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# Professional Indemnity Insurance for Chartered Surveyors Proposal Form

**Please read the following carefully before completing this proposal form. To present a clear and unambiguous picture and to ensure that underwriters understand the nature of your risk:**

- An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form in ink.
- All questions must be answered to enable a quotation to be given.
- Where a question is not applicable to your particular circumstances, please write N/A.
- If there is insufficient space to answer questions please use an additional sheet and attach it to this proposal form.
- Completing and signing this proposal form does not bind you, or insurers, to complete this contract of insurance.
- If this proposal relates to a new business or venture, please complete the questions as far as possible, giving estimated income and information about your anticipated activities.

Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

1. (a) Name of Individual or Firm(s) (including any subsidiary requiring cover)

(b) Date established

(c) Address(es) (specifying who is responsible, if there is more than one location)

Postcode

(d) Website

email address

(e) Name(s) of any previous Firm(s) requiring cover and the date(s) on which they ceased trading

2. (a) Please provide

Name of Individual, Partner, Principal or Director	Age and Qualifications	Date Qualified	Number of years in this Practice

(b) Please provide

Names of Consultants regularly used	Age and Qualifications	Date Qualified	Number of years Practicing as a Consultant to the Practice

**Please attach detailed CVs, if no relevant qualifications**

(c) Do you require cover for past Partners, Principals or Directors?  
If yes, please provide details

Yes  No

3. (a) Is any Individual or the Firm admitted to any Association or Trade Body?  
If yes, please give details.

Yes  No

(b) Has any person been the subject of disciplinary proceedings by any professional body?  
If yes, please give details.

Yes  No

4. Please state the total number of Partners, Principals or Directors   
Qualified Staff (other than Consultants)   
Other Full-time and Part-time Staff

5. (a) If you are a sole practitioner, please give details of arrangements made in the event of sickness or holiday.

(b) Is this a Part-time occupation?  
If yes, please give brief details of your present full-time work.

Yes  No

6. Please specify the type of work normally carried out

7. (a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months?  
If yes, please give details.

Yes  No

(b) Is cover required for any activity, now ceased, which is different from those declared, within this proposal form? Yes  No   
 If yes, please give details.

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8. Residential:	Full Structural Surveys	%
	Partial Surveys (housebuyers/sellers)	%
	Lending Institution Valuations	%
	Other Valuations (e.g. matrimonial)	%
Commercial:	Surveys	%
	Valuations	%

**PLEASE COMPLETE THE SURVEY AND VALUATION QUESTIONNAIRE, IF APPLICABLE**

Architectural	%
Building Surveying	%
Land, Minerals and Hydrographic Surveying	%
Quantity Surveying: Pre and Post Contract Services	%
Setting Out	%
Project Management	%
Project Co-ordination/Employer's Agent	%
Feasibility, Planning and Development	%
Planning Supervision	%

**PLEASE COMPLETE THE SEPARATE CDM QUESTIONNAIRE**

Estate Agency	%
Property Management: Residential	%
Commercial	%
Estate Management	%
Land Management	%
Investment Agency	%
Auctioneering: Property	%
Livestock	%
Fine Art	%
Other (please specify)	%
General Practice	%
Rating and Rent/Lease Review	%
Building Society Agency	%
Insurance Agency (please elaborate)	%
Mortgage Advice	%

**PLEASE REQUEST 'LOW COST' ENDOWMENT QUESTIONNAIRE, IF APPLICABLE**

Loss Assessing or Adjusting	%
Expert Witness	%
Other Work (please give details)	%
<b>TOTAL</b>	<b>100%</b>

9. (a) Please state the gross fees received for each of the last three financial years billed to clients and an estimate for the next twelve months.

Year		UK	Worldwide ex USA/Canada	USA/Canada
20	Income			
20	Income			
20	Income			

**Estimate**

Year		UK	Worldwide ex USA/Canada	USA/Canada
20	Income			

Financial Year ends (Month)

(b) What percentage of fees is paid to consultants?  %

10. (a) Please list the five largest contracts undertaken in the last three years

- i)
- ii)
- iii)
- iv)
- v)

(b) What is the largest annual income earned from a single client in the last twelve months?  £

(c) In the case of Overseas contracts, please list the countries involved and whether U K or local law applies. Also, please give brief details of the contract(s) and size.

(d) If overseas work is undertaken, please describe how you exert control.

11. (a) When Consultants are engaged, are they appointed directly by you or paid by the client? Yes  No

(b) Have you and will you ensure that such persons or firms have entered into a binding contract accepting full responsibility for their own Professional neglect, error or omission and that they carry and maintain in force Professional Indemnity insurance? Yes  No

(c) Please provide details of work undertaken by Consultants.

12. (a) Do you use standard Contract Conditions/Letter of Appointment? Yes  No   
If yes, please attach a copy.  
If no, please detail how you define your duties to your client.

(b) If you insert standard disclaimers in reports or letters, please describe the circumstances in which these are used **and** enclose a copy.

13. (a) Do you or do you intend to undertake any work that will fall under the Department of Work and Pensions' Control of Asbestos at Work regulations? Yes  No

(b) If yes, are specific individual asbestos inspectors accredited by the Royal Institution of Chartered Surveyors or the Asbestos Removal Contractors Association? Yes  No

(c) Have those individuals undertaken training, under the auspices of the National Individual Asbestos Certification Scheme? Yes  No

14. (a) If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

(b) Do you undertake work for or are you associated, either by shareholding or official position, with any company/organisation, where you are in a position to make major decisions? If yes, please give details. Yes  No

(c) Have any of the Partners, Principals or Directors been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily? If yes, please give details. Yes  No

15. Do you wish to consider any of the following extensions?

Loss of Documents Yes  No

Unintentional Breach of Confidentiality Yes  No

Libel & Slander Yes  No

Unintentional Breach of Copyright Yes  No

Dishonesty of Employees Yes  No

Claims arising from Associated Companies Yes  No

16. Do you currently have Professional Indemnity insurance? Yes  No   
If yes, please give details.

Expiry date  Limit £  Excess £

Insurer

17. Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms?  
If yes, please give details.

Yes  No

18. Please state: limit of indemnity required

self insured excess

19. a) Do you always require satisfactory written references when engaging employees?

Yes  No

b) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature?  
If yes, please give details

Yes  No

c) How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

d) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

20 Have you EVER had any claims made against you or know of any circumstances that could or would have resulted in a claim, if cover had been in force?  
If yes, please give full details.

Yes  No

**IMPORTANT NOTICE CONCERNING DISCLOSURE**

It is your duty to disclose all material facts to Insurers. A material fact is one, which may influence an Underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Insurers will be material and such changes should be highlighted. If you are in any doubt as whether a fact is material or not, you should disclose it.

**FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Insurers to void the policy.**

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

However, the duty to disclose material facts continues after completion of this proposal and throughout any period of insurance (and any extensions thereto), upon which this proposal form was used as the basis of the contract of insurance.

Date (day)  (month)  (year)

Signature  
(Individual, Partner, Principal or Director)

Position

**A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS**



# CDM QUESTIONNAIRE

To be answered by any Individual or Firm appointed as a Planning Supervisor

1. (a) Do you propose to offer services where you could be liable under the Construction (Design and Management) Regulations, either as a designer or a Planning Supervisor? Yes  No
- (b) If you are ever appointed as both, do you ensure that you have separate appointments, in view of the possible conflict of interest? Yes  No   
If yes, please give details.

2. Please describe the services that you intend to offer in this connection?

3. (a) Have these tasks been allotted to specific individuals? Yes  No
- (b) If yes, what steps have been taken to ensure that any individuals, undertaking the role of designer or Planning Supervisor, are adequately experienced in relevant health and safety aspects?

- (c) Have or will those individuals, who will act as designers or undertake Planning Supervisors' duties, attend(ed) specific CDM courses? Yes  No   
If yes, please give details and advise if they have or will become certificated.

If not, please explain how they are qualified to undertake the task.

4. (a) Do you ensure that you are appointed at the outset of a contract and that the client and all sub-contractors/consultants are fully aware of their duty under the CDM regulations? Yes  No   
If not, please give details.

- (b) Have you ever been appointed **after** tender stage of a contract or after construction is under way? Yes  No   
If yes, please give details.

5. Have there been any occasions where you have become aware that there is no health and safety file for on-site utilities? Yes  No   
If yes, please give details.

6. Have you been involved in any projects where there has been a serious delay in completing health and safety files or assessing plans, on behalf of a client? Yes  No   
If yes, please give details.

# SUPPLEMENTARY SURVEYING AND VALUING QUESTIONNAIRE

**To be completed where the proposer/insured carries out surveying and valuing activities.**

Where the space below is insufficient please provide responses on a separate sheet

<b>Proposer/Insured</b>	
<b>Policy Number</b>	

## 1) Work Radius

a) Please indicate where your survey/valuation work is undertaken:

Mile radius from office	Percentage of Surveys/valuations	
0-25 mile radius of office:		%
25-50 mile radius		%
50+ mile radius:		%

b) If you regularly take on work outside your immediate geographical area, especially outside a 25-mile radius of your office(s), what extra controls do you put in place to ensure sufficient knowledge of local values or other factors that may affect the value/condition of the property in question?

## 2) Type of work undertaken

a) Please provide a split of your Surveying and Valuing fees and number of reports between the following:

Purpose	Residential		Commercial	
	Percentage	No	Percentage	No
1. Valuations for lending purposes (excluding 3 below)	%		%	
2. RICS Homebuyer or equivalent surveys	%		%	
3. Further advances/re-mortgage valuations	%		%	
4. Asset Valuations for balance sheet purposes or probate/divorce valuations	%		%	
5. Full structural surveys with valuations	%		%	
6. Building Surveys (no valuation)	%		%	
7. Home Condition Reports for HIPS	%		%	
8. Other (please provide details below)	%		%	

b) Have you undertaken any valuation work in respect of:

- i) Buy-to-let Properties ii) Property Clubs iii) New build for Developers iv) Sub-prime products during the:

Last 12 months

Yes  No

If Yes, please provide details in the table below

Previous 2 years

Yes  No

If Yes, and the average annual numbers and details differ substantially from those given below (or none undertaken in last 12 months), please provide details on a separate sheet

Valuations in respect of	Percentage of Total Valuation Fee Income and	No of Reports	Brief Description of Properties Involved	Name of Lender/s
i) Buy-to-let Properties	%			
ii) On behalf of Property Clubs	%			
iii) New build for developers	%			
iv) Sub-prime products	%			

### 3) Valuations for lending purposes

a) Please give details of the five largest residential valuations undertaken in the last 5 years

Type/Location of Property	Year of Report	Value of Property	Description of Work	Name of Lender

b) Average value of residential valuations undertaken: £

c) Please give details of the five largest commercial valuations undertaken in the last 5 years

Type/Location of Property	Year of Report	Value of Property	Description of Work	Name of Lender

d) Average value of commercial valuations undertaken: £

e) 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 £

f) Has the proposer been removed from or refused admission to any lenders panels?  
If "Yes" please provide details below:

Yes  No

g) Detail below the type of comparable database you maintain and how its use is monitored/audited. Confirm how many comparables you hold per property.

h) When undertaking re-mortgage or further advance valuations in what percentage of cases do you:

Re-inspect the property	%
Undertake drive-by valuations	%
Undertake desk-top valuations	%

i) How do you control your firm's increased risk exposure resulting from drive-by or desk-top valuations and in what circumstances do you undertake them?

**4) Workload & Quality**

a) What is the average number of surveys undertaken per fee earner per week from?

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


- b) Please describe in detail the procedures you have in place to monitor the quality, accuracy and integrity of surveys and valuations e.g. audit and checking procedures, sign –off thresholds by size of valuation, spot checks on work, peer reviews, validation of valuations, checks by visit to property?

- c) If you are a sole practitioner describe the procedures you have in place to obtain a second opinion e.g. in respect of valuations / difficult properties?

- d) Is allocation of work to individual valuers 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

**5) Qualifications of Staff**

- a) Please provide the following information for all fee earners undertaking Survey and Valuation work (if insufficient space please list details on a separate sheet)

Name	Qualifications	Number of years with this practice	Previous experience of this type of work (please state previous employment history where employed within last 2 years)

- b) Do you always verify qualifications and previous experience?

Yes  No

**6) Type of Property**

Please provide details of:

- a) the types and age of properties you regularly inspect  
 b) any listed, unique, unusual or pre 20th Century buildings you have inspected in the last year

**7) Life Long Learning/Continuous Professional Development**

Please provide information on how your firm ensures that all staff and principals maintain their qualifications and ensure their knowledge is up-to-date