

# Professional Indemnity Insurance for Surveyors Proposal Form



## Instructions

Please provide a full answer to every question. Where there is insufficient space to answer a question please enclose additional sheets. The form and any separate sheets should be completed, signed and dated by a principal, partner or director.

### 1 Your details

a) Full business name:


Date established

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b) Main office address:


Other locations


Email address

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Website

www.

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c) Please list any predecessor business that requires cover:

Name

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Date commenced

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Date ceased

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Reason for cessation

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Name

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Date commenced

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Date ceased

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Reason for cessation

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**Note:**  
Please continue on a separate sheet if more space is required.



## 2 Principal/Director details (continued)

vii) Is there separate insurance covering the activities in this firm in force for the period above?  Yes  No

i) Name of principal

ii) Name of previous firm

iii) Period

From:  To:

iv) Fees for last 3 years

Y/E: 

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 €

Y/E: 

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 €

Y/E: 

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 €

v) Reason for leaving

vi) Position in firm

vii) Is there separate insurance covering the activities in this firm in force for the period above?  Yes  No

i) Name of principal

ii) Name of previous firm

iii) Period

From:  To:

iv) Fees for last 3 years

Y/E: 

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 €

Y/E: 

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 €

Y/E: 

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 €

v) Reason for leaving

vi) Position in firm

vii) Is there separate insurance covering the activities in this firm in force for the period above?  Yes  No

**Note:**

Please continue on a separate sheet if more space is required

**Note:**

Please continue on a separate sheet if more space is required

## 3 Staff details

Please state the number of:

a) Principals/partners/directors

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b) Qualified Staff

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c) Others

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#### 4 Business income

Please state:

a) Month of financial year end

b) Gross turnover/fee income for the past year and an estimate for the current and forthcoming year for work undertaken in:

	Past year ending	Current year	Coming year
ROI	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Other EU*	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Other Europe*	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
USA/Canada not subject to USA/Canada law*	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
USA/Canada subject to USA/Canada law*	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Other overseas *	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
<b>TOTAL</b>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

\* Please provide details of work and countries involved

**Note:**

Please continue on a separate sheet if more space is required.


#### 5 Business activities

a) Please provide the split of gross income for the past 12 months as follows:

Property Management	
Commercial	%
Residential	%
Estate Agency	
Commercial	%
Residential	%
Letting Agency	
Commercial	%
Residential	%
Construction Services	
Quantity surveying (pre-contract)	%
Quantity surveying (post-contract)	%
Project co-ordination	%
Project management	%
Architecture	%
Building Surveying **	
Building surveys of residential property (no valuation included)	%
Building surveys of commercial and industrial property (no valuation included)	%
Homebuyers reports	%

**5 Business activities (continued)**

**Building Surveying \*\* (continued)**

Full structural surveys	%
Home condition surveys	%
Energy performance certification	%
Provision of Home Information Packs	%

**Auctioneering**

Chattels, machinery and property	%
Fine art	%

**Valuation Services \*\***

Residential lending	%
Residential non-lending	%
Commercial lending	%
Commercial non-lending	%

**Land Surveying \*\*\***

	%
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**Rent Reviews**

Commercial	%
Residential	%

**Other Services**

Homebuyers reports	%
Insurance agency	%
Financial services ****	%
Mortgage broking ****	%
Building society agency	%
Any other activities (please provide details below)	%

**TOTAL** **100%**


**Note:**

Please continue on a separate sheet if more space is required.

\*\* Please complete the supplemental Surveying and Valuing Questionnaire

\*\*\* Please complete the supplemental Land Surveyors Questionnaire

\*\*\*\* Please complete the supplemental Financial Services Questionnaire

b) Do you anticipate any major changes in these activities in the forthcoming 12 months?  Yes  No

If 'Yes', please give details:


**Note:**

Please continue on a separate sheet if more space is required

**Continued overleaf**

**5 Business activities (continued)**

c) In respect of the activities listed in question 5 a) where no income has been disclosed have you undertaken any of these activities in the past 3 years?

Yes  No

If 'Yes', please advise:

	Year End	Year End	Year End
<b>Activities Undertaken</b>			
	€	€	€
	€	€	€
	€	€	€

**6 Contracts**

In respect of the following work undertaken in the past 3 years, please advise:

**a) Commercial Estate Agency**

Average individual property value handled

Highest individual property value handled

**b) Quantity Surveying – Pre-Contract**

Highest total single project value of an individual job

Highest own single project value of an individual job

Average own total single project value of jobs undertaken

**c) Quantity Surveying – Post-Contract**

Highest total single project value of an individual job

Highest own single project value of an individual job

Average own total single project value of jobs undertaken

**d) Project co-ordination (no responsibility for appointment of contractors/professionals)**

Average total single project value of jobs undertaken

Highest total single project value of an individual job

Highest own single project value of an individual job

**e) Project management (responsible for appointment of contractors/professionals)**

Average total single project value of jobs undertaken

Highest total single project value of an individual job

Highest own single project value of an individual job

**f) Architecture**

i) Average total single project value of jobs undertaken

**6 Contracts (continued)**

**f) Architecture (continued)**

ii) Please provide details of the 3 largest contracts where construction has commenced in the last 3 years:

Start date	Completion date	Total contract value	Description of contract	Services performed
		€		
		€		
		€		

**g) Auctioneering**

	Approx average annual income	Maximum value	Average value
Property/land	€	€	€
Fine art/antiques	€	€	€
Livestock/deadstock	€	€	€
Other (please provide details)	€	€	€

**h) All residential surveys/valuations**

Year	Average annual No. of reports	Maximum single property valuation	Average single property valuation	Highest portfolio valuation	Average portfolio valuation
Current	€	€	€	€	€
Last	€	€	€	€	€
Previous	€	€	€	€	€

Please identify your 3 largest clients:

Name		Annual fee income	€
Name		Annual fee income	€
Name		Annual fee income	€

**i) Commercial surveys/valuations for lending purposes**

Year	Average annual No. of reports	Maximum single property valuation	Average single property valuation	Highest portfolio valuation	Average portfolio valuation
Current	€	€	€	€	€
Last	€	€	€	€	€
Previous	€	€	€	€	€

**6 Contracts (continued)**

**j) Other commercial surveys/valuations**

Valuation size	Client	Purpose

**Note:**

Please continue on a separate sheet if more space is required

**7 Your business**

a) Do you utilise sub-contractors?

Yes  No

If 'Yes', please advise:

i) the percentage of your gross fees to be paid to sub-contractors in the current financial year?

 %

ii) the nature of work for which they are used?

iii) details of selection and management criteria?

iv) Do you ensure they have their own PI insurance in force?

Yes  No

b) i) Do you or any principal, partner, or director act on behalf of or undertake work for any firm, company or organisation in which you or any principal, partner, or director has a financial interest?

Yes  No

ii) Does any principal, partner or director perform an executive role or hold a position whereby they are able to make major policy decisions on behalf of such firm, company or organisation?

Yes  No

If 'Yes', please provide full details:



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**Note:**

Please continue on a separate sheet if more space is required



**8 Risk management**

a) Are you able to confirm that:

- i) a diary system is used to ensure deadlines are met and critical dates are not missed?  Yes  No
- ii) work undertaken by staff is regularly reviewed by a principal or qualified manager?  Yes  No
- iii) working papers including records of all contracts, client meetings and telephone calls are retained for at least 5 years?  Yes  No
- iv) a formal review of working procedures is undertaken at least annually?  Yes  No
- v) written procedures or checklists are used for professional/technical services provided?  Yes  No
- vi) all cheques over €30,000 require two signatures?  Yes  No
- vii) cash books, receipts, counterfoils and bank statements are checked independently by a principal, director or partner at least monthly?  Yes  No
- viii) all offices are under the day to day control and supervision of a principal and arrangements are in place for the office supervision in the event of a principal's absence?  Yes  No
- ix) you have standard procedures for regular review of ongoing contracts internally and with clients?  Yes  No
- x) satisfactory written references are always obtained for new employees?  Yes  No
- xi) contracts are always drafted by legal professionals or vetted by legal advisors?  Yes  No
- xii) contracts or terms of acceptance, including any changes, are evidenced in writing, specifying the work to be undertaken and the extent of your responsibility?  Yes  No

If 'No' to any of the above, please give details below:

**Note:**

Please continue on a separate sheet if more space is required.

b) In respect of property management/agency work:

- i) are deposit cheques always required?  Yes  No
- ii) is it made clear as to whom are responsible for issuing notices?  Yes  No

If 'No' to any of the above, please give details below:

**Note:**

Please continue on a separate sheet if more space is required.

iii) please provide details of procedures in place for obtaining references for prospective tenants

c) In respect of property management/agency work:

- i) do you undertake the Home Condition Survey or Energy Performance Survey?  Yes  No
- ii) If 'No', do you ensure that the Home Inspector or Domestic Energy Assessor maintains their own PI Insurance?  Yes  No

**9 Previous insurance**

Has any insurer ever declined, cancelled, refused to renew or required an increased rate or special conditions in respect of the insurance to which this proposal relates?  Yes  No

If 'Yes', please provide full details:

**Note:**

Please continue on a separate sheet if more space is required.

## 10 Current insurance

Please advise:

a) Date of expiry of current Professional Indemnity Policy

b) Name of insurer

c) Limit of indemnity

d) Excess

e) Premium

f) Retroactive date

## 11 Requested cover

Limit of indemnity required

€

Excess required

€

## 12 Claims and circumstances

a) In respect of any of the liabilities to be covered by this insurance has any claim whether successful or not been made against and/or loss suffered by you, any predecessor or any present or former principal, partner or director either individually or otherwise?

Yes  No

If 'Yes', please provide full details to include year of incident, amounts involved, details of the circumstances and steps taken to prevent a recurrence of the situation:

**Note:**

Please continue on a separate sheet if more space is required.

b) After full inquiry is any principal, partner, director or employee aware of any claim pending and/or any circumstance existing which might give rise to any claim by or against you, any predecessor or any present or former principal, partner or director?

Yes  No

If 'Yes', please provide full details:

**Note:**

Please continue on a separate sheet if more space is required.

c) Has any disciplinary action been taken by any outside professional or regulatory body against any principal, partner, director or employee?

Yes  No

If 'Yes', please provide full details:

**Note:**

Please continue on a separate sheet if more space is required.

d) i) Have you suffered any loss from the dishonesty or malice of any partner, director, employee or self-employed subcontractor or consultant?

Yes  No

ii) After reasonable inquiry, do you have any grounds for suspecting that any partner, director, employee or self-employed subcontractor or consultant has acted dishonestly or maliciously?

Yes  No

### 13 Claims and circumstances (continued)

If 'Yes', please provide full details:


**Note:**  
Please continue on a separate sheet if more space is required.

e) After full inquiry is there any matter which might otherwise affect the consideration of this proposal for insurance?

Yes  No

If 'Yes', please provide full details:


**Note:**  
Please continue on a separate sheet if more space is required.

### Data Protection

Zurich Insurance plc ('Zurich') will hold your details in accordance with our Data Protection and Privacy Policy together with all applicable data protection laws and principles. Information you supply may be used by us for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention) within the Zurich Financial Services Group and our partners inside and outside the European Economic Area. We may share with our agents and service providers, members of the Zurich Financial Services Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing and regulatory bodies (of which we are a member or by which we are governed) information we hold about you and your claims history. This includes the Insurance-Link database and the Irish Insurance Federation's anti-fraud claims matching database. We may also in certain circumstances use private investigators to investigate a claim. We may also need to collect sensitive personal data (for example, information relating to your physical or mental health or the commission or alleged commission of an offence) to assess the terms of insurance we issue/arrange or to administer claims which arise. Unless you have advised us otherwise, we may share information that you provide to companies within the Zurich Financial Services Group and with other companies that we establish commercial links with so we and they may contact you (by email, SMS, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you. Please tick here if you do not wish your information to be utilised for these purposes

You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003. Should you wish to exercise this right, please write to the Data Protection Officer, Zurich, Zurich House, Ballsbridge Park, FREEPOST, Dublin 4. To access your data, a fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheque should be made payable to Zurich.

By providing us with your information and proceeding with this contract, you consent to all of your information being used, processed, disclosed, transferred and retained for the purposes of insurance administration (including underwriting, processing, claims handling and fraud prevention). Please note that a copy of our full Data Protection and Privacy Policy can be viewed on our website [www.zurich.ie](http://www.zurich.ie) or requested by writing to our **Data Protection Officer at Zurich, Zurich House, Ballsbridge Park, FREEPOST, Dublin 4.**

### Declaration

1. I declare to the best of my knowledge and belief that the information given on this form is true in every respect.
2. I declare that if anything on this form was written by another person he or she acted as my agent for this purpose.
3. I agree that this proposal and declaration shall be the basis of the contract between me and the Insurer.

**Please see Declaration continued overleaf.**

## Declaration (continued)

**IMPORTANT NOTICE:** Failure to disclose material facts could result in your contract being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it. A copy of this proposal form is available on written request within three months from the date of this proposal.

Full details of the cover provided appears in the policy document, a copy of which is available on request. Telephone calls may be recorded for security and training purposes. The Insurer reserves the right to decline any proposal.



### Signature

Please sign and date.

Signature

X

Print name

Position

Date

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Zurich Insurance plc

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Zurich Insurance plc is regulated by the Central Bank of Ireland.



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