



Allianz Insurance plc

Professional Indemnity **Select**

Surveyors Proposal Form



Allianz 

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Thank you for choosing Allianz Insurance plc. We are one of the largest general insurers in the UK and part of the Allianz Group, one of the world's foremost financial services providers.

With Allianz Insurance plc, you can be confident that you're insured by a company which is relentless in its commitment to protecting and serving you. You can trust us to insure your business, as we've been providing leading insurance solutions in the UK for over 100 years.

We work in partnership with your insurance adviser to ensure you receive the highest levels of product and service excellence. Our technical experts understand how best to protect you against the risks your business faces.

If you need to make a claim you will be in safe hands. Our professionally trained staff aim to treat you, as you would expect, both promptly and fairly. By listening to you, and understanding your needs we will provide you with the most appropriate solutions to get your business trading again as quickly as possible.

Should you need further details or have any questions your insurance adviser will be delighted to help.



Surveyors – Professional Indemnity Select Proposal Form

Important Notes

Please read before completing this form:

- a) If you are unsure whether this proposal is suitable for your business or require assistance in its completion, please seek advice from your insurance adviser.
- b) A principal, partner director or member of the business must complete the proposal and make all the necessary enquiries of their fellow partners, directors, members and employees
- c) Whenever we ask questions in this proposal about you or your business we mean the principal, partners, directors, members or employees or any former principal, partners, directors, members or employees of any business or firm for which cover is required under this insurance. You should include details of any predecessor businesses where cover is required.
- d) Wherever we refer to partners, we include where applicable, members of the business (individuals forming a Limited Liability Partnership (LLP) are known as members).
- e) Please provide a copy of
 - any brochures, handouts and any other technical or marketing material in which you describe your professional services
 - your terms of business contracts
- f) Cover is provided on a “claims made” basis:
 - the insurance covers claims first made against you, and/or circumstances that may lead to a claim, notified to us during the period of insurance
 - claims or circumstances which might give rise to a claim must be notified to us in writing as soon as possible and during the period of insurance

Next Steps

- please answer every question fully. If you do not have enough space attach separate sheets with information which can be incorporated into your proposal
- please complete in ink using BLOCK CAPITALS, and tick boxes as appropriate
- answer the General Questions on pages 2-10
- sign and date the Declaration on page 11 and state your authority to sign e.g. Principal, Director, Partner

Proposal

1 GENERAL INFORMATION

a Name of Insured

b Address of Principal Office

c Postal Address

d Date of establishment

e Website address

f Please list all additional business entities (whether or not currently trading, including year of establishment and year of cessation if applicable)

| |
|--|
| |
| |
| |
| |
| |

g Please list addresses of all other offices currently trading

| |
|--|
| |
| |
| |
| |

h Is/are the firm(s) or any principal, partner or director a member of a consortium, joint venture, single project partnership or group practice?

YES

NO

If 'YES', please supply details:

i Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)?

YES

NO

If 'YES', please supply details:

2 STAFF AND PARTNERS

a Please give details of Principals, Partners or Directors:

| Name | Date of Birth | Relevant Qualifications | Date Qualification Obtained | Year became Partner/Director |
|------|---------------|-------------------------|-----------------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

b Please give details of number of permanent staff in current business:

| | Full Time | Part Time |
|-------------------------------|-----------|-----------|
| Principals/Partners/Directors | | |
| Professionally Qualified | | |
| All Others | | |

c Is cover required for any principal, partner or director's liability arising from any previous practice?

YES NO

If 'YES', please complete the following:

| Principal / Partner / Director | Name of Previous Practice | Date left previous practice |
|--------------------------------|---------------------------|-----------------------------|
| | | |
| | | |
| | | |

3 ACTIVITIES

a Please state your total gross income for the last 5 years plus an estimate for the forthcoming year:

| Year Ending | UK/EU/Australia | USA/Canada | Elsewhere | Total |
|-------------|-----------------|------------|-----------|-------|
| / / | £ | £ | £ | £ |
| / / | £ | £ | £ | £ |
| / / | £ | £ | £ | £ |
| / / | £ | £ | £ | £ |
| / / | £ | £ | £ | £ |

Estimate for forthcoming year

| | | | | |
|-----|---|---|---|---|
| / / | £ | £ | £ | £ |
|-----|---|---|---|---|

If any income is derived from any office domiciled overseas for which coverage is required, please complete the income breakdown in the **Tax Form** at the back of the proposal form.

b Please give the percentage split of total gross fees received in the last financial year:

Commercial Survey & Valuation

| | | |
|--------------------------|--|---|
| Building Surveying | | % |
| Valuations (Lending) | | % |
| Valuations (Non-Lending) | | % |

Residential Survey & Valuation

| | | |
|--|--|---|
| Full Structural Surveys | | % |
| Partial Surveys (House Buyers Reports) | | % |
| Leading Institution Valuation Reports | | % |

3 ACTIVITIES continued

| | | |
|--|--|---|
| Pre-Sale House Inspection (Seller Packs) | | % |
| Other Valuations (Non-Lending) | | % |
| Non-Survey & Valuation Activities | | |
| Architectural Design | | % |
| Architectural Refurbishment | | % |
| Asbestos Surveying | | % |
| Auctioneering | | % |
| Building Society Agents | | % |
| Corporate & Personal Recovery / Turnaround / Fixed Charged Recovery | | % |
| Employer Agent | | % |
| Estate Agency – Residential | | % |
| Estate Agency – Commercial | | % |
| Environmental Consultancy | | % |
| Expert Witness | | % |
| Facilities Management | | % |
| General Practice | | % |
| Insurance Mediation Activities | | % |
| Land / Mineral / Hydrographical Surveying / Geomatics | | % |
| Mortgage Broking | | % |
| Planning & Development – No Detailed Plans | | % |
| Planning Supervisor – Under CDM Regulations | | % |
| Project Co-Ordination | | % |
| Project Management | | % |
| Property & Estate Management | | % |
| Property Finance & Funding Advice / Strategic Property Advice | | % |
| Property Investment Advice / Property Fund Management | | % |
| Quantity Surveying | | % |
| Rating & Rent Review – Residential | | % |
| Rating & Rent Review – Commercial | | % |
| Other | | % |
| Total | | % |

Please supply details of "Other" work:

3 ACTIVITIES continued

c Do you use independent specialist consultants YES NO

If 'YES', please supply details:

d Do you require them to carry a minimum level of Professional Liability cover? YES NO

If 'YES', please supply details:

e Does the work split above represent the make up of the firm(s) over the past three years? YES NO

f Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months? YES NO

g Is any income is derived from the following Professional Services:-

Project Management (PM) YES NO Project Co-Ordination (PC) YES NO Project Co-Ordination (PC) YES NO

Architectural Design (AD) YES NO Employer Agent (EA) YES NO

h Please provide details of the 3 largest contracts during the past 5 years:

| Date Started | Date Completed | Project Type | Total Contract Value | Fee Income to Insured | Professional Services PM/PC/QS/AD/EA |
|--------------|----------------|--------------|----------------------|-----------------------|---|
| | | | £ | £ | |
| | | | £ | £ | |
| | | | £ | £ | |
| | | | £ | £ | |
| | | | £ | £ | |

4 SURVEYS & VALUATIONS

Work Radius

a Please indicate where your survey / valuation work is undertaken

Mile Radius From Office

% of Surveys / Valuations

| | |
|--------------------------|------------------------|
| 0 – 25 mile from office | <input type="text"/> % |
| 25 – 50 mile from office | <input type="text"/> % |
| 50+ mile from office | <input type="text"/> % |

b If you undertake surveys / valuations outside your immediate geographical area (outside 25 mile radius from your office(s)), what extra controls do you have in place to ensure sufficient knowledge of local values / other factors that may affect the value / condition of the property?

4 SURVEYS & VALUATIONS continued

Type of Work Undertaken

c Have you undertaken any valuation work in respect of:

- | | | |
|-------------------------------------|-------------------------------------|------------------------------------|
| i Buy-to-let Properties | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ii Property Club | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iii New Build for Developers | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iv Sub-Prime Products | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

during the last 3 years – If 'YES', please provide details in the table below:-

| Valuations | % if Total Valuations Fee Income | No of Reports | Brief Description of Properties Involved | Name of Lenders |
|---------------------------------------|----------------------------------|---------------|--|-----------------|
| i Buy-to-let Properties | % | | | |
| ii On-behalf of Property Clubs | % | | | |
| iii New build for developers | % | | | |
| iv Sub-prime products | % | | | |

Valuation for Lending Purposes

d Please provide details of the 4 largest residential valuations undertaken in the last 5 years

| Type/Location of Property | Year of Report | Value of Property |
|---------------------------|----------------|-------------------|
| | | |
| | | |
| | | |
| | | |

e Please conform the average residential valuation undertaken: £

f Please provide details of the 4 largest commercial valuations undertaken in the last 5 years

| Type/Location of Property | Year of Report | Value of Property |
|---------------------------|----------------|-------------------|
| | | |
| | | |
| | | |
| | | |

g Please conform the average commercial valuation undertaken: £

h Please provide details of the lenders for whom you have undertaken valuation work during the last 3 years and state the fee income for the last year:

| Name of Lender | Fee Income | Name of Lender | Fee Income |
|----------------|------------|----------------|------------|
| | £ | | £ |
| | £ | | £ |
| | £ | | £ |
| | £ | | £ |

i Has the firm been removed from or refused admission to any lender panels? **YES** **NO**

If 'YES', please provide an explanation:

4 SURVEYS & VALUATIONS continued

- j** Please detail below the type of comparable database you maintain and how its use is monitored – also confirm how many comparables you hold per property:

- k** When undertaking re-mortgage or funds or further advance valuations in what percentage of cases do you:

| | | |
|--------------------------------|--|---|
| Re-inspect the property | | % |
| Undertaken drive-by valuations | | % |
| Undertaken desk-top valuations | | % |

- l** Does the firm have an association with and/or a financial interest in any Independent Financial Advisor, Mortgage Broker or Solicitor?

YES NO

If 'YES', please provide details

- m** Does the firm receive income via way of referral fees?

YES NO

If 'YES', please provide details

Workload & Quality

- n** What is the average number of surveys / valuations undertaken per fee earner per week from:

| | |
|---|--|
| i Lender Valuations | |
| ii Homebuyers Reports | |
| iii Home Condition Reports | |
| iv Full Structural Surveys & Valuations | |
| v Other | |
| vi Average total of surveys / valuations per fee earner per week | |

- o** Please describe in detail the procedures you have in place to monitor the quality, accuracy and integrity of each survey / valuation, eg: audit and checking procedures, sign-off threshold by size of valuation, spot checks of fee earner files, peer review, validation of valuations, checks by visit to property.

4 SURVEYS & VALUATIONS continued

p Is allocation of work to individual values controlled via a central process YES NO

If 'NO', please explain below how you prevent the possibility of undue influence being exercised by external parties.

q Does the firm require Partner sign-off for non-standard valuations? YES NO

r Does the firm undertake regular file audits of all fee earners work? YES NO

s Has the firm undertaken any drive-by surveys / valuations in the last 3 years? YES NO

Qualifications of Staff

t Please provide the following information for all fee earners undertaking Surveying & Valuation work
(if insufficient space please list detail on a separate sheet)

| Name | Qualifications | Number of years with the practice |
|------|----------------|-----------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

u Do you always verify qualifications and previous experience? YES NO

Type of Property

v Please provide details of:

i the types and age of properties you regularly inspect

ii any listed, unique, unusual or pre 20th Century buildings you have inspected in the last year

Continuous Training

w Please provide some brief narrative on how your firm ensures that all staff and partners maintain their qualifications and ensure their knowledge is up-to-date.

5 RISK MANAGEMENT

- a** Does the firm(s) always use standard written contract conditions? YES NO
- b** Does the firm(s) have standard procedures for the regular review of ongoing contracts internally and with the client? YES NO
- c** Does the firm(s) provide advice or services which fall outside of the scope of the contract? YES NO
- d** Does the firm always require satisfactory references or only when engaging senior employees? ALWAYS SENIOR APPOINTMENTS ONLY
- e** Is any partner / employee allowed to sign cheques on his/her signature alone for values exceeding £5,000? YES NO
- f** How frequently are checks carried out on all entries in the cash book with paying-in books, receipts, counterfoils and vouchers, and reconciled with bank statements (including the balance of cash and unrepresented cheques), independently of employees receiving or banking monies in respect of monies belonging to the firm as well as in trust on behalf of others?
 WEEKLY MONTHLY QUARTERLY OTHER (please specify)
- g** Does the firm have their annual accounts prepared and/or certified by an independent accountant or auditor? YES NO
- h** Does the firm have compliance and procedures manuals related to all aspects of its operations? YES NO
- i** Has the firm or any of its current / former Partners / employees ever been subject of an investigation or disciplinary proceeding by the Royal Institution of Chattered Surveyors? YES NO

If 'YES', please supply details

6 CLAIMS INFORMATION

- a** Has the firm(s) sustained any loss through the fraud or dishonesty of any person? YES NO

If 'YES', please supply details:

- b** Is the firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or principal or employee? YES NO

If 'YES', please supply details:

6 CLAIMS INFORMATION continued

- c** After enquiry, have any Professional Indemnity claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or principals, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not?

YES

NO

If 'YES', please supply details:

| Date of Claim | Claimant | Details of Claim including any payments made or reserves held |
|---------------|----------|---|
| / / | | |
| / / | | |
| / / | | |
| / / | | |
| / / | | |
| / / | | |
| / / | | |

- d** After enquiry, are any of the partners, directors or principals aware of any pending claims and/or circumstances existing which may give rise to a Professional Indemnity claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal?

YES

NO

If 'YES' please supply details:

| Date of Circumstance | Claimant | Details of Circumstance |
|----------------------|----------|-------------------------|
| / / | | |
| / / | | |
| / / | | |
| / / | | |
| / / | | |
| / / | | |
| / / | | |

7 PREVIOUS INSURANCE

- a** Has the firm(s) previously been insured for Professional Indemnity insurance?

YES

NO

If 'YES', please supply details:

| Renewal Date | Limit of Liability | Premium | Retention (Excess) | Insurer |
|--------------|--------------------|---------|--------------------|---------|
| / / | £ | £ | £ | |
| / / | £ | £ | £ | |
| / / | £ | £ | £ | |
| / / | £ | £ | £ | |
| / / | £ | £ | £ | |

- b** In respect of Professional Indemnity insurance, has any Insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions?

YES

NO

If 'YES', please supply details:

Declaration

1 I/We declare that to the best of my/our knowledge and belief:

- A the above statements and particulars, whether written by me/us or by others on my/our behalf, are true and complete;
- B any statement or particulars which have been given separately by me/us or by others on my/our behalf are true and complete; and
- C I/We have not withheld any material fact*

2 I/We wish to modify the above statements in the following respects:

3 I/We agree that this proposal and declaration and any particulars given separately shall be the basis of the contract between the Insurer and myself/ourselves.

4 I/We agree to accept the Insurer's standard form of policy for this type of insurance.

5 I/We understand that the Insurer reserves the right to decline any proposal.

6 I/We have read the Data Protection Act statement below of this proposal and consent to data being used for the purposes specified.

Authorised Signature

Date

/ /

Position in company

Important:

***Material facts are those facts which are likely to influence the Insurer in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt about whether a fact is material, you should disclose it, since failure to do so could invalidate your policy.**

Your Records

You should keep a record (including copies of letters) of all information you supply to the Insurer about this proposal.

Data Protection Act

Allianz Insurance plc together with other companies within the Allianz SE group of companies ("Allianz") may use the personal and business details you have provided or which are supplied by third parties including any details of directors, officers, partners and employees (whose consent you must obtain) to:

- provide you with a quotation, deal with the associated administration of your policy and to handle claims;
- search credit reference, credit scoring and fraud agencies who may keep a record of the search;
- share with other insurance organisations to help offset risks, administer your policy, for statistical analysis, and to handle claims and prevent fraud;
- support the development of our business by including your details in customer surveys, for market research and business reviews which may be carried out by third parties acting on our behalf.

Allianz may need to collect and process data relating to individuals who may benefit from the policy ("Insured Persons"), which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk and/or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the Insured Persons to such information being processed by Allianz and that this fact is made known to the Insured Persons.

If your policy provides Employers Liability cover information relating to your insurance policy will be provided to the Employers Liability Tracing Office (the "ELTO") and added to an electronic database, (the "Database") in a format set out by the Employer's Liability Insurance: Disclosure by Insurers Instrument 2010.

The Database assists individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK whilst working for employers carrying on, or who carried on, business in

the UK and as a result are covered by the employers' liability insurance of their employers, (the "Claimants"):

- I. to identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and
- II. to identify the relevant employers' liability insurance policies.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers' liability insurance cover and any other persons or entities permitted by law.

The Database will be managed by the ELTO and further information can be found on the ELTO website www.elto.org.uk

Telephone calls may be recorded for our mutual protection, training and monitoring purposes.

Under the Data Protection Act 1998 individuals are entitled to request a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB.

Personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

By applying for and/or entering into this insurance policy you will be deemed to specifically consent to the use of your data and your insurance policy data in this way and for these purposes and that your directors, officers, partners, and employees have consented to our using their details in this way.

www.allianz.co.uk

Allianz Insurance plc. Registered in England number 84638.
Registered office: 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.
Allianz Insurance plc is a member of the Association of British Insurers.

Allianz Insurance plc is authorised by the Prudential Regulation Authority
and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Financial Services Register number 121849.



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