**Professional Indemnity Insurance
Proposal Form**

**CAAV Members**

****

IMPORTANT NOTICE FOR COMPLETING THIS PROPOSAL FORM

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| IMPORTANT INFORMATION REGARDING THE COMPLETION OF THIS FORMMethod of Completion This proposal form should be completed neatly in ink or (preferably) electronically, provided you print out an original and sign and date the declaration, having fully reviewed the completed document before doing so. ALL questions must be answered fully and accurately. Please read the important information below before completing the form….Your Duty of Fair Presentation1. Before the insurance contract is entered into, the proposer must make a fair presentation of the risk to the insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the proposer must:
2. disclose to the insurer every material circumstance which the proposer knows or ought to know. Failing that, the proposer must give the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk and, if so on what terms (including premium);
3. make the disclosure in clause 1.a) above in a reasonably clear and accessible manner; and
4. ensure that every material representation as to matter of fact is substantially correct, and that every material representation as to matter of expectation or belief is made in good faith.
5. For the purposes of clause 1.a) above, the proposer is expected to know the following:
6. If the proposer is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
7. If the proposer is not an individual, what is known to anybody who is part of the proposer’s senior management; or anybody who is responsible for arranging the proposer’s insurance.
8. Whether the proposer is an individual or otherwise, what should reasonably have been revealed by a reasonable search of information available to the proposer. The proposer cannot ignore or deliberately withhold information (this may amount to a breach of the duty of fair presentation even if the insurer had sufficient information to ask questions and did not do so). The information may be held within the proposer’s organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the proposer is insuring subsidiaries, affiliates or other parties, the insurer expects that the proposer will have included them in its enquiries, and that the proposer will inform the insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

Your Knowledge Under the Act, you must actively disclose all relevant information known by you, your "senior management" and/or these responsible for your insurance. You must also disclose any other information that you/your management/your insurance team do not know, but ought to know following a "reasonable" search. What is reasonable will be determined by the size and complexity of your business, and may extend to enquiring of external persons that hold material information, such as past or present insurance brokers. It is particularly important not to make assumptions about what your existing insurers already know about the risk.Professional PresentationInsurers 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, not only to provide a fair presentation of the risk to the insurers, but also to create a professional impression. If there is insufficient space in the form, or simply to ensure that the insurers have a fair understanding of the insurance risk, please supply additional information, preferably in electronic format. Please remember that this information must be reasonably clear and accessible to the insurers, so be careful not to fall into the trap of too much "data dumping". **You should work with us to ensure that the presentation to insurers is as complete as possible. Failure to comply with the Duty of Fair Presentation may give insurers grounds to refuse to pay a claim, reduce the amount they do pay, alter the terms of the policy retrospectively, or even treat the policy as it had never existed in some cases.****THEREFORE, IF YOU ARE IN ANY DOUBT AS TO WHETHER OR NOT INFORMATION IS MATERIAL, PLEASE DISCLOSE IT!** |

Data protection

Processing of personal data

MFL Insurance Group Limited (“MFL”) will process your personal data in accordance with the Data Protection Act 1998 and all relevant data protection legislation. By submitting this proposal form you consent to MFL processing your personal data for the purposes of arranging, providing and administering your insurance. This includes collecting and processing sensitive personal data about you where this is necessary. MFL may be required to transfer your personal data to third parties we work with in order to provide your insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Similarly, in the course of administering your insurance, it may be necessary for us to transfer your personal data to agents and service providers appointed by us, and to insurers, (which includes their re-insurers, legal advisers, loss adjusters or agents) solely for the purpose of fulfilling our obligations to you.

Identity verification

In order to ensure compliance with rules imposed on us by relevant UK regulators, we may run fraud prevention checks against the name of your firm, or all or any of the individual partners or members in your firm. We may use this information in order to comply with our regulatory, legal or good governance obligations. We will make checks such as verifying your identity in order to prevent and detect crime, fraud and money laundering. We may disclose your personal data to other companies in the MFL group of companies for the purposes described above. You agree to bring the above notice to the attention of each of your partners or members before completing and submitting this proposal form. Each individual has the right to apply for a copy of their information (for which we may charge a fee) and to have any agreed inaccuracies corrected.

[ ]  By ticking here, you agree to the processing of your personal data, including, where relevant, sensitive personal data, in the manner stated above in the paragraph entitled ‘Processing of personal data’.

FCA Regulatory Status

MFL Insurance Group Limited is authorised and regulated by the Financial Conduct Authority. Registered Address Barlow House, Minshull Street, Manchester, M1 3DZ. Registered in England and Wales No. 02817700.

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| Practice Details |

|  |  |  |
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| **1.** | Name(s) of Firm(s):(Please include any predecessors or acquisitions for which cover is required. Continue on a separate sheet if necessary) |  |
|  |  |  |  |
|  | Firm Name: |  | Date Commenced: |  | Date Ceased: |  |
|  |  |  |  |  |  |  |  |
|  | Click or tap here to enter text. |  |       |  |       |  |
|  |  |  |  |  |  |  |  |
|  |       |  |       |  |       |  |
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|  |       |  |       |  |       |  |
|  |  |  |  |  |  |  |  |
|  |  |
| **2.** | Address of the principal office: |       |  |
|  |  |  |       |  |
|  |  |  |       | Postcode: |       |  |
|  |  |  |  |  |
|  | Principal Contact: |       |  | Telephone No:  |       |  |
|  |  |  |
|  | Email: |       |  | Mobile No: |       |  |
|  |  |  |
|  | Website: |       |  |
|  |  |  |
|  |  |  |
|  | Please list all other offices by Town (or Country if overseas) and identify the supervising Partner/Director at each location. Please continue on a separate sheet if necessary. |  |
|  |  |  |  |
|  | Town: |  | Country: |  | Partner/Director In Charge: |  |
|  |  |  |  |  |  |  |  |
|  |       |  |       |  |       |  |
|  |  |  |  |  |  |  |  |
|  |       |  |       |  |       |  |
|  |  |  |  |  |  |  |  |
|  |       |  |       |  |       |  |
|  |  |  |  |  |  |  |  |
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| **3.** | a) | Are you expecting any significant change to the profile, activities or ownership of your Practice during the next 12 months? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |  |
|  | b) | Are there any other organisation(s)/person(s) that have a financial interest in your Practice? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |  |
|  | c) | Does the Firm(s) or any other Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  | d) | Is there additional material information which you feel insurers should be aware of (e.g. intended mergers or acquisitions, changes in staff profile, retirement, cessation of practice etc)? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |  |
|  |  |  |  |
|  | If answered **‘Yes’**, please provide full details on a separate addendum to the proposal form. |  |

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| Partners and Staff Details |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.** | a) | Please advise the current number of: |  |
|  |  |  | Number |  |
|  |  | Partners/Directors: |       |  |
|  |  | Consultants: |       |  |
|  |  | Qualified (FAAV) CAAV Members, other than those above: |       |  |
|  |  | Other qualified RICS staff |       |  |
|  |  | Other Technical staff: |       |  |
|  |  | Administrative & Secretarial Staff: |       |  |
|  |  | **Total No. of Staff:** |       |  |
|  |  |  |  |  |
|  | b) | Please complete **Appendix A** of this proposal form. |  |  |
|  |  |  |  |  |
|  | c) | Have you or any directors/partners of the business been convicted of any criminal convictions or are you or any directors/partners currently under investigation in respect of any criminal offences? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |  |

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| **5.** | If cover is required for any Partner/Director for Past Liability prior to joining the Firm(s) Please advise: |  |
|  |  |  |  |  |
|  | a) | Name of Partner/Director: |  |       |  |
|  |  |  |  |  |  |
|  | b) | Name of Previous Firm(s): |  |       |  |
|  |  |  |  |  |  |
|  | c) | Period to be covered: |  |       |  |

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| **6.** | If you use sub-consultantsPlease advise: |  |
|  |  |  |  |  |
|  | a) | Approximate percentage of work sub-consulted: |  |      % |  |
|  |  |  |  |  |  |
|  | b) | For which work are they used? |  |       |  |
|  |  |  |  |  |  |
|  | c) | Do they hold their own PI insurance? |  |       |  |

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| Fee Income and Division of Work  |

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|  |  |
| **7.** | a) | Please state the date of your Financial Year end: |       |  |
|  |  |  |  |  |
|  | b) | Please provide your gross fee income for the following periods: |  |
|  |  |  |  |
|  |  |  |  | Total Gross Fee Income |  | Largest Single Fee |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Estimate for the next Financial Year |  | £       |  | £      |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Current Financial Year (Estimate) |  | £      |  | £      |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Last Completed Financial Year |  | £      |  | £      |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Prior Completed Financial Year |  | £      |  | £      |  |  |  |

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| **8.** | Please indicate the approximate percentage of your gross fees for the period representing your last full accounting year.  |  |

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|  | a) | WORK BY FAAV’s (Please complete **Appendix B** of this proposal form) |      % |  |
|  |  |  |  |  |
|  |  | **WORK CARRIED OUT BY OTHERS IN THE PRACTICE:** |  |  |
|  |  |  |  |  |
|  | b) | General Practice (Other than specific items listed below) |      % |  |
|  | c) | Building Surveying (Other than specific items listed below) |      % |  |
|  | d) | Residential Estate Agency |      % |  |
|  | e) | Commercial Estate Agency |      % |  |
|  | f) | Agricultural Estate Agency |      % |  |

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|  | g) | Survey/Valuation Reports(Residential Property)  | i) | Full Structural Surveys |      % |  |
|  |  | ii) | Partial Surveys (Homebuyers etc) |      % |  |
|  |  |  | iii) | Lending Valuations |      % |  |
|  |  |  | iv) | Probate, Tax, Divorce |      % |  |
|  |  |  | v) | Other |      % |  |

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|  | h) | Survey/Valuation Reports (Commercial Property and Land)  | i) | For Lending Purposes |       % |  |
|  |  | ii) | For Purchasers |       % |  |
|  |  |  | iii) | For Accounting Purposes |       % |  |
|  |  |  | iv) | Probate, Tax, Divorce |       % |  |
|  |  |  | v) | Other (Please specify) |       % |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | i) | Survey/Valuation Reports (Agricultural Property)  | i) | For Lending Purposes |       % |  |
|  |  | ii) | For Purchasers |       % |  |
|  |  |  | iii) | For Accounting Purposes |       % |  |
|  |  |  | iv) | Probate, Tax, Divorce |      % |  |
|  |  |  | v) | Other (Please specify) |       % |  |

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| --- | --- | --- | --- | --- |
|  | j) | Plant & Machinery Valuations  |       % |  |
|  | k) | Rent Reviews/Lease Renewals |       % |  |
|  | l) | Commercial & Agricultural Property/Estate/Land Management |       % |  |
|  | m) | Residential Lettings/Management |       % |  |
|  | n) | Land/Mineral/Hydrographic Surveying |       % |  |

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|  | o) | Auctioneering | i) | Fine Art |       % |  |
|  |  |  | ii) | Plant & Machinery |       % |  |
|  |  |  | iii) | Livestock |       % |  |
|  |  |  | iv) | Other (Please specify) |       % |  |

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|  | p) | Project Management (Where the Firm is responsible for appointing other professionals and/or contractors in accordance with the contract) |       % |  |
|  | q) | Project Co-ordination (Where the Firm’s principal makes the appointments, whether on the Firm’s recommendation or not) |       % |  |
|  | r) | Architectural |       % |  |
|  | s) | Rating |       % |  |
|  | t) | General Insurance Agency & Building Society Agency |       % |  |
|  | u) | Financial Services (completion of a separate Questionnaire may be required) |       % |  |
|  | v) | Planning & Development Consultancy |       % |  |
|  | w) | Any Other Work – Please advise details: |       % |  |

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| If any work is undertaken by way **of individual appointments as a trustee**, irrespective of whether fees are paid in respect of that work or not, this should be declared under question 8(w). Please note, any cover afforded under the RICS PI policy will be limited to claims arising from allegations of negligence arising from the performance of your professional services as a surveyor, in undertaking the role of trustee. |
|  |  |  |  |  |  |  |  |
| If you wish to consider a more appropriate and comprehensive Trustees’ Liability policy, please indicate YES or NO, or contact us initially in order that this may be discussed | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |

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| **9.** | Under Q8 DISCIPLINE PROFILE above For any activities where you have answered “Nil” please give details if you have undertaken such work in the last six years **(or at all, if Financial Services)** |  |
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|  |  |  |  |  |  |  |  |
|  |       |  |

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| **10.** | **Project Management/Project Co-ordination**Please advise contract values of the five largest jobs in the last three years: |  |
|  |  |  |  |
|  |  | Contract Value: |  | Project Management/Project Co-ordination? |  |
|  |  |  |  |  |  |  |
|  | 1. | £       |  |       |  |
|  |  |  |  |  |  |  |
|  | 2. | £       |  |       |  |
|  |  |  |  |  |  |  |
|  | 3. | £       |  |       |  |
|  |  |  |  |  |  |  |
|  | 4. | £       |  |       |  |
|  |  |  |  |  |  |  |
|  | 5. | £       |  |       |  |

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| **11.** | **Residential Estate Agency**Please advise the approximate range of individual property values handled currently |  |
|  |  |  |  |
|  | Lowest Property Value (£) |  | Highest Property Value (£) |  | Average Property Value (£) |  |
|  |  |  |  |  |  |  |  |
|  |       |  |       |  |       |  |

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| **12.** | **Commercial & Agricultural Estate Agency**Please advise the approximate range of individual property values handled currently |  |
|  |  |  |  |
|  | Lowest Property Value (£) |  | Highest Property Value (£) |  | Average Property Value (£) |  |
|  |  |  |  |  |  |  |  |
|  |       |  |       |  |       |  |
|  |  |  |  |  |  |  |  |
|  | Types of Property Handled: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |       |  |

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| **13.** | **Survey/Inspection/Valuation Reports** |  |
|  |  |  |
|  | a) | Cover does not normally apply to any survey/valuation work unless carried out by those persons holding one of the below-mentioned qualifications, or by persons with at least five years’ survey/valuation experience, or by others who are supervised by qualified persons. If cover is required for any other individuals, please provide details in the box below.* Fellow or Professional Associate of the Royal Institution of Chartered Surveyors
* Fellow of the Central Association of Agricultural Valuers
* Fellow or Associate of the Faculty of Architects and Surveyors
* Fellow or Associate of the Royal Institute of British Architects
* Fellow or Associate of the Royal Incorporation of Architects in Scotland
 |  |
|  |  |  |  |  |
|  |  |       |  |

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| --- | --- | --- | --- |
|  | b) | Please advise the approximate geographical spread of valuations over the last three years:- |  |
|  |  |  |  |  |
|  |  | London |       |  | South West England |       |  |
|  |  | South East England (ex London) |       |  | Northern England/Scotland |       |  |
|  |  | Midlands |       |  | Others |       |  |
|  |  | Wales |       |  | Please specify: |       |  |
|  |  | East Anglia |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  | c) | Please complete an MFL Survey & Valuation Questionnaire if you have undertaken such work in the past 10 years. |  |
|  |  |
|  | d) | Please confirm the date of your most recent RICS Monitoring visit and detail any subsequent findings (please attached a copy of the report if possible): |       |  |

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| **14.** | **Overseas Work** |  |
|  |  |  |  |  |  |  |  |
|  | a) | If you have undertaken overseas work at any time in the past, please provide full details, including details of countries and jurisdictions involved: |  |
|  |  |  |  |  |  |  |  |
|  |  |       |  |
|  |  |  |  |  |  |  |  |
|  | b) | Please advise how overseas work is/was controlled: |  |
|  |  |  |  |  |  |  |  |
|  |  |       |  |
| **15.** | **Architectural Work** Where this is undertaken please give details of five largest contracts during the last six years |  |
|  |  |  |
|  | Date Started/Completed |  | Contract Value: |  | Nature of Buildings: |  | Extent of Responsibilities (Select as necessary) |  |
|  |  |  |  |  |  |  |  |  |
|  |       |  | £       |  |       |  | [ ]  DO[ ]  DS [ ]  DSPM [ ]  REF |  |
|  |  |  |  |  |  |  |  |  |
|  |       |  | £       |  |       |  | [ ]  DO [ ]  DS [ ]  DSPM[ ]  REF |  |
|  |  |  |  |  |  |  |  |  |
|  |       |  | £       |  |       |  | [ ]  DO [ ]  DS [ ]  DSPM[ ]  REF |  |
|  |  |  |  |  |  |  |  |  |
|  |       |  | £       |  |       |  | [ ]  DO [ ]  DS [ ]  DSPM[ ]  REF |  |
|  |  |  |  |  |  |  |  |  |
|  |       |  | £       |  |       |  | [ ]  DO [ ]  DS [ ]  DSPM[ ]  REF |  |
|  |  |  |  |  |  |  |  |  |
|  | \* (DO) Design Only : (DS) Design & Supervision : (DSPM) Design, Supervision & Project Management : (REF) Refurbishment where load bearing walls are affected |  |

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| **16.** | **Fraud & Dishonesty** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | a)i | Has the Firm(s) sustained any loss through the fraud or dishonesty of any person during the last six years? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |  |
|  |  | If **‘YES’**, please provide details: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |       |  |

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| --- | --- | --- | --- | --- | --- |
|  | a)ii | Has any principal, partner, consultant or employee ever been convicted (or charged with but not yet tried for) any criminal offence involving fraud or dishonesty? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |  |
|  |  | If **‘YES’**, please provide details: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |       |  |
|  |  |  |  |  |  |  |  |
|  | b) | Does the Firm(s) always require satisfactory written references when engaging new Employees? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |  |
|  | c) | Is any Partner/Director/Employee allowed to sign cheques on their sole signature | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |  |
|  |  | If **‘YES’**, please advise the name and limit below: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |       |  |
|  |  |  |  |  |  |  |  |
|  | d) | Please confirm that the Annual Accounts have been prepared and/or certified by an independent Accountant or Auditor  | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |  |

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| **17.** | **Pollution & Contamination** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | a) | Please provide details below if you have been involved in any work involving polluted or contaminated land: |  |
|  |  |  |  |  |  |  |  |
|  |  | Nature Of Work |  | Firm Involved? (Y/N) |  | Fees (£) Past Financial Year |  | No of Years’ Experience |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Environmental monitoring, studies, assessments, reports, surveys, or audits |  | [ ]  Yes[ ]  No |  | £      |  |       |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Valuations of land known to be contaminated |  | [ ]  Yes[ ]  No |  | £      |  |       |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Management of land known to be contaminated |  | [ ]  Yes[ ]  No |  | £      |  |       |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Planning advice on environmental matters |  | [ ]  Yes[ ]  No |  | £      |  |       |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Pollution control advice and consultancy |  | [ ]  Yes[ ]  No |  | £      |  |       |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Design, supervision or project management of clean-up operations |  | [ ]  Yes[ ]  No |  | £      |  |       |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Asbestos Surveys |  | [ ]  Yes[ ]  No |  | £      |  |       |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Other work (please give details below) |  |  |
|  |  |  |  | [ ]  Yes[ ]  No |  | £      |  |       |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | b) | Please provide details of any exclusions of liability for pollution or contamination in your contracts below: |  |
|  |  |  |  |
|  |  |       |  |
|  |  |  |  |
|  | c) | Please provide details of your experience in the field of Pollution or Contamination, with particular reference to the individuals involved. Please attach CVs if available: |  |
|  |  |  |  |
|  |  |       |  |

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| --- |
| Claim Information |
|  |  |  |  |  |  |  |  |  |
| **PLEASE NOTE: IT IS IMPERATIVE THAT THE FOLLOWING QUESTION IS ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.** |
|  |  |  |  |  |  |  |  |  |
| **18.** | **Claims &/Or Circumstances**  |  |
|  |  |  |  |  |  |  |  |
|  | a) | CLAIMS During the last ten years, in respect of any of the risks to which this proposal relates, have any claims been made (whether successfully or not) against the Firm(s) listed in Question 1 of this proposal form above or any past or present Partner or Director? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | If **“YES”**, please give full details including amounts involved and settlement dates where appropriate below: |  |
|  |  |  |  |  |
|  |  | Claims Paid:       |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Claims Outstanding:       |  |
|  |  |  |  |  |
|  | b) | CIRCUMSTANCES Are any of the Partners/Directors AFTER ENQUIRY aware of any circumstances which may give rise to a claim against the Firm(s) listed in Question 1 of this proposal form or any present or former Partners or Directors? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | If **“YES”**,please give full details including amounts involved below:- |  |  |
|  |  |  |  |  |
|  |       |  |

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| --- |
| Insurance Requirements |

|  |  |  |  |
| --- | --- | --- | --- |
| **19.** | a) | Please advise your current insurance arrangements: |  |
|  |  |  |  |
|  |  | Limit of Indemnity |  | Excess |  | Insurer |  | Renewal Date |  | Period Continuously Insured |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | £      |  | £      |  |       |  |       |  |       |  |

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|  | b) | Please advise if you would like to talk to us about / receive a quotation on any of the following insurances? |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Cyber Insurance | YesNo | [ ] [ ]  |  | Office Insurance | YesNo | [ ] [ ]  |
|  |  | Management Liability Insurance | YesNo | [ ] [ ]  |  | Business Travel Insurance | YesNo | [ ] [ ]  |
|  |  | Fleet Insurance | YesNo | [ ] [ ]  |  |  |  |  |

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| Checklist and Enclosures Required |

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| **21.** | a) | Have you signed and dated the Proposal Form? | Yes |[ ]  No |[ ]   |
|  | b) | If applicable have you attached all claims information required under Q18 of this proposal form? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |  |
|  | c) | Have you completed Appendix A and Appendix B? | Yes |[ ]  No |[ ]   |
|  | d) | If applicable, have you attached all other additional information?  | Yes |[ ]  No |[ ]   |

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| Declaration  |

By signing this proposal form you consent to MFL Insurance Group Limited using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to Insurers' consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

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 between me/us and Insurers.

I understand that if my Firm acquires, merges with or absorbs another Firm during the period of insurance, insurers will require similar information in relation to that Firm and may charge an additional premium.

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|  | Print Name: |       |  |  |
|  |  |  |  |
|  | Signature:There are two methods to signing this proposal form:1. Click on the icon and upload an image of your signature2. Print and sign. |  |  |  |
|  |  |  |  |
|  | On behalf of: |       |  |  |
|  |  |  |  |
|  | Date: |       |  |  |
|  |  |  |  |
| **Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.****Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.****From time to time, we may disclose personal information (other than sensitive personal data) to other members of the MFL Group. We or they may use that information to advise you of our services which may be of interest to you. If you would prefer not to receive information, please ‘tick’ the box.** [ ]  |

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| Appendix A – Partners/Directors |

Please provide full details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Title: |  | Name: |  | D.O.B |  | Qualifications: |  | Date Qualified: |  | Number of Years as Partner/Director with the firm(s) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |       |  |       |  |       |  |       |  |       |  |       |  |
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| Consultants |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Title: |  | Name: |  | D.O.B |  | Qualifications: |  | Date Qualified: |  | Number of Years as Partner/Director with the firm(s) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |       |  |       |  |       |  |       |  |       |  |       |  |
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| Qualified CAAV Members, other than stated |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Title: |  | Name: |  | D.O.B |  | Qualifications: |  | Date Qualified: |  |
|  |  |  |  |  |  |  |  |  |  |  |
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| Appendix B - Supplementary Professional Indemnity Questionnaire Professional Work Carried out by FAAV’s |

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| --- | --- | --- |
| **8 a)** | Please indicate the approximate percentage of your gross fees for the period representing your last full accounting year. |  |
|  | **PROFESSIONAL DISCIPLINE** |  | **SPECIFIC AREA OF WORK** |  |  |
|  |  |  |  |  |  |
|  | **Agency (including auctioneering)** |  | Residential property |      % |  |
|  |  |  | Commercial property |      % |  |
|  |  |  | Agricultural property |      % |  |
|  |  |  | Livestock and deadstock |      % |  |
|  |  |  | Fine Art |      % |  |
|  |  |  | Other assets |      % |  |
|  |  |  |  |  |  |
|  | **Building surveying** |  | All |      % |  |
|  |  |  |  |  |  |
|  | **Consultancy (excluding planning and development)** |  | Farm management consultancy |      % |  |
|  |  | Grants & Schemes |      % |  |
|  |  |  | Other (forestry, leisure, environmental etc) |      % |  |
|  |  |  |  |  |  |
|  | **Expert Witness & Arbitration** |  | All |      % |  |
|  |  |  |  |  |  |
|  | **Landlord & Tenant** |  | All |      % |  |
|  |  |  |  |  |  |
|  | **Planning & Development** |  | All |      % |  |
|  |  |  |  |  |  |
|  | **Property Management** |  | Residential property |      % |  |
|  |  |  | Commercial property |      % |  |
|  |  |  | Agricultural property |      % |  |
|  |  |  |  |  |  |
|  | **Professional Valuations**  |  | For AMC |      % |  |
|  |  |  | For Other Lenders |      % |  |
|  |  |  | Asset Valuations |      % |  |
|  |  |  | Probate, Tax, Divorce |      % |  |
|  |  |  |  |  |  |
|  | **Compensation & Utilities** |  | CPO, Wayleaves, Easements |      % |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Executor/Trustee Roles** |  | Please detail: |  |      % |  |
|  | **Other** |  | Please detail:  |  |      % |  |
|  | **TOTAL (This should equal the percentage stated in Q8a) of the proposal form)** |  |      % |  |
|  |  |  |