



Professional Indemnity

Version 04.18.002

This form has been designed to be completed and signed electronically.

Once completed please save it and send it back to: fast-track@alicecastle.co.uk

Or if you would prefer to complete this form by hand, simply print it and post to:

Alice Castle Limited 63 St Mary Axe London EC3A 8AA

Tel: 0207 186 1630 Web: <u>www.alicecastle.com</u>



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Section 1 – Basic Details									
Details must be provided of any other trading titles, including predecessor firm(s) for which cover is required. All addresses must be shown together with the partner(s), director(s) or principal(s) responsible for the work at each location. If necessary please submit this information using the supplementary sheet at the end of this form.									
1.1 Firm Name									
1.2 Office Address									
1.3 Post Code				1.	4 Date Established				
1.5 Contact Name				1.	6 Telephone No				
1.7 Contact Email	1.8 Web Address								
Section 2 – Staff Details									
2.1 Please give details of numbers of staff within the four categories below:									
Partners, Directors Principals	Ors or Qualified Staff Trainee Staff Other						ther		
2.2 Please detail all partners, directors and principals of the firm:									
If your firm has more than	eight partr	ners, directors or principals, p	please use	the sup	plementary sheet at the	end of this form.			
Full Name	Р	osition	Full / Time	Part	Time in current position	Qualifications	Date Qualified		
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Section 3 – Risk Management				
3.1 Is your firm (or any partner, director or principal) a member of any consortium, joint venture or single project partnership or have any association with or financial interest in any other practice, company or organisation?				
If you have answered Yes to question 3.1, please give full details on the supplementary sheet at the end of this form.				
3.2 Do you always take up written references when engaging staff?				
3.3 Do all cheques drawn for over £5,000 require at least two signatures?				
3.4 Have any loses been sustained by fraud or dishonesty?				
3.5 Are you aware of any fraud or dishonesty on the part of past or present partners or employees?				
3.6 Does the firm hold monies on behalf of any independent third parties?				
3.7 Is there a diary system in force to ensure deadlines for rent review are met?				

Section 4 – Fees

4.1 Please estimate the percentage of fees allocated to each area of practice for the last 12 months or, if a new practice, estimated percentages for the forthcoming year.

% % % % %	Property / Estate / Land Management Quantity Surveying Rating and Rent Reviews Setting Out Structural Surveys - Commercial Structural Surveys - Residential	% % % % %
% % %	Rating and Rent Reviews Setting Out Structural Surveys - Commercial	% % %
% % %	Setting Out Structural Surveys - Commercial	%
%	Structural Surveys - Commercial	%
%		
	Structural Surveys - Residential	%
0/		
%	Town Planning and Development	%
%	Valuations For Lending Purposes - Commercial	%
%	Valuations For Lending Purposes - Residential	%
%	Valuations For Non Lending Purposes - Commercial	%
%	Valuations For Non Lending Purposes - Residential	%
		%
	%	% Valuations For Non Lending Purposes - Commercial

Total

Section 4 – Fees (Continued)



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4.2 Do you require cover for any previous areas of work which are different from that declared within this proposal form, such as valuations for lending purposes or survey work?

If you have answered Yes to question 4.2, please give full details on the supplementary sheet at the end of this form.								
4.3 What is the date of your firm's financial year end?								
4.4 Please state your gross fees received for the past financial year and estimates for the current and forthcoming years:								
Financial Period		UK Income	Ove	rseas Income	me Total Income			
Last Complete Year						0.00		
Current Year (Estimated)						0.00		
Next Year (Estimated)						0.00		
If you have declared any fees from any territory other than the UK or if you enter into any contracts where legal jurisdiction is anything other than UK law, please provide the details for each of these projects using the supplementary sheet at the end of this form.								
Section 5 – Quantity S	Surveying,	Project Manag	ement, Projec	ct Co-ordina	ation, Archi	tectural		
5.1 Please provide details of t	the five largest o	contracts where work	has commenced i	n the past 6 yea	rs:			
Client	Start Date	Description of We	ork	Total Contract Value	Your Contract Fee	Completion Date		



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Section 5 - Quantity Surveying, Project Management, Project Co-ordination, Architectural

5.2 Please provide details of the three largest projects where work is likely to commence in the next 12 months:						
	Client Name					
Contract 1	Start Date	Completion Date				
	Description of Work					
	Contract Value	Your Contract Fee				
	Client Name					
Contract 2	Start Date	Completion Date				
	Description of Work					
	Contract Value	Your Contract Fee				
Contract 3	Client Name					
	Start Date	Completion Date				
	Description of Work					
	Contract Value	Your Contract Fee				
Section 6 – Claims						
6.1 Have any professional indemnity claims, whether successful or not, ever been made against the firm, predecessors of the firm or any of the partners, principals or directors of the firm? Yes						
6.2 After fu		;, principals or directors of the firm aware of any circumstanc	e which might give	Yes		
If you have answered Yes to either of the questions above, please provide additional details using the supplementary sheet at the end of this form.						



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Section 7 – Cover Requirements							
7.1 Please provide your current insurance details:							
Current Insurer Current Broker							
Limit of Indemnity		Excess					
Premium Renewal Date							
7.2 Please provide details of the cover you require:							
Limit of Indemnity Excess							
7.3 Have any of the firms or persons named in Sections 1 and 2 at any time been refused similar insurance, quoted an increased premium, had a policy cancelled or had special terms imposed?							
If you have answered Yes to question 7.3 please provide additional details on the supplementary sheet at the end of this form.							
7.4 Do you require cover for any partner, director, consultant or employee for liability arising out of a previous business?							
If you have answered Yes to question 7.4 please provide additional details on the supplementary sheet at the end of this form.							
7.5 Please provide the expiry date of your Employer's Liability Insurance:							

Section 8 – Duty To Make A Fair Presentation

You have a duty to make a fair presentation of the risk to be insured to the insurer. This requires disclosure of any information which would influence the judgement of a prudent insurer in deciding whether to accept your insurance, impose special terms, or charge an increased premium.

A proposal form, or any other document relating to the contract of insurance, must be answered fully and accurately. All representations must be substantially correct if relating to matters of fact, or made in good faith if they are matters of expectation or belief. Please consider the questions regarding any other information very carefully.

Please be aware that a failure to make a fair presentation of your risk may affect the payment of your claims, cause additional charges or even invalidate the policy.

Disclosure of information also applies to senior management and those responsible for the insured's insurance. The definition of senior management is those individuals who play significant roles in the making of decisions concerning how the insured's activities are to be managed or organised.

Information must be disclosed in a way which is reasonably clear and accessible to a prudent insurer.

This duty arises not only at inception of the policy but also at renewal or in the event of any material change in your risk during the period of insurance. Please contact us immediately if you have any doubt as to what constitutes a relevant fact or circumstance.

Section 8 – Duty To Make A Fair Presentation (Continued)



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8.1 Do you expect any significant change to or in your Company/Firm in the next 12 months?								
8.2 Is there any other material information that may be relevant to this application?								
If you have answered Yes to either of the questions above, please provide additional details using the supplementary sheet at the end of this form.								
It is essential that every Proposer or Insured, when seeking a quotation to take out or renew any insurance, discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice. Unless agreed to the contrary, this insurance shall be subject to English Law.								
Section 9 – Declaration								
I declare that after full enquiry of all senior management and those responsible for our insurance, the contents of this proposal are true and we have not misstated, omitted or suppressed any material circumstance or information. I confirm that this proposal form, together with any other document that may have been provided, does provide a fair presentation of the risk to be insured. If there is any material alteration to the facts and information provided or any new matter arises before the completion of the contract of insurance, I undertake to inform insurers.								
Signed by (Principal, Partner or Director):		Printed:						
For and on behalf of:			Date:					

Specimen copies of policy wordings are available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference.

Please send your completed form to: fast-track@alicecastle.co.uk

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T: 0207 186 1630 Page 8 **Supplementary Sheet - Additional Information** Please provide any required additional details relating to previous sections in the box below.