payment due to you after any complaint? | | | |  | |
| If **YES** to any of the above, please provide details: | | | |  | |
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| 1. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously? | | Yes  No | | |
| If **YES**, please provide details: | |  | | |
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# Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer 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 Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

# Declaration

On behalf of the proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

## Signature of principal / director / partner:

Date:

Please use this page for additional information