

## Surveyors 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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Website address

### 2. Address/es, including postcode/s for all subsidiaries:

<input type="text"/>
<input type="text"/>
<input type="text"/>

### 3. Please supply details of all principals, directors, partners:

Name	Qualifications	How long with the company
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 4. Please state total numbers of:

Principals, directors, partners	Qualified staff	Administration	Others
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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5. Please state the name of any professional body or trade association of which you are a member:

Professional body

Trade association

6. Is cover required for the previous business activities of any principals, directors, partners?  Yes  No

If YES, please provide:

Name	<input type="text"/>
Name of previous firm	<input type="text"/>
Last year's fees	<input type="text"/>
Reason for leaving	<input type="text"/>
Position in firm	<input type="text"/>

Is there separate insurance covering the activities of this firm for the period stated above?  Yes  No

7. Do you currently have a professional indemnity policy in place?  Yes  No

If YES, please provide:

Name of current insurers	<input type="text"/>
Name of your broker	<input type="text"/>
Renewal date	<input type="text"/>
Limit of indemnity	<input type="text"/>
Premium	<input type="text"/>
Excess	<input type="text"/>
Retroactive date	<input type="text"/>

8. 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:

<input type="text"/>
<input type="text"/>
<input type="text"/>



# Business activities

## 11. Split of gross fees in the last complete financial year:

Quantity surveying	<input type="text"/> %	Principal designer	<input type="text"/> %
Building surveying (excluding pre-purchase / condition surveys)	<input type="text"/> %	Architectural work	<input type="text"/> %
Residential estate agency / letting agency	<input type="text"/> %	Residential surveys / valuations for lending purposes	<input type="text"/> %
Commercial estate agency	<input type="text"/> %	Other residential surveys / valuations	<input type="text"/> %
Residential property management	<input type="text"/> %	Commercial surveys / valuations for lending purposes	<input type="text"/> %
Commercial property / land management	<input type="text"/> %	Other commercial surveys / valuations	<input type="text"/> %
Block Management	<input type="text"/> %	Provision of home information packs	<input type="text"/> %
Rent reviews / lease renewals	<input type="text"/> %	Home condition reports (including pre-purchase / condition surveys)	<input type="text"/> %
Domestic energy assessments	<input type="text"/> %	EWS1 form / External Wall Fire Review	<input type="text"/> %
Mapping / utility surveys	<input type="text"/> %	Building society agency	<input type="text"/> %
Topographical surveys	<input type="text"/> %	General Insurance business	<input type="text"/> %
Setting out	<input type="text"/> %	Financial services / mortgage broking	<input type="text"/> %
Mineral / hydrographic surveying	<input type="text"/> %	Auctioneering	<input type="text"/> %
Planning & development consultancy (without detailed plans)	<input type="text"/> %	Loss adjusters / assessor	<input type="text"/> %
Project management	<input type="text"/> %	Expert witness	<input type="text"/> %
Project co-ordination	<input type="text"/> %	Asbestos surveys	<input type="text"/> %
Employers agent	<input type="text"/> %	Other	<input type="text"/> %

**TOTAL 100%**

**12. If there are activities in question 11 where you have declared no income for the last financial year:**

If you have undertaken activities as mentioned in questions 14-19, please answer those questions.

a. Have you undertaken any of these activities in the past?  Yes  No

b. 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 14-19 if applicable:


**13. Please give the approximate percentages applicable to the following expressed as a percentage of the total gross fees for the last complete financial year:**

Schools or universities	<input type="text"/> %	Industrial	<input type="text"/> %
Hospitals	<input type="text"/> %	Retail	<input type="text"/> %
Other health care	<input type="text"/> %	Commercial schemes	<input type="text"/> %
Housing low rise	<input type="text"/> %	Basements	<input type="text"/> %
Housing high rise (above 18 metres)	<input type="text"/> %	Swimming pools	<input type="text"/> %
Hotels / hostels	<input type="text"/> %	Prisons	<input type="text"/> %
Churches / cathedrals	<input type="text"/> %		<input type="text"/> %

**14. Please give details of your five largest contracts in the last five financial years in respect of quantity surveying / project management / project co-ordination and architectural work (If new start-up, please complete question 15):**

Largest contract:	
Start and end dates	<input type="text"/>
Nature of contract	<input type="text"/>
Name and business of client	<input type="text"/>
Total contract value	<input type="text"/>
Income to you	<input type="text"/>
Second largest contract:	
Start and end dates	<input type="text"/>

Nature of contract	
Name and business of client	
Total contract value	
Income to you	
<b>Third largest contract:</b>	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
<b>Fourth largest contract:</b>	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
<b>Fifth largest contract:</b>	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

**15. Please provide details of the three largest contracts where construction is expected to commence in the next 12 months, if a new start-up, please complete below:**

<b>Largest contract:</b>	
Start and end dates	
Nature of contract:	
Name and business of client	
Total contract value	

Income to you	
<b>Second largest contract:</b>	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
<b>Third largest contract:</b>	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

**16. If you have entered a percentage of income for commercial estate agency, commercial property / land management in question 11:**

a. Commercial estate agency

i. Average individual property value handled £

ii. Highest individual property value handled £

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b. Commercial property / land management (including rent reviews etc)

i. Is there a working diary system which is checked regularly?  Yes  No

ii. Highest individual rent review £

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

	Fees	Maximum value	Average value
Livestock and deadstock	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fine art or antiques	<input type="text"/>	<input type="text"/>	<input type="text"/>
Property or land	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

**18. Surveys / valuations:**

a. Please state approximately in respect of surveys / valuations for lending purposes:

	Residential	Commercial
Average annual number of reports	£ <input type="text"/>	£ <input type="text"/>

Highest single property valuation	£ <input type="text"/>	£ <input type="text"/>
Average single property valuation	£ <input type="text"/>	£ <input type="text"/>
Highest portfolio valuation	£ <input type="text"/>	£ <input type="text"/>
Average portfolio valuation	£ <input type="text"/>	£ <input type="text"/>

b. Please state approximately in respect of other survey / valuations:

	Residential	Commercial
Approximate valuation	£ <input type="text"/>	£ <input type="text"/>
Client	<input type="text"/>	<input type="text"/>
Purpose	<input type="text"/>	<input type="text"/>

c. Have you in the past 10 years undertaken any drive-by / kerbside / or desktop valuations?  Yes  No

d. Do you intend undertaking drive-by / kerbside / or desktop valuations in the future?  Yes  No

e. Do you have any systems for the cross-referencing of valuations for similar properties?  Yes  No

f. Have you at all times complied with the RICS manual of:

i. Valuation guidance notes  Yes  No

ii. The statement of asset valuation practice  Yes  No

iii. The appraisal and valuation manual, once issued  Yes  No

**19. Are you responsible for managing any residential block**

Yes  No

If yes, then confirm the following:

a. Number of residential units in each block and postcodes of the blocks being managed.

b. What is the extent of your responsibilities for fire safety of blocks under your management?

c. 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?

d. What is the process to be followed if any issues are identified by the fire risk assessors?

e. How many buildings and what percentage of fee income are for blocks that are 5 storeys or higher?

f. How many buildings and what percentage of fee income are for blocks that are 3 or 4 storeys in height?

**20. Has the proposer at any time undertaken any work where the end product is situated outside the UK?**



If **YES**, please give details of the nature of the association, together with the name and business of the third party:


**21. Do you, or any related organisation, engage (either themselves or through sub-contractors) in:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Actual construction, fabrication, erection                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Property development   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. The manufacture, sale, leasing or distribution of any product or process | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **YES** to any of the above, please give full details:


Yes  No

**22. Are you or have you been involved directly or indirectly in the design, specification or provided other professional services in relation to cladding systems?**

If **YES**, please answer the following questions:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| i. Have you ever been involved in projects that are 4 storeys or less?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. Have you ever been involved in high rise projects that are 5 storeys or more?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii. Can you confirm that all cladding (including components within the cladding system) used on these projects has been non-combustible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv. Were specialist cladding contractors engaged?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Did these specialist cladding contractors have their own Professional Indemnity Insurance?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **YES** to i and ii, please provide full details of the projects including address:


# Risk management

23. 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

24. Above what amount do payments require at least a two-stage sign-off? £

25. 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:

a. 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

b. 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

c. What steps have you taken to ensure that the transaction has been completed successfully?

26. When entering into contracts please confirm:

a. You carry out work only under your standard contract, signed by every client?  Yes  No

b. 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:

27. When entering into contracts do you always:

a. Work to a written specification with your clients, outlining the scope of each job?  Yes  No

b. Ensure that changes to the scope of work are reflected in a written variation of the contract?  Yes  No

If NO to any of the above, please explain why not:

28. 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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29. 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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30. Is there any other information that you consider material to the insurance required?  Yes  No

If YES, please provide details:

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31. 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 £

# Claims

**32. In respect of any of the risks to which this proposal relates:**

- a. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners?  Yes  No
- b. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

c. What steps have been taken to prevent a recurrence?




**33. Are you, after full enquiry:**

- a. 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
- b. 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
  - i. A shortcoming known to you, but not your client, which you cannot reasonably put right?
  - ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?
  - iii. An escalating level of complaint from your client on a particular project?
  - iv. A client withholding payment due to you after any complaint?

If **YES** to any of the above, please provide details:

34. 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

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