



PROFESSIONAL LIABILITY APPLICATION

SURVEYORS AND ESTATE AGENTS

1. Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this Applicant's application, including any additional information provided, all will attach to and form part of the policy that is issued.

Completion of this form does not bind coverage. Applicant's written acceptance of an insurance company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.

Section 1: Company Details

- 1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured Company: _____

Contact Name: _____

Address: _____

Postal Code: _____ Email Address: _____

Telephone: _____ Website: _____

- 1.2 Please state when your company was established (MM/DD/YYYY): _____

- 1.3 a) How many principals/partners/directors are there in the Company?: _____

b) Please show the details of all principals/partners/directors:

Name	Years in position	Years experience	Qualifications

c) Please state the number of employees:

Professional: _____ Other: _____



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1.4 Please state your fees receive in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic revenue:			
USA revenue:			
Other territory revenue:			
Total revenue:			
Profit/(Loss):			

Date of company financial year end (MM/DD/YYYY): _____ Currency: _____

Section 2: Activities

2.1 Please briefly describe below the nature of your business activities. If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total revenue by activity. The total of all activities listed here should equal 100%.

Commercial property management:	%	Residential property management:	%
Commercial estate agency:	%	Residential estate agent:	%
Letting agent:	%	Foreclosure agent:	%
Title agent:	%	Quantity surveyor:	%
Planning supervisor:	%	Land and property (excluding valuation):	%
Conveyancer:	%	Land broker:	%
Mortgage broker:	%	Mortgage banker:	%
Lease broker:	%	Business broker:	%
Residential mortgage survey & variation:	%	Commercial mortgage survey & valuation:	%
Home condition report:	%	Other valuation work:	%
Auctioneer (livestock):	%	Auctioneer (other):	%
Town planning:	%	Expert witness:	%
Asbestos surveyor:	%		

2.3 Please state the largest and the average value of properties that you manage, value, lease or sell for each of the past three years:

Year	Largest value	Average value



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2.4 Do you belong to any association related to these activities? Yes No

If Yes, please list these associations below:

2.5 Approximately how many customers do you have?: _____

2.6 Is any legislation currently in force governing your activities? Yes No

If Yes, please provide details below:

2.7 In the event that your product or service failed or delivery was delayed please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property, or financial loss (consequential or otherwise) for your clients:

Only complete question 2.8 if you also require a quote for Commercial General Liability.

2.8 Please state the following:

a) Your total estimate payroll for the next financial year: _____

b) Your payroll relating to non-manual work away from your premises (such as consulting or similar): _____

Please detail the nature of this work below:

c) Your payroll relating to manual work away from your premises: _____

Please detail the nature of this work below:

d) Your payroll relating to hazardous work away from your premises: _____



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Please detail the nature of this work below:

Section 3: Contract Information

3.1 Do you carry out work only under a written contract signed by every client? Yes No

Please supply a copy of your standard form of contract, or typical examples of contracts used.

If No, explain in what circumstances, and why:

3.2 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract? Yes No

If Yes, explain what percentage of your contracts this is applicable to and what these are capped at:

3.3 What approximate percentage of your revenue, in your current financial year, will be paid to sub-contractors?: _____ %

3.4 Do you ensure that sub-contractors have their own Public Liability and Errors and Omissions insurance? Yes No

3.5 Do any of your contracts contain a service credit or liquidated damages regime? If yes, please attach a sample. Yes No

3.6 Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature? Yes No



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Section 4: Commercial Property and Business Interruption Insurance

Only complete this section if you require this cover.

4.1 Please state the address of the premises to be insured (if different from the address given earlier):

Premises 1

Address:

_____ Postal Code: _____

Premises 2

Address:

_____ Postal Code: _____

Please continue on a separate sheet if more than 2 premises are to be insured.

4.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy.

Name of party: _____

Interest of party: _____

Address:

_____ Postal Code: _____

4.3 Are all the premises:

a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?

Yes No

b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?

Yes No

c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?

Yes No

d) In a good state of repair and occupied solely as offices?

Yes No

e) Self contained with a lockable entrance door?

Yes No

f) Protected by an intruder alarm that is subject to an annual maintenance contract?

Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.



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g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No

h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No

i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No

j) Sprinklered, either fully or partially? Yes No

NOTE: Assuming you have answered 'yes' to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered "No" to any of the above questions then please give further details:

4.4 Please detail the amounts to be insured below for each premises.

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main Building:		
Landlord's fixtures & fittings and tenant improvements:		
Personal computers, printers and ancillary computer equipment at the office:		
All other items at the office:		
Portable computers and associated equipment at home/away from the office:		
All other items at home/away from the office:		

4.5 Please state, in respect of portable computers and associated equipment at home/away from the office, the maximum value of any one item (not the total value of all items): _____

4.6 Would you like a quotation for either of the following extensions? Earthquake Yes No

Flood Yes No

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4.7 Please detail the amounts to be insured below for Business Interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our Business Interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for Business Interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption cover (Flexible First Loss):		

Section 5: Claims Experience & Insurance History

5.1 Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date (MM/YY)	Effective date (MM/YY)	Limit	Deductible	Premium	Insurer
Current:						
Required:					N/A	N/A

5.2 Please provide details of your current Commercial General Liability insurance, if applicable, and what you require for the next year of insurance:]

	Effective date (MM/YY)	Limit	Deductible	Premium	Insurer
Current:					
Required:				N/A	N/A

5.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to question a, b, c, and d above: Yes No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.



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Section 6: Broker Information

Broker Name: _____ Brokerage: _____

Tel No: _____ Email: _____

How long have you known the Client? _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____