

Professional Indemnity Insurance Renewal Proposal Form

Please answer all questions fully, if necessary on a separate piece of paper, and if you have a brochure, CV or other information concerning your business please also attach it to this proposal form.

Please return this form (and any additional information) by post, email or fax.

1.	Name of Insured/Proposer	
	Business Name	
	Address	
	Postcode:	
	Telephone number	
	Email Address	
	Web address	
	Date business established:	
	What date does your financial year end?	

2. Full description of your business activities

3.	Number of:	Directors/Partners	<input type="text"/>	Qualified Staff	<input type="text"/>	Others	<input type="text"/>
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Do you engage consultants or sub-contractors? **Yes** **No**

If Yes, please give details of the nature of activities undertaken by such consultants or sub-contractors:

Do you ensure that the consultant or sub-contractor

i) Has Appropriate Qualifications **Yes** **No**

ii) Maintains Professional Indemnity Insurance? **Yes** **No**

4. By ticking this box, you confirm that:

2. In relation to your activities, are you, after reasonable enquiry NOT aware of any shortcoming in your work which is likely to lead to a claim against you. This includes:

- A shortcoming known to you which you cannot reasonably put right
- A complaint about your work or anything you have supplied which cannot be immediately resolved
- An escalating level of complaint on a particular project
- A client withholding payment due to you after any complaint

5. By ticking this box, you confirm that:

1. No proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director has ever been declined or any such insurance has never been cancelled, the renewal refused or any special terms imposed (other than general market increases)
2. No Partner, Principal, Director or Employee been subject to disciplinary proceedings by any Association or Professional Body
3. No claim has been made against your business or any principal, partner, director or employee whilst in this or any other business or, after a full enquiry, you are not aware of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business

If you are unable to comply with the above statements, please provide further details

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6. The firm's current Insurance Renewal Date

Limit of Indemnity Required Excess Premium

7. Please list the firm's three largest contracts undertaken in the last three years

Location and Type of Service Provided	Contract Value	Your Fee	Project Duration
			Start Date: End Date:
			Start Date: End Date:
			Start Date: End Date:

8. Give details of your fees/income and number of surveyors from clients based in

	Actual for Last Financial Year	Estimate for Current Financial Year	Number of Surveyors Employed or Hired
UK	£	£	
North America	£	£	
Elsewhere – Please Specify	£	£	

9. Please split your last completed financial year's income approximately between the following activities

Timber Treatment	%	Pest Control	%
Damp Treatment	%	Weed Control	%
Waterproofing	%	General Building	%
Cavity Wall Tie Replacement	%	Other – please specify	%

10. Please Provide Details of Principals / Partners / Directors

Name	Date of Birth	Qualifications	No. of Years Experience

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

11. **Additional Material Information**

Declaration

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.

Signature of Principal / Partner / Director _____

Date _____