



# **Quercus Professional Indemnity Limited**

## **PROPOSAL FORM**

### **CHARTERED SURVEYORS**

### **PROFESSIONAL INDEMNITY INSURANCE**

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**CHARTERED SURVEYORS  
PROFESSIONAL INDEMNITY INSURANCE  
PROPOSAL FORM**

Please answer all questions fully and if you have a brochure or any other information concerning your business please attach to this proposal.

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1. Name of Insured/Proposer:

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2. Main address plus any overseas addresses:

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3. Web-site address:

Email address:

Telephone No:

Fax No:

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4. Date business established:

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5. Full description of your business activities:

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6. Are you connected or associated (financially or otherwise) with any other business?

Yes

No

If Yes, please give full details

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7. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place?

Yes

No

If Yes, please give full details

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8. Are you a member of any Professional Association?

Yes

No

If Yes, please give full details

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9. Details of Principals/Partners/Directors:

Name	Age	Qualifications	Number of Years Experience

Please attach CVs for all of the above if the business is less than five years old.

10. Number of Employees:

Qualified \_\_\_\_\_ Others \_\_\_\_\_

11. a. Give details of your fees/income derived from clients based in:

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK	£	£	£
North America	£	£	£
Elsewhere	£	£	£

b. Is any work performed outside the UK?

Yes

No

If Yes, please give full details

c. On what date does your financial year end?

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12. Division of Work:

Please detail the approximate percentage breakdown of your last financial years income or fees in the following categories:

Quantity Surveying	%
Architectural	%
Project Management - where you are responsible for appointing other professional and/or non-professional firms necessary to the contract	%
Project Co-ordination - where your client or principal makes the appointments whether on your recommendation or not	%
Building Surveying	%
Land Surveying	%
Estate Agency: Residential	%
Commercial	%
Survey/Valuation/Inspection Reports: Residential	%
Commercial	%
Property/Estate/Land Management: Residential	%
Commercial	%
Rating and Rent Reviews	%
Auctioneering: Fine Art	%
Other	%
Building Society/Insurance Agency	%
General Practice	%
All other work (please specify)	%
TOTAL	100%

13. In respect of Quantity Surveying/Architectural/Project Management/Project Co-ordination give details of the three largest contracts in the last three years:

Nature and Location of Contract and Services Provided	Contract Value	Fees Earned
	£	£
	£	£
	£	£

14. In respect of Survey/Valuation/Inspection work please provide details of the approximate geographical percentage breakdown over the last three years:

Central London	%	Greater London	%	SE England	%
East Anglia	%	Midlands	%	NE England	%
NW England	%	SW England	%	Wales	%
Scotland	%	Northern Ireland	%	Other	%

15. Give the following details in respect of Valuations carried out during the last three years:

Type	Total Number	Highest Value and Client Name
Residential		
Commercial		
Portfolio		

16. a. Is it your practice to always re-inspect for re-valuations or assignments of existing surveys?

Yes  No

If No, please advise the maximum period for which you deem your valuation/survey to be current before such re-inspection is required

b. Is all your valuation work in compliance with the RICS Appraisal & Valuation Manual (Red Book)?

Yes  No

c. Do you have any other additional Quality Management procedures?

Yes  No

If Yes, please give full details

17. Do you currently have professional indemnity insurance in force?

Yes  No

If Yes, please advise Insurer ..... Renewal Date .....

Premium .....

18. Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes

No

If Yes, please give full details

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19. a. Have you sustained any loss through the fraud or dishonesty of any person?

Yes

No

If Yes, please give full details

b. Are you aware of any fraud or dishonesty at any time of any past or present partner, director or employee?

Yes

No

If Yes, please give full details

c. Do you always obtain satisfactory written references when engaging employees?

Yes

No

If No, please provide reasons

d. Is any partner, principal, director or employee allowed to sign cheques without a counter signature?

Yes

No

If Yes, please give the circumstances and the cheque limit

e. Are employees who receive cash/cheques in the course of their duties required to pay in daily?

Yes

No

If No, please give details of the procedures implemented

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20. Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business? Yes  No

If Yes, please give full details

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21. Are you aware, after full enquiry, of any circumstance or incident which as or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business? Yes  No

If Yes, please give full details

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22. Please indicate the levels of indemnity you require quotes for:

£ ..... £ ..... £ .....

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23. A self-insured excess will apply to any claim. Underwriters will decide the minimum amount when assessing your risk, but if you have a preferred level of excess, please indicate below:

£ .....

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I/We declare that the statements and particulars in this 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 whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

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Signature of Principal/Partner/Director

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Date