

proposal form: property agents

**PART A - ABOUT YOUR BUSINESS**

Name of proposed insured: \_\_\_\_\_

Year of establishment: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ postcode \_\_\_\_\_

Contact telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of principals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONS:**

1. **Do each of the principals have more than 3 years experience within the property sector?**

☐ yes ☐ no If no please provide details below:

\_\_\_\_\_  
\_\_\_\_\_

2. **Your turnover:**

Turnover for last completed financial year £ \_\_\_\_\_

Expected turnover for this financial year £ \_\_\_\_\_

Does all of your income derive from the UK? ☐ yes ☐ no

3. **Is the business activity 100% lettings and property management and has it always been?**

☐ yes ☐ no If no please provide details below:

\_\_\_\_\_  
\_\_\_\_\_

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### PART B - DECLARATION

#### Please confirm the practice:

- Is not RICS accredited
- Does not undertake any valuations for lending purposes, nor has done in the past
- Does not undertake mortgage broking, investment or work regulated by the Financial Conduct Authority other than introducing insurances
- Does not earn more than 50% of its income from property management
- Always reference potential tenants before finalising new tenancies
- Has never had a claim or circumstance notified against them

☐ I agree      ☐ I disagree

#### The principals, partners or directors:

- Have never been convicted of any criminal offence (other than Motoring), or been investigated, reprimanded or disqualified by their professional body
- Have never been refused insurance, non-renewed or had their insurance cancelled
- Have never had any claims or losses arising out of fraud or dishonesty
- Do not expect any significant change to their Business Activities in the next 12 months

☐ I agree      ☐ I disagree

#### Please provide further information if you ticked 'I disagree' with any of the above statements:

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### PART C - YOUR PREMIUM

If you have answered 'Yes' or 'I Agree' to all of the above questions and you agree with the statement then we can confirm cover at the premiums below. Please tick clearly which option you would like within your turnover band and state when you would like cover to incept. Please note this date must be at least 3 working days after the date you sign this form.

Insurance Premium Tax is payable on the above premiums at the prevailing rate set by HMRC.

Limit of indemnity	Turnover between £0-25,000	Turnover between £25,001 - 100,000	Turnover between £100,001 - 200,000	Turnover over £200,001	Date you wish your cover to commence
250,000	164 <input type="checkbox"/>	181 <input type="checkbox"/>	241 <input type="checkbox"/>	We'll contact you <input type="checkbox"/>	___/___/___
500,000	195 <input type="checkbox"/>	231 <input type="checkbox"/>	286 <input type="checkbox"/>	We'll contact you <input type="checkbox"/>	___/___/___
1,000,000	254 <input type="checkbox"/>	350 <input type="checkbox"/>	419 <input type="checkbox"/>	We'll contact you <input type="checkbox"/>	___/___/___
2,000,000	We'll contact you <input type="checkbox"/>	We'll contact you <input type="checkbox"/>	We'll contact you <input type="checkbox"/>	We'll contact you <input type="checkbox"/>	___/___/___
5,000,000	We'll contact you <input type="checkbox"/>	We'll contact you <input type="checkbox"/>	We'll contact you <input type="checkbox"/>	We'll contact you <input type="checkbox"/>	___/___/___

#### Please note

No cover will be in place until you receive confirmation of the date your cover commences.

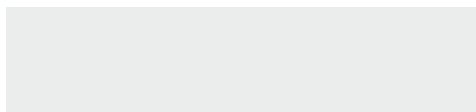
If a) you have answered 'No' or 'I disagree' to any of the above questions  
or b) you want a quote for a higher limit of indemnity than £1 million or your agency has a higher turnover than £200,000 or both, we will be pleased to provide a quotation but may contact you to obtain further information before we can do so.

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### PART D - YOUR SIGNATURE

The information provided in this proposal form shall form the basis of the proposed policy. If there is any subsequent material change to the facts and information arises before completion of the insurance, I/We undertake to inform insurers. I/We declare that the information in the proposal form is true and that no Material Facts have been misstated or suppressed.

**Signature of principal**



**Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_