



MANCHESTER
UNDERWRITING MANAGEMENT

Proposal Form For Property Professionals

**Proposal form for Insurance effected through Manchester Underwriting Management Ltd.,
which is authorised and regulated by the Financial Services Authority (FSA).**

IMPORTANT:

- You **MUST** complete all sections of this Proposal Form. The Proposal Form must be signed and dated once completed.
- This Proposal Form is for a contract of insurance and you, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.
- All material facts must be disclosed truthfully, to the best of your knowledge and belief at the time of disclosure. You must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Proposal Form, together with any other information given, will be used by underwriters in their assessment of this application.
- Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any such Insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.
- Full details for coverage provided can be found in our Certificate Wordings and Policy Summaries, which are available on request.

1) Full trading names of all entities to be insured under this arrangement (You / Your):

Entity Name(s)	Date Established

2) Please provide website address

www.

3) All Addresses, with details of principal in charge:

Address	Name of Principal

4) If cover is required for Your previous businesses (predecessor practices), please provide details below:

Entity Name(s)	Start Date	End Date	Reason for winding up/leaving

5) If any of the Principals require cover for any previous professional business activity not covered elsewhere please provide details below:

Name of principal to be covered			
Name of previous Company			
Period at previous Company	From: dd / mm / yyyy To: dd / mm / yyyy	From: dd / mm / yyyy To: dd / mm / yyyy	From: dd / mm / yyyy To: dd / mm / yyyy
Fees for last 3 years of trading	yyyy: £..... yyyy: £..... yyyy: £.....	yyyy: £..... yyyy: £..... yyyy: £.....	yyyy: £..... yyyy: £..... yyyy: £.....
Position held at previous Company			
Reason for leaving			

6) Please provide full details of any associated/subsidiary entities:

Entity Name(s)	How Associated	Details of services provided

7) Please supply details of all principals and senior professional staff:

Name	Age	Qualifications	Date Qualified	Date of engagement

8) Please supply details on total numbers of staff:

Principals	Qualified Staff	Unqualified Staff	Others

9) Please provide details if any Principal or member of the senior professional staff has ever been convicted of a criminal offence (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body:

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10) Please provide full details if any Principal or member of the senior professional staff has been made personally bankrupt or has been associated with any business which has ceased trading either voluntarily or compulsorily:

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11) Please provide details of current Professional Indemnity insurance arrangements below:

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	£
Excess	£
Premium	£

12) Please provide a breakdown of turnover/fees generated:

	Last full financial year	Current financial year	Estimate for next year
Work in UK	£	£	£
Work in EU	£	£	£
Work in USA/Canada	£	£	£
Work elsewhere	£	£	£
Total	£	£	£

13) If You can confirm YES to all of the following statements please move on to Q.12, otherwise please provide full details in the space provided:

- Can you confirm there have been no claims made, or losses paid relating to fraud or dishonesty?
- Do all cheques drawn for over £5,000 require at least two signatures?
- Is cash in hand and petty cash checked independently of the person responsible at least monthly and additionally without warning at least every six months?
- Are persons responsible for cash and cheques required to pay these in daily?
- Are bank statements, receipts, counterfoils and other supporting documents checked at a minimum monthly against the cash book entries, and by others not responsible daily for looking after the same?
- Are references obtained from former employers for at least three years prior to the engagement of any person responsible for money, goods or accounting procedures?

14) Do You engage the services of sub-contractors?

YES/NO

If YES please provide answers to the following, otherwise skip to the next section

What percentage of fees/turnover was paid to sub-contractors over during the last financial year?

%

Do You always require Your sub-contractors hold their own Professional Indemnity Coverage, and verify that it is in-force?

YES/NO

If YES please confirm the minimum limit you require them to maintain:

£

15) Please provide a breakdown of activities described above, and percentage of income generated for each discipline (must equal 100%).

Residential Estate Agency & Lettings	%
Commercial Estate Agency	%
Residential Property Management	%
Commercial Property Management	%
Commercial Rent Reviews	%
Investment Agency	%
Auctioneering	%
Building Surveys (non-structural)	%
Land Surveying (excluding Setting-Out)	%
Setting Out	%
CDM Co-Ordination	%
Project Co-Ordination	%
Project Management	%
Architecture	%
Town Planning	%
Quantity Surveying	%
Expert Witness/Arbitrator/Adjudication	%
Agricultural Consultancy	%
Insurance Agency	%
Building Society Work	%
Mortgage Broking/Financial Services	%
Domestic Energy Assessments	%
Home Condition Reports	%
Residential Surveys for Lending Purposes	%
Residential Surveys for Non-Lending Purposes	%
Commercial Surveys for Lending Purposes	%
Commercial Surveys for Non-Lending Purposes	%
Home Buyers Surveys	%
Asbestos Surveys	%
Other work - please provide full details in space provided below:	%
Total	100%

16) Please provide details of your 3 largest Quantity Surveying, Project Co-Ordination, Project Management, Architectural, CDM Co-Ordination and Town Planning contracts undertaken over the last 5 years :

Client	Start Date	Description of Work	Total Contract Value	Your Contract Value / Fee	Est. Completion Date

17) Please provide details of your 3 largest Quantity Surveying, Project Co-Ordination, Project Management, Architectural, CDM Co-Ordination and Town Planning contracts to be undertaken over the next 12 months:

Client	Start Date	Description of Work	Total Contract Value	Your Contract Value / Fee	Est. Completion Date

18) If You have declared any Auctioneering, Agricultural Consultancy, Land Surveying or Investment Agency work please confirm full details of the type of work undertaken:

19) If You have declared any Insurance Agency, Building Society, Financial Services or Mortgage Broking work, please confirm that all such work will be undertaken as an Introducer only:

YES/NO

If NO please provide full details:

20) If You have declared an Commercial Rent Review work, please confirm the highest and average annual rental reviewed during the past 12 months:

21) If You have declared any Non-Lending Survey or Valuation work please confirm full details of the type of work undertaken including the valuation size and purpose of such work:

IF YOU HAVE DECLARED ANY SURVEY AND VALUATION WORK FOR LENDING PURPOSES, HOMEBUYERS SURVEYS, ASBESTOS SURVEYS OR LAND SURVEYING WORK PLEASE COMPLETE THE RESPECTIVE ATTACHED SURVEY AND VALUATION, LAND SURVEYING AND/OR ASBESTOS QUESTIONNAIRES

22) Do You anticipate professional activities/services provided will change over the forthcoming twelve months?

YES/NO

If YES please provide full details:

23) Are You involved in the process of manufacturing, construction, alteration, repair, installation, sale or supply of products, other than in a pure design or consultancy capacity as previously described?

YES/NO

If YES please provide full details:

24) Please provide details of overseas work in the past 5 years:

Country	Start Date	Description of Work	Total Contract Value	Firms Contract Value / Fee	Est. Completion Date

25) Do You enter in to contracts which are subject to the law of other Countries?

YES/NO

If YES provide details below:

26) Do You always use written agreements for each contract undertaken?

YES/NO

27) Have You ever entered into a Consortium, Group Practice or Single Project Partnership?

YES/NO

If YES, please provide details below:

28) Does the company ever enter in to contracts on behalf of clients?

YES/NO

If YES, is written sign off for the contract terms always obtained from your client prior to doing so?

YES/NO

29) Please state what limit of Liability is required:

£250,000 £500,000 £1,000,000 Other:

£

Please state excess required:

£

30) If You currently have Professional Indemnity coverage in force, please advise the retroactive date, if any:

Date:

DD / MM / YYYY

31) Has any claim been made or loss suffered by You or any predecessor, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?

YES/NO

If YES, please provide details below:

Date of claim/loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve

32) Are You aware of any of the following?

Any circumstance which might lead to a claim against any You or any predecessor, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?

YES/NO

Any matter which might otherwise affect the consideration of this proposal?

YES/NO

Has any application for similar insurance made on Your behalf or on behalf of any of the present or past partners, directors or principals, or predecessors in business, ever been declined, renewal refused, or cancelled?

YES/NO

If the answer to any of the above questions is YES, please provide full details below:

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.

If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Manchester Underwriting Management Ltd. may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act.

If you do not wish these details to be used for marketing please inform Manchester Underwriting Management Ltd. in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact Manchester Underwriting Management Ltd.

Signature of Principal:

Date:

A copy of this proposal should be retained by you for your own records.