

Professional Indemnity Insurance for Surveyors Proposal Form

Instructions

Please provide a full answer to every question. Where there is insufficient space to answer a question please enclose additional sheets. The form and any separate sheets should be completed, signed and dated by a principal, partner or director.

1 Your details

a) Full business name:

Date established

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b) Main office address:

Other locations

Email address

Website	www.
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c) Please list any predecessor business that requires cover:

Name

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Date commenced

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Date ceased

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Reason for cessation

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Name

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Date commenced

--	--	--	--	--	--	--	--	--	--

Date ceased

--	--	--	--	--	--	--	--	--	--

Reason for cessation

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Note:
Please continue on a
separate sheet if more
space is required.

1 Your details (continued)

d) Nature of business/profession:

e) During the past five years, other than declared above, has your name been changed or has any amalgamation or take over occurred or has there been a change of legal status or are any such changes planned?

☐ Yes

☐ No

If 'Yes', please give details:

Note:

Please continue on a separate sheet if more space is required.

2 Principal/Director details

a) Please give details of all principals/partners/directors:

Name	Age	Qualifications	Date Qualified	No. of years in this capacity with you	

b) Has any principal, partner or director been involved in any other business in the past five years which has been declared bankrupt, insolvent or gone into liquidation?

☐ Yes

☐ No

If 'Yes', please give details of the business including name, address, trade and dates:

Note:

Please continue on a separate sheet if more space is required

c) Is cover required for the previous business activities of any principal?

☐ Yes

☐ No

If 'Yes', please give details:

i) Name of principal

ii) Name of previous firm

iii) Period

From: To:

iv) Fees for last 3 years

Y/E:	<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"/>
Y/E:	<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"/>
Y/E:	<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"/>

v) Reason for leaving

vi) Position in firm

2 Principal/Director details (continued)

vii) Is there separate insurance covering the activities in this firm in force for the period above? ☐ Yes ☐ No

i) Name of principal

ii) Name of previous firm

iii) Period

From:

To:

iv) Fees for last 3 years

Y/E:

€

Y/E:

€

Y/E:

€

v) Reason for leaving

vi) Position in firm

vii) Is there separate insurance covering the activities in this firm in force for the period above?

☐ Yes

☐ No

i) Name of principal

ii) Name of previous firm

iii) Period

From:

To:

iv) Fees for last 3 years

Y/E:

€

Y/E:

€

Y/E:

€

v) Reason for leaving

vi) Position in firm

vii) Is there separate insurance covering the activities in this firm in force for the period above?

☐ Yes

☐ No

Note:

Please continue on a separate sheet if more space is required

Note:

Please continue on a separate sheet if more space is required

3 Staff details

Please state the number of:

a) Principals/partners/directors

b) Qualified Staff

c) Others

4 Business income

Please state:

a) Month of financial year end

b) Gross turnover/fee income for the past year and an estimate for the current and forthcoming year for work undertaken in:

	Past year ending	Current year	Coming year
ROI	€	€	€
Other EU*	€	€	€
Other Europe*	€	€	€
USA/Canada not subject to USA/Canada law*	€	€	€
USA/Canada subject to USA/Canada law*	€	€	€
Other overseas *	€	€	€
TOTAL	€	€	€

* Please provide details of work and countries involved

Note:

Please continue on a separate sheet if more space is required.

5 Business activities

a) Please provide the split of gross income for the past 12 months as follows:

Property Management	
Commercial	%
Residential	%
Estate Agency	
Commercial	%
Residential	%
Letting Agency	
Commercial	%
Residential	%
Construction Services	
Quantity surveying (pre-contract)	%
Quantity surveying (post-contract)	%
Project co-ordination	%
Project management	%
Architecture	%
Building Surveying **	
Building surveys of residential property (no valuation included)	%
Building surveys of commercial and industrial property (no valuation included)	%
Homebuyers reports	%

5 Business activities (continued)

Building Surveying ** (continued)

Full structural surveys	%
Home condition surveys	%
Energy performance certification	%
Provision of Home Information Packs	%

Auctioneering

Chattels, machinery and property	%
Fine art	%

Valuation Services **

Residential lending	%
Residential non-lending	%
Commercial lending	%
Commercial non-lending	%

Land Surveying ***

Rent Reviews

Commercial	%
Residential	%

Other Services

Homebuyers reports	%
Insurance agency	%
Financial services ****	%
Mortgage broking ****	%
Building society agency	%
Any other activities (please provide details below)	%

TOTAL **100%**

Note:

Please continue on a separate sheet if more space is required.

** Please complete the supplemental Surveying and Valuing Questionnaire

*** Please complete the supplemental Land Surveyors Questionnaire

**** Please complete the supplemental Financial Services Questionnaire

b) Do you anticipate any major changes in these activities in the forthcoming 12 months?

Yes

No

If 'Yes', please give details:

Note:

Please continue on a separate sheet if more space is required

Continued overleaf

5 Business activities (continued)

c) In respect of the activities listed in question 5 a) where no income has been disclosed have you undertaken any of these activities in the past 3 years?

☐ Yes

☐ No

If 'Yes', please advise:

Activities Undertaken	Year End	Year End	Year End
	€	€	€
	€	€	€
	€	€	€

6 Contracts

In respect of the following work undertaken in the past 3 years, please advise:

a) Commercial Estate Agency

Average individual property value handled

€

Highest individual property value handled

€

b) Quantity Surveying – Pre-Contract

Highest total single project value of an individual job

€

Highest own single project value of an individual job

€

Average own total single project value of jobs undertaken

€

c) Quantity Surveying – Post-Contract

Highest total single project value of an individual job

€

Highest own single project value of an individual job

€

Average own total single project value of jobs undertaken

€

d) Project co-ordination (no responsibility for appointment of contractors/professionals)

Average total single project value of jobs undertaken

€

Highest total single project value of an individual job

€

Highest own single project value of an individual job

€

e) Project management (responsible for appointment of contractors/professionals)

Average total single project value of jobs undertaken

€

Highest total single project value of an individual job

€

Highest own single project value of an individual job

€

f) Architecture

i) Average total single project value of jobs undertaken

€

6 Contracts (continued)

f) Architecture (continued)

ii) Please provide details of the 3 largest contracts where construction has commenced in the last 3 years:

Start date	Completion date	Total contract value	Description of contract	Services performed
		€		
		€		
		€		

Auctioneering

	Approx average annual income	Maximum value	Average value
Property/land	€	€	€
Fine art/antiques	€	€	€
Livestock/deadstock	€	€	€
Other (please provide details)	€	€	€

All residential surveys/valuations

Year	Average annual No. of reports	Maximum single property valuation	Average single property valuation	Highest portfolio valuation	Average portfolio valuation
Current	€	€	€	€	€
Last	€	€	€	€	€
Previous	€	€	€	€	€

Please identify your 3 largest clients:

Name		Annual fee income	€
Name		Annual fee income	€
Name		Annual fee income	€

g) Commercial surveys/valuations for lending purposes

Year	Average annual No. of reports	Maximum single property valuation	Average single property valuation	Highest portfolio valuation	Average portfolio valuation
Current	€	€	€	€	€
Last	€	€	€	€	€
Previous	€	€	€	€	€

6 Contracts (continued)

j) Other commercial surveys/valuations

Valuation size	Client	Purpose

Note:

Please continue on a separate sheet if more space is required

7 Your business

a) Do you utilise sub-contractors?

☐ Yes ☐ No

If 'Yes', please advise:

i) the percentage of your gross fees to be paid to sub-contractors in the current financial year?

%

ii) the nature of work for which they are used?

iii) details of selection and management criteria?

iv) Do you ensure they have their own PI insurance in force?

☐ Yes ☐ No

b) i) Do you or any principal, partner, or director act on behalf of or undertake work for any firm, company or organisation in which you or any principal, partner, or director has a financial interest?

☐ Yes ☐ No

ii) Does any principal, partner or director perform an executive role or hold a position whereby they are able to make major policy decisions on behalf of such firm, company or organisation?

☐ Yes ☐ No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required

8 Risk management

a) Are you able to confirm that:

- | | | |
|---|---------------------------|--------------------------|
| i) a diary system is used to ensure deadlines are met and critical dates are not missed? | <input type="radio"/> Yes | <input type="radio"/> No |
| ii) work undertaken by staff is regularly reviewed by a principal or qualified manager? | <input type="radio"/> Yes | <input type="radio"/> No |
| iii) working papers including records of all contracts, client meetings and telephone calls are retained for at least 5 years? | <input type="radio"/> Yes | <input type="radio"/> No |
| iv) a formal review of working procedures is undertaken at least annually? | <input type="radio"/> Yes | <input type="radio"/> No |
| v) written procedures or checklists are used for professional/technical services provided? | <input type="radio"/> Yes | <input type="radio"/> No |
| vi) all cheques over €30,000 require two signatures? | <input type="radio"/> Yes | <input type="radio"/> No |
| vii) cash books, receipts, counterfoils and bank statements are checked independently by a principal, director or partner at least monthly? | <input type="radio"/> Yes | <input type="radio"/> No |
| viii) all offices are under the day to day control and supervision of a principal and arrangements are in place for the office supervision in the event of a principal's absence? | <input type="radio"/> Yes | <input type="radio"/> No |
| ix) you have standard procedures for regular review of ongoing contracts internally and with clients? | <input type="radio"/> Yes | <input type="radio"/> No |
| x) satisfactory written references are always obtained for new employees? | <input type="radio"/> Yes | <input type="radio"/> No |
| xi) contracts are always drafted by legal professionals or vetted by legal advisors? | <input type="radio"/> Yes | <input type="radio"/> No |
| xii) contracts or terms of acceptance, including any changes, are evidenced in writing, specifying the work to be undertaken and the extent of your responsibility? | <input type="radio"/> Yes | <input type="radio"/> No |

If 'No' to any of the above, please give details below:

Note:

Please continue on a separate sheet if more space is required.

b) In respect of property management/agency work:

- | | | |
|--|---------------------------|--------------------------|
| i) are deposit cheques always required? | <input type="radio"/> Yes | <input type="radio"/> No |
| ii) is it made clear as to whom are responsible for issuing notices? | <input type="radio"/> Yes | <input type="radio"/> No |

If 'No' to any of the above, please give details below:

Note:

Please continue on a separate sheet if more space is required.

iii) please provide details of procedures in place for obtaining references for prospective tenants

c) In respect of property management/agency work:

- | | | |
|--|---------------------------|--------------------------|
| i) do you undertake the Home Condition Survey or Energy Performance Survey? | <input type="radio"/> Yes | <input type="radio"/> No |
| ii) If 'No', do you ensure that the Home Inspector or Domestic Energy Assessor maintains their own PI Insurance? | <input type="radio"/> Yes | <input type="radio"/> No |

9 Previous insurance

Has any insurer ever declined, cancelled, refused to renew or required an increased rate or special conditions in respect of the insurance to which this proposal relates? ☐ Yes ☐ No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

10 Current insurance

Please advise:

a) Date of expiry of current Professional Indemnity Policy

b) Name of insurer

c) Limit of indemnity

d) Excess

e) Premium

f) Retroactive date

11 Requested cover

Limit of indemnity required

€

Excess required

€

12 Claims and circumstances

a) In respect of any of the liabilities to be covered by this insurance has any claim whether successful or not been made against and/or loss suffered by you, any predecessor or any present or former principal, partner or director either individually or otherwise?

☐ Yes

☐ No

If 'Yes', please provide full details to include year of incident, amounts involved, details of the circumstances and steps taken to prevent a recurrence of the situation:

Note:

Please continue on a separate sheet if more space is required.

b) After full inquiry is any principal, partner, director or employee aware of any claim pending and/or any circumstance existing which might give rise to any claim by or against you, any predecessor or any present or former principal, partner or director?

☐ Yes

☐ No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

c) Has any disciplinary action been taken by any outside professional or regulatory body against any principal, partner, director or employee?

☐ Yes

☐ No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

d) i) Have you suffered any loss from the dishonesty or malice of any partner, director, employee or self-employed subcontractor or consultant?

☐ Yes

☐ No

ii) After reasonable inquiry, do you have any grounds for suspecting that any partner, director, employee or self-employed subcontractor or consultant has acted dishonestly or maliciously?

☐ Yes

☐ No

13 Claims and circumstances (continued)

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

e) After full inquiry is there any matter which might otherwise affect the consideration of this proposal for insurance?

☐ Yes☐ No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

Data Protection

We collect your personal details in order to provide the highest standard of service to you and take great care with the information provided i.e. to keep it secure and to ensure it is only used for legitimate purposes. To fulfil these objectives we may share information with other affiliated professionals. The information provided to our firm may be used from time to time to advise you of the products and services that we offer – this service may also be carried out by third parties unauthorised to act on our behalf. You have the right to request a copy of any 'personal data' within the meaning of the Data Protection Act 1988 and 2003 (as amended or re-enacted) that our office holds about you and to have any inaccuracies in that information corrected. Requests should be forwarded to the Compliance Officer, Campion Insurance Ltd with your details to request the information you require

Complaints Procedure

We have a written procedure in place for the effective handling of complaints. Any complaints should be addressed in writing to the Compliance Manager, Campion Insurance Ltd, Modern Plant Building, Naas Road, Dublin 22. Each complaint will be acknowledged by us within 5 working days and updates will be advised in intervals of not more than 20 working days. We will make every effort to resolve the complaint within 40 working days and findings will be furnished to you within 5 working days of completion of the investigation. In the event that you are not satisfied with the firm's handling of and response to your complaint, you can contact the following:

- Financial Services Ombudsman, 3rd Floor Lincoln House, Lincoln Place, Dublin 2.
Tel. 1890 882090 / Fax 01-6620890 / email: enquiries@financialombudsman.ie
- The Offices of the Pensions Ombudsman, 36 Upper Mount Street, Dublin 2.
Tel. 01-6471650 / Fax 01-6769577 / email: info@pensionsombudsman.ie

Please see Declaration continued overleaf.

Declaration (continued)

IMPORTANT NOTICE: Failure to disclose material facts could result in your contract being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it. A copy of this proposal form is available on written request within three months from the date of this proposal.

Full details of the cover provided appears in the policy document, a copy of which is available on request. Telephone calls may be recorded for security and training purposes. The Insurer reserves the right to decline any proposal.

**Signature**

Please sign and date.

Signature

X

Print name

Position

Date

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