



**Proposal Form for
Home Inspectors / Domestic Energy Assessors / SAP Assessors
Professional Indemnity Insurance**

IMPORTANT INFORMATION REGARDING COMPLETION OF THIS FORM

Method Of Completion

- This proposal form may be completed in ink or electronically, provided you print out an original and sign and date the declaration;
- ALL questions must be answered (if necessary comment as “not applicable” or “none”);
- Please review the complete document before signing and dating the declaration;
- Please post the original form to us after taking a copy for your records. A faxed or electronic copy will enable work to commence on your behalf straight away.

Presentation

- Insurers see many proposals during the course of a working day and it is therefore important that your proposal form is completed fully, clearly and accurately. First impressions really do count here;
- If there is insufficient space in the proposal form or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper;
- CV's of your principals should be supplied if you have not previously been insured or if any principal has been in their current position fewer than five years;
- Standard contract conditions, brochures or other marketing material should be supplied if this helps to describe the activities undertaken or the potential professional liabilities faced;

Disclosure

- You have a legal duty to disclose to insurers all material information which may affect their judgement in determining whether to provide you with insurance and if so on what terms. In the case of renewal of existing insurance arrangements, this includes any material changes to information already disclosed to insurers;
 - If you are in any doubt as to whether or not information is material, you should disclose it, even if there is no specific relevant question in the proposal form;
 - It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current underwriters of such matters as appropriate;
 - Failure to disclose material information may give underwriters the right to avoid any contract of insurance they may subsequently issue, with the consequence that you will not be protected for any claims notified under that insurance.
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SECTION 1. – BUSINESS PROFILE**1. NAME(S) OF INSURED / PROPOSER (including all trading names of entities to be Insured):**

(Please include any predecessors for whom cover is required)

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2. ADDRESS OF THE PRINCIPAL OFFICE: (Please list all other locations by Town or Country if overseas and identify the supervising Partner / Director at each location. Please provide on appendix sheet if required)

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ALL OTHER ADDRESSES BY TOWN/COUNTRY:

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Principal Contact:

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Telephone Number:

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E-Mail:

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Fax Number:

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Web-Site Address:

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3. DATE OF COMMENCEMENT OF CURRENT BUSINESS:

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DATE OF COMMENCEMENT OF AND CESSATION OF FORMER BUSINESS:

(If Applicable)

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REASON FOR CESSATION OF FORMER BUSINESS:

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4. FULL DESCRIPTION OF BUSINESS ACTIVITIES (Please attach brochure(s) if available):

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5. PARTNERS / DIRECTORS / SOLE PRACTITIONERS & CONSULTANTS:-

Names of:	AGE	Qualifications & Professional Associations	Date Qualified	Number of Years as Partner / Director / Sole Practitioner
a) Partners / Directors / Sole Practitioners*				
b) Consultants.				
a)				
b)				

*Please attach copy CVs for all partners/directors

6. **NUMBER OF STAFF:-** (Not including the above)

Qualified:

Other:

7. **RECENT CHANGES? – During the last six years, has the name(s) of the Insured / Proposer changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors/Sole Practitioners ? (i.e. departed, retired or deceased etc...)**YES NO

If “YES”, please give details below

8. **NEW ACTIVITIES – Please provide details of major new activities being undertaken during the forthcoming financial year, i.e. new offices, new disciplines, territories etc...**9. **OTHER FINANCIAL INTERESTS – Does the Insured / Proposer or any Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such a partnership, company, organisation? (Apart from shares held in Public Companies)**YES NO

If “YES”, please state the name and nature of such Organisation and outline the work undertaken.

10. **JOINT VENTURE / CONSORTIUM**

(a) Is the Insured / Proposer or any other Partner / Director / Proprietor currently a member of a Consortium or has the Firm or any Partner / Director / Proprietor worked in the past in association with any other Firm or Organisation?

YES NO

If “YES”, please supply full details including names of all members and details of PII cover carried by each party

(b) Is cover required for such work?

YES NO **IF “YES”, INSURERS WILL REQUIRE A COPY OF ANY NEW AGREEMENT NOT PREVIOUSLY DECLARED TO UNDERWRITERS**11. **CURRENT INSURANCE ARRANGEMENTS – Please advise**

LIMIT OF INDEMNITY £	EXCESS £	PREMIUM £	INSURER	RENEWAL DATE	PERIOD CONTINUOUSLY INSURED
					YEAR(S)

PREVIOUS INSURANCE – Has any similar insurance for this Insured / Proposed or any Partner / Director / Principal been declined, cancelled or renewal refused?YES NO

If “YES”, please advise details

12. QUOTATIONS REQUIRED (If unsure, please contact to discuss or request "Please obtain various")

LIMIT OF INDEMNITY £			
EXCESS(ES) £			

SECTION 2 – PROFESSIONAL RISK PROFILE

1. **GROSS FEE INCOME** – Please Advise (for new insured(s) / proposer(s) start up's, please estimate the expected fee income)

	Actual for <u>Last</u> Financial Year	Estimate for <u>Current</u> Financial Year	Estimate for <u>Next</u> Financial Year
Gross fees in £			
Fees paid to Sub-Contractors in £			
Largest total fees from any one client in £			
PLEASE STATE THE DATE OF YOUR FINANCIAL YEAR END:			

2. **DISCIPLINE PROFILE** –Please categorise Insured / Proposer business activities (list any other activities in addition to HCRs and EPCs) and advise approximate split of work during the **NEXT** financial year

	Percentage of total fee income	Number of HCRs & EPCs undertaken each year
Home Condition Reports		
Energy Performance Certificates or SAP Assessments		
TOTAL	100%	

3. **Which Accreditation scheme(s) are you registered with?**

a) as a Home Inspector b) as an Energy Assessor c) as a SAP Assessor

BRE		
SAVA		
RICS		
NES		
Elmhurst		
Northgate		
FAERO		

4. CLAIMS & / OR CIRCUMSTANCES

PLEASE NOTE: IT IS IMPERATIVE THAT SECTION (A) AND (B) OF THIS QUESTION ARE ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS UNDER YOUR PROFESSIONAL INDEMNITY INSURANCE. WHERE NECESSARY, PLEASE PROVIDE DETAILS ON AN APPENDIX SHEET.

(a) **CLAIMS & / OR CIRCUMSTANCES NOTIFIED TO INSURERS**

YES NO

During the last ten years, has the Insured / Proposer notified to Professional Indemnity Insurers;

any claims that have been made against the Insured / Proposer listed in Question 1 Section 1, or against any present or former principals or employees of the Insured / Proposer ;

or ii) any circumstances of which you were aware that could be / could have been potential claims against the Insured / Proposer, or against any present or former principals or employees of the Insured / Proposer.

If "YES", please provide details below:

Claim Status: (Open / Closed)	Date of Notification:	Brief Details of the claim / circumstance:	Amounts Paid by Insurers:	Outstanding Reserves:
			£	£
			£	£
			£	£
			£	£

(b) **OTHER CLAIMS & / OR CIRCUMSTANCES**

After enquiry of all principals and professional staff of the Insured / Proposer, are you aware of any other claims and/or circumstances that may give rise to claims against the Insured / Proposer, and which have not yet been notified to insurers?

YES NO

If "YES", please provide full details including amounts involved

DECLARATION

I / We declare that the above statements and particulars are true and I / We have not suppressed or mis-stated any material facts.

I / We agree that this proposal, together with any other information supplied by me / us shall form the basis of any subsequent contract of insurance.

I / We agree that where information has been inserted on our behalf, we have reviewed such information and confirm the information is accurate and correct

Signed:

Partner / Director / Practitioner

For and on behalf of:

Date: