### Professional indemnity insurance Surveyors, auctioneers, valuers and estate agents proposal form



### Instructions

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

In this proposal we use the term 'Principal' to mean any sole principal, partner, director or member of a Limited Liability Partnership.

1 Nar	ne and address details				
Comp	pany name (please include all names under which you practice)				
Main	office address				
Iviairi	omec address				
		Telephone number			
·					
		Contact e-mail address			
Pos	tcode:				
Empl	byer's Reference Number (ERN)				
(found	on PAYE documents)	Company website			
Date	established				
/	/				
Is the	firm 'Regulated by RICS'?		Yes	□ No	
		aurad by this policy	100		ш
	e list on a separate sheet all subsidiary companies that will be ins	sured by triis policy.			
2 Act					
Give	full details of activities undertaken and of any intended change in	these			
o =:					
3 Firn	n changes			_	
3.1	During the past 6 years, has the name of the Proposer been place or have any principals ceased working for the Proposer?	changed or has any amalgamation or tak	e· Yes	☐ No	
	If 'Yes', give details				
3.2	Give details below of any predecessor firms for which cover is question 30.1 and state below if the predecessor firm was "Regu		erience for t	he predecessor firm	s within
		•			
3.3	Give details below of any offices that have closed in the last 6 ye	pars. Please supply the address, principal in	charge and	reason for closure	
0.0	Cive details below or any offices that have closed in the last 0 ye	saro. I rease suppry the address, principal in	i oriarge allo	a reason for closule.	

Full Name		Age	Qualifications	Date	Qualified	Numbers v	s of years in this ca with the Proposer	apacity
				/	/			
				/	/			
				/	/			
				/	/			
				/	/			
Previous business expo	erience							
	vious business experience	e, as appropriate, or	attach curricula vitae					
	ness / practice – comple							
xisting business / pra	ctice – complete for each	Principal who has he	eld such position with	the Propos	ser for less th	nan 5 years	i	
Name of Principal		Period engaged			Profession	or	Position Held	
<u> </u>		previous occupat	ion firm/company		business			
		<u> </u>						
		ļ						
6 Office supervision Where the Proposer is a	sole principal, give details	of the arrangements	s for office supervision	n when the	Proposer is	absent		
	sole principal, give details	of the arrangements	for office supervision	n when the	Proposer is	absent		
	sole principal, give details	of the arrangements	for office supervision	n when the	Proposer is	absent		
Where the Proposer is a  Permanent staff  Please advise number of	sole principal, give details		s, Members)		Proposer is			
Where the Proposer is a  Permanent staff  Please advise number of	permanent staff (excludir				Proposer is		Part Time	
Where the Proposer is a	permanent staff (excludir	ng Partners, Directors	s, Members)		Proposer is		Part Time	
Permanent staff Please advise number of Qualified Full Time	permanent staff (excludir	ng Partners, Directors d Part Time	s, Members)		Proposer is		Part Time	
Permanent staff Please advise number of Qualified Full Time	permanent staff (excludir Qualifie	ng Partners, Directors d Part Time	s, Members)		Proposer is	Other F		
Permanent staff Please advise number of Qualified Full Time Current insurance	permanent staff (excludir Qualifie	ng Partners, Directors d Part Time	s, Members)	Гime	Proposer is	Other F		
Permanent staff Please advise number of Qualified Full Time Current insurance Has the Proposer any other the Proposer and the	permanent staff (excludin Qualifie ner Professional Indemnity	ng Partners, Directors d Part Time	s, Members) Other Full	Гime	Proposer is	Other F		
Permanent staff Please advise number of Qualified Full Time Current insurance Has the Proposer any other insurence Name of insurer	permanent staff (excludin Qualifie ner Professional Indemnity	ng Partners, Directors d Part Time  v insurance in force?	o, Members) Other Full The Renewal	Γime date		Other F		
Permanent staff Please advise number of Qualified Full Time Current insurance Has the Proposer any oth f 'Yes', state Name of insurer Previous business covers cover required for Print f "Yes" please supply de	permanent staff (excludin Qualifie Qualifie er Professional Indemnity er cipals' Previous Business etails including: name of p	ng Partners, Directors d Part Time  v insurance in force?	Renewal	Time date al named in	n 5?	Other F Yes	□ No □ No	d and
Permanent staff Please advise number of Qualified Full Time Current insurance Has the Proposer any other insurence Name of insurer Previous business covers cover required for Prince	permanent staff (excludin Qualifie Qualifie er Professional Indemnity er cipals' Previous Business etails including: name of p	ng Partners, Directors d Part Time  v insurance in force?	Renewal	Time date al named in	n 5?	Other F Yes	□ No □ No	d and

4 Principals

### 10 Practice fees / finances

10.1 State gross fees (including those paid to sub-contractors) payable by clients for work undertaken

	Last year	Previous year	Forthcoming year (estimated)			
a. in the UK (excluding c. and e. below)	£	£	£			
b. in the USA, its territories and possessions and Canada	£	£	£			
c. in the UK and elsewhere (excluding USA and Canada) for clients domiciled in the USA, its territories and possessions or Canada, including work for USA companies, subsidiaries of USA companies or USA subsidiaries of companies based elsewhere	£	£	£			
d. Elsewhere* (excluding USA and Canada)	£	£	£			
e. In the UK for clients domiciled elsewhere* (excluding USA and Canada)	£	£	£			
Total of a. b. c. d. and e. above	£	£	£			
* State countries, amounts involved						
s the practice represented in any way in the USA or its territories and possessions, or Canada? Yes No						

### 11 Largest fee

	Last year	Previous year	Forthcoming year (estimated)
State largest fee earned from any client	£	£	£

### 12 Subcontractor fees

State gross fees paid to subcontractors

Last year	Forthcoming year (estimated)
£	£

### 13 Percentage of gross fees

13.1 State the approximate percentage of last year's gross fees and of the fees estimated for the forthcoming year (including those paid to sub-contractors) payable in respect of

ontrac	ctors) payable in respect of			Last year	Forthcoming year
a.	Quantity surveying (exclud	ding proje	ect co-ordination/management)	%	%
b.	Estate agency	i.	residential	%	%
		ii.	commercial	%	%
		iii.	development agency	%	%
		iv.	property investment	%	%
C.	Auctioneering. Please spe	cify type	of work:	%	%
d.	Financial services	i.	general insurance intermediary	%	%
		ii.	mortgage broking	%	%
		iii.	building society agency	%	%
		iv.	pensions and investments	%	%
		٧.	other (please specify)	%	%
е.	Town planning			%	%
f.	Council tax rating			%	%
g.	Property management	i.	residential property management (excluding lettings and rent reviews)	%	%
		ii.	residential lettings	%	%
		iii.	residential rent reviews	%	%
		iv.	commercial property management (excluding rent reviews and asset management)	%	%
		V.	commercial rent reviews	%	%
		vi.	commercial asset management***	%	%
h.	Leasehold enfranchiseme	nt		%	%
i.	Land surveying	i.	hydrographic surveying	%	%
		ii.	mineral surveying	%	%
		iii.	setting out	%	%
		iv.	all other (please specify)	%	%
j.	Project co-ordination*			%	%
k.	Project management*			%	%
l.	Clerk of Works (please pro	ovide a d	escription of services provided in 17c)	%	%
m.	Employers Agent (please	provide a	a description of services provided in 17c)	%	%
n.	Principal Designer (CDM)	2015****		%	%
0.	Agricultural consulting	i.	forestry	%	%
		ii.	crop/fertiliser	%	%
		iii.	financial	%	%
		iv.	single farm payments or similar payments/subsidies	%	%
		V.	other (please specify)	%	%
p.	Architectural design & plan	nning wo	rk	%	%
q.	Energy assessments	i.	residential	%	%
		ii.	commercial	%	%
r.	Asbestos inspections (sep	arate qu	estionnaire will be required)	%	%
s.		of dilapi	dation, specification & supervision of repairs, redecoration &	%	%
t.	refurbishment Surveying and valuing	i.	residential**	%	%
	(Not specified elsewhere above)	ii.	commercial**	%	%
u.	All other work (please give			%	%
		,		100%	100%

<sup>\*</sup> Declare fees under Project Management where **the Proposer is responsible** for appointing other consultants or contractors in connection with the project works and declare under Project Co-ordination where **the Proposer's principal** makes such appointments.

<sup>\*\*</sup>residential / commercial refers to the end use / purpose of the property being inspected or valued.

<sup>\*\*\*</sup> commercial asset managers ensure the best investment or return on a portfolio of properties including the disposal or acquisition of properties.

****Are you appointed or do yo 2015?	ou hold yoursel	f out to be a F	Principa	l Designer as defin	ed in the CD	M Regulations	Yes		No	
If 'Yes', please give full details i	including natur	e of services								
13.2 Please state the surveying and	valuing fees (a	as requested i	in 13.1,	t.) and total gross	fees (for all v	vork) for the 5 year	period pr	or to last	year	
		2nd year		3rd year	4th year	5th year	r	6th ye	ear	
Surveying and valuing - Resid	dential	£		£	£	£		£		
Surveying and valuing - Com	mercial	£		£	£	£		£		
Total gross fees for all work		£		£	£	£		£		
14 Gross fess details										
14.1 If fees are received in connect give details in the box below of						gement, Architectu	ıral Desig	n and Pl	anning	work,
Start and completion Dates	Total contract	value	Fee		Type of	f Contract	Profes	ssional S	ervice	
			£							
4.2 If fees are received in connecting Introducer Appointed Representation				rmediary, indicate	FCA status,	i.e. FCA authoris	ed, Appo	inted Re	present	tative,
			<u>,                                      </u>							
4.3 If fees are declared under 13 the box below	3.1 I(Clerk of	Works), m(E	Employ	vers Agent' & u(d	other work),	, give details of the	ne type o	f work u	ndertak	cen in
15 Building Information Modelling co	ntracts									
Are you in any way involved with Buil	-			, ,			Yes		No	
f 'Yes', please give details including by the practice.	the level of Bli	VI contract and	any a	dditional contractua	al duties bein	g taken on				
1C Coomanhicatorius										
16 Geographical spread Please provide an approximate split o	of the geograp	hical spread o	of the pr	ractice's work in the	e following ca	ategories				
	5 - 5 - F		Centra	al London &	Remainde	r of London and East England		Elsewhe	ere	
Property Management			- 50	%	- Count	%				%
Surveying and Valuing				%		%				%

Please complete questions 16 to 21 where the Proposer carries out surveying and valuing activities

Where the space below is insufficient please provide responses on page 14

ľ	Mile radius from office		ı	Percentage of	of Surveys /	Valuations
C	0-25 mile radius of office:					%
2	25-50 mile radius					%
5	50+ mile radius:					%
f th	ne practice regularly takes on work outside its immediate geographical a in place to ensure sufficient knowledge of local values or other factors t	rea, especially outside that may affect the value	a 25-mile ra e/condition o	dius of its off of the propert	ice(s), what y in questior	extra control !?
ре	of work undertaken					
Ple	ease provide a split for the last year of Surveying and Valuing fees declar	red under 16i t together	with the nu	mber of repo	rts between	he following
			Resid	lential	Comr	nercial
P	Purpose	-	Fees	No. of reports	Fees	No. of reports
1	. Valuation for lending purposes(excluding 2, 5, 6 and 8 below)		%		%	
2	RICS Homebuyer Report or equivalent – with lending valuation		%		%	
3	. RICS Homebuyer Report or equivalent – with non lending valuation		%		%	
4	. RICS Homebuyer Report or equivalent – with no valuation		%		%	
5	. Further Advance valuations – for existing lender		%		%	
6	Re-mortgage valuations – for existing lender		%		%	
7	. Asset Valuations for balance sheet purposes or probate/divorce valu	ations	%		%	
8	Building Surveys (Structural) – with lending valuation		%		%	
9	. Building Surveys (Structural) – with non lending valuation		%		%	
1	Building Surveys (Structural) – with no valuation		%		%	
1	For property investment funds		%		%	
1	2. Home Condition Report		%		%	
1	Other (please provide details below)		%		%	
_						
	s the practice undertaken any valuation work in respect of:					
	Buy-to-let Properties Property Clubs					
i. /.	New build or conversions for Developers Sub-prime products					
	during the last 12 months?			Yes	☐ No	
	If 'Yes', please provide details in the table on page 7					

17 Work radius

aluations in respect of	of Val	entage Total uation ee	No. of reports	Brief description of properties in	volved Name of lender/s
Buy-to-let Properties		%			
On behalf of Property Clubs		%			
i. New build or conversions for De	velopers	%			
/. Sub-prime products		%			
<ul><li>.3 Number of valuations for self converges</li><li>Valuations for lending purposes</li><li>1 Please give details of the five land</li></ul>				t 5 years	
Type/location of property	Year of Report	Valu	ue of property	Description of work	Name of lender
		£			
		£			
		£			
		£			
		£			
2 Average value of residential val	uations undertaken in t	he last 5 ye	ears:		£
.3 Please give details of the five la	rgest commercial valua	itions unde	ertaken in the la	st 5 years	
Type/location of property	Year of Report	Vali	ue of property	Description of work	Name of lender
71		1	- 1 -1		1

Type/location of property	Year of Report	Value of property	Description of work	Name of lender
		£		
		£		
		£		
		£		
		£		

9.4	Average value of	commercial	valuations	undertaken	in the	last 5	vears:
0	Trolago valuo oi	Committed	valuationio	anaonanon		iacto	you.o.

19.5 Please provide details of the lenders for whom the practice has 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
	£
	£
	£
	£
	£

£

0.6 Has the Proposer been removed from or refu	sed admission to any lenders' panels?	Yes		No
If 'Yes', please provide details below:				
7 Please provide details on the type of compar	able evidence obtained for each of the li	sted items i. to vii. below:		
i. Type (estate agent sold values, estate a	agent for sale values, land registry values	s, etc)		
<ul><li>ii. Number held per property</li><li>iii. How long evidence is retained?</li></ul>		,		
iv. Who in the practice obtains comparable	es (valuer, valuers' assistant, secretary, a to be used (valuer, valuers' assistant, se	administrator, etc)?		
vi. How long has this system been in place vii. Note of any internal or external databas	e? Please provide details of any different	previous practice		
8 When undertaking re-mortgage or further adv	vance valuations in what percentage of c	ases does the practice:		
Re-inspect the property?	%			
Undertake drive-by valuations?				
Undertake desk-top valuations?	%			
9 How does the practice control the firm's increpractice undertake them?	eased risk exposure resulting from drive	-by or desk-top valuations and i	n what circum	nstances does
Norkload and quality				
1 What is the average number of surveys unde	rtaken per fee earner per week for:			
		Last Year		erage over ious 5 years
i. Lender Valuations				·
ii. Homebuyers Reports				
iii. Home Condition Reports				
iv. Building Surveys				
v. Other				
vi. Average total of surveys per fee earner	per week		1	

	If 'No' please explain the circumstances in which these are not followed								
0.3	Please describe the survey ar	nd valuation procedures th	ne practice has in place fo	or:					
	ii. sign-off for large, comple iii. peer review, validation a iv. visiting properties to spo	ccuracy and integrity of Al ex, specialist and non star and dual sign off of check the quality and starts of the transaction of specialists.	ndard property valuations andard of work		eo usad)				
	vi. recording on file the site	notes, photographs, valua	ation evidence and calcula	ation basis					
							ļ		
20.4	If the Proposer is a sole properties?	actitioner describe the pr	rocedures put in place to	o obtain a second opinio	on e.g. in respe	ect of valuations /	difficult		
20.5	Is allocation of work to individu	ual valuers controlled via	a central process?		Yes	☐ No			
	If 'No', please explain below h		·	influence being exercised					
21 Qı	ualifications of staff								
	Please provide the following separate sheet)	information for all fee ea	arners undertaking Surve	y and Valuation work (if	insufficient space	ce please list detai	ils on a		
	Name	Qualifications	Number of years survey and valuation experience	Number of years with this practice	(please state p	ience of this type or revious employmen employed within las	nt		

20.2 Does the Proposer and has the Proposer in the past always complied with the RICS Valuation Yes ("Red Book")?

☐ No

21.2 Does the Proposer always verify qualifications and previous experience?	Yes	☐ No	
21.3 Have any of the fee earners undertaking Survey and Valuation work had any claim made against them are they aware of any circumstances which might give rise to a claim for work performed prior to joining t Proposer?	or Yes he	☐ No	
If Yes, please provide details in Question 31a.			
21.4 Are all those named in Question 23a who undertake "Red Book" valuations, a "RICS Registered Value under the RICS Valuer Registration Scheme?	er" Yes	☐ No	
If 'No', please give details below.			1
22 Type of property			
Please provide details of:			
22.1 the types and age of properties the practice regularly inspects			
22.2 any building inspections or valuations in the last 3 years for			
<ul> <li>i. licensed premises, pubs, restaurants, casinos or hotels</li> <li>ii. listed or pre 20th Century property</li> <li>iii. schools</li> </ul>			
The remaining questions should be completed by all proposers			
Where the space below is insufficient please provide responses on page 14			
23 Professional development			
Please provide information on how the practice ensures that all staff and principals maintain their qualifications	and ensure the	eir knowledge is up	-to-date
24 Quality management systems and codes of practice			
24.1 Is the Proposer accredited to or in the process of becoming accredited to an ISO 9000 Quality Manageme System or subject to any other form of external assessment?	ent Yes	☐ No	
24.2 Does the Proposer subscribe to a professional code of practice?	Yes	☐ No	
If 'Yes', in either case please give details below			

∠5 F	erm procedures			
Is th	e Proposer able to confirm that			
i.	the standard of work undertaken by all fee earners is regularly audited and reviewed?	Yes	☐ No	
li	no disciplinary action has been taken by any outside professional or regulatory body against any Principal or member of staff?	Yes	☐ No	
lii	written procedures or checklists are used for the professional services provided?	Yes	☐ No	
iv	contracts or terms of acceptance are evidenced in writing, specify the work to be undertaken and the extent of the Proposer's responsibility?	Yes	☐ No	
٧	records are kept of all on-site visits, contracts, letters of engagement, client meetings and telephone calls?	Yes	☐ No	
vi	working papers, including survey and valuation files, are retained for at least 6 years?	Yes	☐ No	
vii	diary systems, registers or other procedures are in operation to ensure that deadlines (including those relating to rent reviews) are met?	Yes	☐ No	
viii	a formal review of working procedures is undertaken at least annually?	Yes	☐ No	
ix	satisfactory written references are always obtained for new employees and Principals?	Yes	☐ No	
	If 'No' to any of the above, give details below.			
Doe	s the Proposer have:			
i.	a business relationship with or a financial interest in any mortgage broker or solicitor?	Yes	☐ No	
ii.	a referral fee or shared commission arrangement with a third party organisation?	Yes	☐ No	
iii.	procedures to establish the existence of incentives on new build and refurbishment properties, for example ensuring receipt of a CML Disclosure of Incentives Form?	Yes	☐ No	
iv.	controls to identify mortgage fraud?	Yes	☐ No	
	If "Yes" to questions 25 i and 25 ii or "No" to questions 25 iii and 25 iv, please give details below.			
26.6	idelity			
	the Proposer suffered any loss during the past five years through fraud or dishonesty of any employee?	Yes	□ No	
	es' state date, circumstances, amount and steps taken to prevent recurrence	. 55		Ш
ii ye	so state date, circumstances, amount and steps taken to prevent recurrence			
	nsurance history			
	any insurer, in respect of the risks to which this proposal relates, ever	.,	<b>-</b>	_
27.1		Yes	∐ No	
27.2	erequired an increased premium or imposed special conditions?	Yes	∐ No	

If 'Yes' in either case please give	details below:						
laims and circumstances							
Has any claim been made again firms during the last ten years in r	ast the Proposer or any principal, cons respect of the risks to which this propos	ultant or employee or predecessor al relates?	Yes	☐ No			
If 'Yes' give details (by separate n							
Date of claim	Brief details of each claim	Cost (if any) of claim paid	Estima	ated outstanding	cost		
/ /		£		£			
/ /		£		£			
/ /		£		£			
/ /		£		£			
, ,				~			
/ /		£		£			
What action has been taken to pro	event a recurrence of the situation whic	h gave rise to each claim?					
What dollor has been taken to pro-	event a recurrence of the situation willo	Trigave hise to each daint:					
y principal, consultant or employee	e, after enquiry, aware of any circumstan	nces which might					
give rise to a claim against the P principals?	live rise to a claim against the Proposer or any predecessors in business or any of the present or former principals?						
result in the Proposer or any pre- any losses or expenses which mig	sult in the Proposer or any predecessors in business or any of the present or former principals incurring losses or expenses which might be within the terms of this cover?						
otherwise affect the Company's c	onsideration of this insurance?		Yes	☐ No			

If 'Yes' give details including maximum potential cost (by separate note if preferred)										
29 S	anctions									
		to custon	pere or suppliers one	erating in the follow	ina countri	es or are any form of produc	rt Voo		No	
or se						no would visit any of these	t Yes	Ц	No	Ц
Egyp		ı, Guinea	, Iraq, Lebanon, Liby			African Republic, DR Congo, ia, South Sudan, Sudan,				
30 D	isciplinary proceedings									
	any proposer / director /	partner o	f the business:							
(i)	In the last six years bee	n the sub	ject of a disciplinary	proceeding by any	/ Professio	nal organisation?	Yes		No	
(ii)	Been declared insolven	t or bankı	rupt or been the sub	ject of bankruptcy p	oroceeding	s?	Yes		No	
(iii)	Been the subject of a C	ounty Co	urt judgment (or Sco	ottish equivalent) or	are there	any proceedings pending?	Yes		No	
(iv)	Been a director or partn order, or receivership or				ject of a wi	nding up or administrative	Yes		No	
(v)	Had a proposal form de	clined?					Yes		No	
(vi)	Had an insurance cance	elled?					Yes		No	
(vii)	Had special terms impo	sed?					Yes		No	
(viii)	Been convicted or charg	ged with a	any criminal offence,	, or have a prosecu	ition for suc	ch an offence pending?	Yes		No	
(ix)	Been prosecuted or ser breach or alleged breac				ohibition n	otice in connection with a	Yes		No	
	If 'Yes', please provide	details:								
31 C	Quotation requirements									
	se give details of the firm	ı's curren	t Professional Indem	nnity Insurance.						
Do n	not complete this question	n if you ar	e already a client of	Bluefin						
Limit of Indemnity Excess Premium Nam			Name of Insurer		Rer	newal Da	te			
£		£		£				,	/ /	
Plea	se advise your requireme	ents	Option 1		Option 2		Option 3			
Lin	nit of Indemnity		£		£		£			
Excess £ £					£					

# Please list below the people you have consulted to assist with the completion of this form, including any external providers: Name Position Location

Please continue on a separate sheet if necessary.

People consulted in completion of the form

### Confirmation

#### Your duty to make a fair presentation of the risk

You must make a fair presentation of the risk to us when you take out, renew or amend your policy. A fair presentation requires you to tell us about all facts and circumstances which may be material to the insurance or sufficient information to put a prudent insurer on notice that further enquiries are needed, in a clear and accessible manner. Material facts are those which are likely to influence an insurer in the acceptance or assessment of the terms or pricing of your policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, where that failure is deliberate or reckless, the insurer may treat your policy as if it had not existed, refuse to pay any claims and keep the premium paid. Where the failure is not deliberate or reckless but the insurer would not have accepted the policy had you told them about a material fact or circumstance, the insurer may treat your policy as if it had not existed and refuse to pay any claims but must return the premium. In other cases, the insurer may only pay part of the value of your claim or impose additional terms.

For these reasons, it is important that you check all of the facts, statements and information set out in the documentation provided by us are complete and accurate, and that you answer any questions completely and accurately. If there is more than one person involved in your business or employed by you, you should check with them, where appropriate, that the facts and statements that you make are complete and accurate.

If any of the facts, statements and information in this document, or any additional information provided are incomplete or inaccurate, you must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the insurer of any change to any material fact. I understand that the information provided will be used by the insurer and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

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

This form must be signed by a principal of the firm							
Signature:	Date:						
Print name:	Position:						

Please return this application form along with any other supplementary information sheets to the address detailed below:-

Bluefin Professions | Castlemead | Lower Castle Street | Bristol | BS1 3AG t: 0117 929 3344 | enquiry.professions@bluefingroup.co.uk | www.bluefinprofessions.co.uk



Bluefin Professions is a trading name of Jelf Insurance Brokers Ltd which is authorised and regulated by the Financial Conduct Authority (FCA). Not all products and services offered are regulated by the FCA. Registered in England and Wales number 0837227. Registered Office: Hillside Court, Bowling Hill, Chipping Sodbury, BS37 6JX.

dditional information						
Use this space to provide further information in support of answers given to questions in this Proposal.						
lease state question number clearly.						

## **Professional indemnity insurance Cladding questionnaire**



### Instructions

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

1 Pra	1 Practice details								
Prac	tice name (include all nam	es under which you pr	actice)						
2 Cla	adding								
2.1	Have you ever taken cor	ntractual responsibility	for cladding systems?			Yes		No	
2.2	During the last 10 years building which was in exc		volved in a contract where stories in height?	e external cladding was	applied to a	Yes		No	
	If 'Yes', please provide d	etails below							
2.3	building which is in excess	ss of 18 metres or 6 st	or any contracts where ex ories in height?	ternal cladding will be a	applied to a	Yes		No	
	If 'Yes', please provide d	etails below							
2.4	specification, approval, testing, certification, inspection or installation of the cladding?							No	
2.5	If 'Yes', complete 2.5  a) Was, or will, the exte	ernal cladding installed	l be in accordance with ma	anufactures guidelines?	,	Yes		No	
	b) In ALL instances, has the external cladding (including components within the cladding system) used on these projects been non-combustible?							No	
	If 'No', please provid	e details below and co	omplete 2.6, if 'Yes', comp	lete 2.6					
2.6	In ALL instances, has the If 'Yes' complete 2.8, if 'N	ŭ	ed in all projects been A2 (	grade, rather than FR o	r PE grade?	Yes		No	
2.7	·	·	h FR or PE grade was or i	is being used then com	plete 2.8	Yes		No	
	Name if client	Type of building	Address of project	Contract value	Start date	Finish da	ate	ACM	
				£	/ /	/ /		FR □ P	E 🗆
				£	1 1	/ /		FR □ P	ΈΠ
				£	/ /	/ /		FR □ P	ΈΠ

2.8	a)	Were specialist cladding contractors engaged?	Yes		No				
	b)	Did these specialist cladding contractors have their own Professional Indemnity Insurance?	Yes		No				
		If 'Yes' to a) and/or b), please provide details below and sign and date the questionnaire for return, if 'No', to both then sign and date the questionnaire for return							
Declaration									
		y to make a fair presentation of the risk		. 40 40!!		الم			

You must make a fair presentation of the risk to us when you take out, renew or amend your policy. A fair presentation requires you to tell us about all facts and circumstances which may be material to the insurance or sufficient information to put a prudent insurer on notice that further enquiries are needed, in a clear and accessible manner. Material facts are those which are likely to influence an insurer in the acceptance or assessment of the terms or pricing of your policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, where that failure is deliberate or reckless, the insurer may treat your policy as if it had not existed and refuse to pay any claims and keep the premium paid. Where the failure is not deliberate or reckless but the insurer would not have accepted the policy had you told them about a material fact or circumstance, the insurer may treat your policy as if it had not existed and refuse to pay any claims but must return the premium. In other cases, the insurer may only pay part of the value of your claim or impose additional terms.

For these reasons, it is important that you check all of the facts, statements and information set out in the documentation provided by us are complete and accurate, and that you answer any questions completely and accurately. If there is more than one person involved in your business or employed by you, you should check with them, where appropriate, that the facts and statements that you make are complete and accurate.

If any of the facts, statements and information in this document, or any additional information provided are incomplete or inaccurate, you must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information provided will be used by the insurers and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

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

This form must be signed by a principal of the firm								
Signature:	Date:	/ /						
Print name:	Position:							

Please return this application form along with any other supplementary information sheets to the address detailed below:

Bluefin Professions | Castlemead | Lower Castle Street | Bristol | BS1 3AG t: 0117 929 3344 | enquiry.professions@bluefingroup.co.uk | www.bluefinprofessions.co.uk



Bluefin Professions is a trading name of Jelf Insurance Brokers Ltd which is authorised and regulated by the Financial Conduct Authority (FCA). Not all products and services offered are regulated by the FCA. Registered in England and Wales number 0837227. Registered Office: Hillside Court, Bowling Hill, Chipping Sodbury, BS37 6JX.