

# Professional Indemnity

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## Proposal Form Estate and Letting Agents

Please complete the whole form to the best of your ability, clarifying any areas where necessary and continuing on a separate sheet if required.

New start-ups: Please use estimated values for fees, work breakdown etc and also provide a current CV.

Please provide an e-mail/web address if available.

Send your completed form to:

E-mail: [underwriting@collegiate.co.uk](mailto:underwriting@collegiate.co.uk)

Fax: 020 7459 3455

Post: 5<sup>th</sup> Floor, Mint House

77 Mansell Street

London E1 8FE

### ESTATE AND LETTING AGENTS

1: Company name:

2: Contact details:

Address:    Post code:	Contact Name:
	Telephone:
	Fax:
	Email:
	Website:

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

3: Additional insured name and address:

**NOTE:** Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy

4: Additional liabilities:

Is cover required for anything other than work undertaken by the firm(s) identified above? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

YES  NO

If YES, please provide details:

5: Date business established:

6: Total income:

	Last complete financial year	Current year	Estimate next year
UK work	£	£	£
Overseas work	£	£	£

For overseas work please state countries and applicable jurisdiction.

During the last financial year (estimate if new start-up)

Largest fee from any one client	Average fee from any one client
£	£

7: Number of employees

8: Partner Directors

Name	Qualifications (A CV will also assist underwriters)	No. of years experience

Please list all professional institutions the business is regulated by and/or a member of.

9: Your business activity

Please split your last completed financial year's income approximately between the following professional disciplines: If this proposal form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year.

i)	Estate Agency – residential	%
ii)	Estate Agency – commercial	%
iii)	Letting Agency - residential	%
iv)	Letting Agency - commercial	%
v)	Residential property Management	%
vi)	Commercial Property Management	%
vii)	Commercial Rent Review	%
	Highest annual rental review in the last year	£
viii)	Residential Rent Review	%
ix)	Investment & Development Agency (an additional questionnaire will be required)	%
x)	Agricultural Agency / Consultancy	%
xi)	Expert Witness	%
Xii)	Party wall / Schedules of dilapidations / Condition surveys	%
xiii)	Auctioneering – chattels/machinery/property	%
xiv)	Auctioneering - livestock	%
xv)	Auctioneering – fine art	%
xvi)	Energy Performance Certificates	%
xvii)	Home Information Pack production	%
xviii)	Building Surveying	
	a) Residential	%
	b) Commercial	%
xix)	Survey & Valuation (a separate questionnaire will be required)	
	a) Home Condition Reports	%
	b) Homebuyers Reports	%
	c) Full Structural Surveys – no valuation	%

**9: Your business activity - cont**

d) Residential S&V – Lending	%
e) Residential S&V – non-Lending	%

What is the purpose of the non lending valuations

f) Commercial S&V - Lending	%
g) Commercial S&V non-Lending	%

What is the purpose of the non lending valuations

xx) Rating	%
xxi) Building Society / Insurance commissions	%
xxii) Mortgage Broking (a separate questionnaire will be required)	%
xxiii) Other (please specify below)	%

Do you comply and have you at all times in the past complied with the RICS Manual of Valuation Guidance Notes and the Statement of Asset Valuation Practice and Guidance Notes and the RICS Appraisal and Valuation Manual? YES  NO

Please describe your firms' area of specialisation or particular expertise and/or the target market you tend to offer your services to (if applicable)

**10: Sub-contractors**

Do you use sub-contractors? YES  NO

If YES:

a) What percentage of fees are paid to them? %

b) What work do they carry out?

c) Do you ensure that they have their own PI insurance in force? YES  NO

**11: Specific work related questions**

Does the firm undertake asbestos inspections? YES  NO

If YES a separate questionnaire will need to be completed

Where you act as a property manager, do you ensure that your retainer with the landlord specifies the extent of your responsibilities as to the management of asbestos? YES  NO

Does the firm knowingly undertake any work which includes contaminated or polluted land or property or advise as to whether or not land or property might be contaminated or polluted? YES  NO

If YES a separate questionnaire will need to be completed

Is the firm a member of an ombudsman scheme? YES  NO

If YES which one?

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Does the firm abide by an ombudsman code of practice? YES  NO

If NO please what measures are in place to protect client money?

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Has the firm ever transacted any business regulated by the financial services act 1986 or the financial services and markets act 2000? YES  NO

**12: Previous Insurance**

Have you ever bought Professional Indemnity Insurance in the past? YES  NO

If YES, please provide details:

Name of Insurer	Limit of indemnity	Excess	Premium	Renewal Date	Retroactive Date

**13: Required Insurance**

Please advise the limit of Indemnity now required together with your preferred excess.

Option	Limit	Excess
A	£	£
B	£	£

Please attach any additional information that may be relevant to underwriter consideration of the risk.

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**You must complete this section.**

In relation to your professional business activities, are you after reasonable enquiry aware of: Any shortcoming in your work which may lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right. YES  NO
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project. YES  NO

A client withholding payment due to you after any complaint. YES  NO

Any loss from the dishonesty or malice of any employee or self-employed freelancer. YES  NO

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. YES  NO

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee. YES  NO

If you answered YES to any of the above, please provide full details:

Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? YES  NO
2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? YES  NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

3. Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)? YES  NO
4. Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms? YES  NO

If the answer to 3. and/or 4. above is YES, please give full details below:

Date	Details



**DECLARATION**

**You must complete this section.**

**Please read the declaration carefully and sign at the bottom.**

**MATERIAL INFORMATION**

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

**DATA PROTECTION**

By signing this Proposal Form you consent to Collegiate Management Services Limited using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

**DECLARATION**

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Collegiate Management Services Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

Name  
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**A copy of this should be retained for your records.**