

# Professional Indemnity Insurance Proposal Form

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**CAAV Members**



# Professional Indemnity Insurance Proposal Form

## IMPORTANT INFORMATION REGARDING THE COMPLETION OF THIS FORM

### COMPLETING THIS FORM

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. It is crucial you take the time to complete the form as fully as possible taking care to provide comprehensive answers. Please read the important information below before completing the form.

### YOUR DUTY OF FAIR PRESENTATION

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:

- a) 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);
- b) make the disclosure in clause a) above in a reasonably clear and accessible manner; and
- c) 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.

### MATERIAL INFORMATION

Material information is information that would influence an insurer in deciding whether a risk is acceptable and, if so, the premium, terms and conditions to be applied. Insurers cannot avoid or repudiate claims for the cover required under the Minimum Terms, but if they later find you have not disclosed something material they may charge an additional premium or, in the event of prejudice, seek recovery of the claim from you.

All material information must be disclosed to insurers to enable terms to be negotiated and cover arranged. This is not limited to answering specific questions that may have been asked in this proposal form. Any changes, which may occur or come to light after a quotation has been given, must also be notified. If you are in any doubt whatsoever about what information might be deemed material and therefore should be disclosed please contact us.

**If you become aware that information provided prior to inception of the policy was incorrect or incomplete you should contact us immediately.**

### CLAIMS AND CIRCUMSTANCES

Insurers require full disclosure of all Claims and Circumstances that might give rise to claims. You should disclose a Claim or Circumstance even if you believed the matter was not justified or was resolved without cost.

**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.**

[www.mflinsurance.com](http://www.mflinsurance.com)

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## DATA PROTECTION

### PROCESSING OF PERSONAL DATA

MFL Insurance Group Limited are the data controller of any personal information you provide to us or personal information that has provided to us by a third party. We collect and process information about you in order to arrange insurance policies, administer an insurance policy and assist with the handling of claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, credit reference agencies, our regulators, professional advisors, government agencies or fraud prevention agencies.

Our Privacy Notice can be found on our website which explains how we process your data:  
[www.mflinsurance.com](http://www.mflinsurance.com)

If you would like a printed copy of our Privacy Policy, please contact our Data Protection Representative [dpo@mflinsurance.com](mailto:dpo@mflinsurance.com).

If you are providing personal data of another individual to us, you must tell them you are providing their information to us and provide details of our Privacy Notice.

### 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. You agree to bring the above notice to the attention of each of your directors, partners or members before completing and submitting this proposal form. Each individual has the right to apply for a copy of their information and to have any agreed inaccuracies corrected.

### 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.

### MARKETING COMMUNICATIONS FROM US

As part of our service to you, we would like to send you marketing communications from time to time which will include risk or insurance related information or details of services, or products, or events which we think may be of interest to you. We will always treat your personal information with the utmost care and we will never sell them to other companies for marketing purposes.

- Yes please, I confirm I am happy to receive marketing communication
- No thank you, I do not wish to receive marketing communication

You can manage your marketing preferences or ask us to stop sending you marketing messages at any time by following the opt-out links on any marketing communications sent to you or by contacting our Data Protection Manager at any time at [dpo@mflinsurance.com](mailto:dpo@mflinsurance.com).

# SECTION 1

## PRACTICE DETAILS

### 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 2. ADDRESS OF THE PRINCIPAL OFFICE

Principal Contact:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>	Mobile No:	<input type="text"/>
Website:	<input type="text"/>		

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
- 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.

## SECTION 2

### PARTNERS AND STAFF DETAILS

1a. 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	
<b>Total No. of Staff</b>	

1b. Please complete **Appendix A** of this proposal form.

- 1c. 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

2. 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:

**3.** If you use sub-consultants

Please advise:

a) Approximate percentage of work sub-consulted:

%

b) For which work are they used?

c) Do they hold their own PI insurance?

## SECTION 3

### FEE INCOME AND DIVISION OF WORK

1. 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	£	£

If you have any overseas (non UK, Channel Islands, Isle of Man) exposure, please advise separately.

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

a)	WORK BY FAAV's (Please complete <b>Appendix B</b> of this proposal form)	%
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#### 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	%

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

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

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 & Mortgage Agency	%
u)	Financial Services (completion of a separate Questionnaire may be required)	%
v)	Planning & Development Consultancy	%
w)	Any Other Work - please advise details below:	%

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 2(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

**3.** Under Q2 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)**

#### 4. 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.	£	

#### 5. RESIDENTIAL ESTATE AGENCY

Please advise the approximate range of individual property values handled currently

Lowest Property Value (£)

Highest Property Value (£)

Average Property Value (£)

#### 6. 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:

## 7. 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

b) Please advise the approximate geographical spread of valuations over the last three years:

London	
South East England (ex London)	
Midlands	
Wales	
East Anglia	
South West England	
Northern England / Scotland	
Others / please specify:	

c) Please complete an MFL Survey & Valuation Questionnaire if you have undertaken such work in the past 10 years.

## 8. 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:

## 9. 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:
	£	
	£	
	£	
	£	
	£	

## 10. 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:

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

## 11. 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 <input type="checkbox"/>	No <input type="checkbox"/>	£	
Valuations of land known to be contaminated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	
Management of land known to be contaminated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	
Planning advice on environmental matters	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	
Pollution control advice and consultancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	
Design, supervision or project management of clean-up operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	
Asbestos Surveys	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	

Other work Please give details:	£	
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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:

## 12. ADDITIONAL INFORMATION

Please can you confirm the following:

a) No insurer has ever declined Your proposal (i.e. refused to provide an insurance quotation for You) or refused to offer renewal of or cancelled Your policy or imposed special terms or conditions. Yes  No

b) Your business and Employees are domiciled in Great Britain, Northern Ireland, the Channel Islands or Isle of Man. Yes  No

c) You, Your Partners, Members or Directors have not been convicted of or charged with (but not tried) or received a police caution in connection with any criminal offence (other than motoring offences). Yes  No

*Note: Convictions regarded as spent under the Rehabilitation of Offenders Act 1974 do not need to be disclosed.*

d) You, Your Partners, Members or Directors have not been prosecuted or received notice of intended prosecution, issued with a simple caution or been served with a prohibition or improvement notice in connection with a breach of any health and safety legislation. Yes  No

e) You, Your Partners, Members or Directors have not been declared insolvent or bankrupt or been the subject of bankruptcy proceedings or an Individual Voluntary Arrangement. Yes  No

f) You, Your Partners, Members or Directors have not been the subject of a County Court Judgement (or Scottish equivalent) nor are there pending any proceedings. Yes  No

g) You, Your Partners, Members or Directors have not been a director or partner in any business which is or has been the subject of a winding up or administration order, receivership proceedings, or a Company Voluntary Arrangement. Yes  No

h) You, Your Partners, Members or Directors have not been the subject of a Debt Relief Order nor are there any applications pending. Yes  No

### 13. CLAIMS / CIRCUMSTANCES NOTIFIED

During the last 10 years, has any claim been made against the Proposer or any predecessor in business or any Partner, Director, Member Principal or Consultant for negligence, error or omission in relation to professional duties? (please continue on a separate appendix sheet if necessary)

Date of claim or loss	Brief details of each claim or loss	Cost (if any) of claim paid or loss incurred	Estimated outstanding cost
		£	
		£	
		£	

### 14. ANY OTHER CLAIMS AND / OR CIRCUMSTANCES

After a full enquiry, is any Partner, Director, Member, Principal or Consultant aware of:

- a) any circumstances, allegations, shortcomings or expressions of dissatisfaction (including any criticism of work performed), which may result in any claim being made against the Practice or any Partner, Director, Member, Principal, Consultant or Employee either part or present, whilst they were in the Practice, or in any previous Practice? Yes  No
- b) any matters notified by your Practice (or any predecessor practice) to insurer's that have not been accepted as a valid notification? Yes  No
- c) any loss or potential loss that has been or may be suffered by the practice through fraud or dishonesty of any Partner, Director, Member, Principal, Consultant or Employee? Yes  No

If **YES** to any of the above please provide details including maximum potential cost (by separate note if preferred)

### 15. MATERIAL FACTS

Are there any other material facts or comments that you would like to make in relation to your proposal for insurance? Yes  No

If **YES** please provide details below

## 16. CURRENT INSURANCE

Please only complete if you are not insured with MFL Insurance Group Limited

Current Insurer	Retroactive Date	Limit of Indemnity	Premium	Renewal Date
		£		

## 17. INSURANCE REQUIREMENTS

Please complete if you require alternative limits of indemnity

Option 1	Option 2	Option 3
£	£	£

## DECLARATION

I / We declare that to the best of my / our knowledge or belief, the statements and particulars given in this proposal form are true and complete and that any other material facts likely to influence the acceptance and assessment of any insurance offered have been provided (if you are in any doubt as to whether a fact is material, you should disclose it.)

I / We agree to inform MFL Insurance Group Limited of any change to material fact.

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 / Member / Practitioner	

For and on behalf of:	
Date:	

**PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS.**

COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE  
A CONTRACT OF INSURANCE

## SUPPORTING YOUR NEEDS

We are committed to removing barriers for all of our customers. If there is something we can do that will make our service easier for you, please tell us. A support need is anything that will help you get the most out of your interactions with us. We want you to be able to access our products and services without barriers. Where possible, we will adjust certain processes, or how we communicate with you. For example, it may be helpful for you to receive letters in larger print or for people to speak slowly and clearly, enabling you to better understand information. Whatever it is, we want to hear about it.

**Please confirm if you already purchase any of following, or would appreciate further information:**

Insurance Product	Cover Currently in Place		Further Information Required	
	Yes	No	Yes	No
Cyber Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Management Liability Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fleet Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Office Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Travel Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drone Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other (please specify)

**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)

**CONSULTANTS**

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

**QUALIFIED CAAV MEMBERS, other than stated**

Title	Name	D.O.B	Qualifications	Date Qualified

**APPENDIX B -  
Supplementary Professional Indemnity Questionnaire Professional Work Carried out by FAAV's**

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 (please specify below)	%
Building surveying	All	%
Consultancy (excluding planning and development)	Farm management consultancy	%
	Grants & Schemes	%
	Other - forestry, leisure, environmental etc (please specify below)	%
Expert Witness & Arbitration	All	%
Landlord & Tenant	All	%
Planning & Development	All	%
Property Management	Residential property	%
	Commercial property	%
	Agricultural property	%

Professional Valuations	For AMC/Oxbury and Handlesbanken	%
	For Other Lenders	%
	Asset Valuations	%
	Probate, Tax, Divorce	%
Compensation & Utilities	CPO, Wayleaves, Easements	%
Executor/Trustee Roles	Please detail below:	%
Other	Please detail below:	%
<b>TOTAL (This should equal the percentage stated in Q2a) of Section 3)</b>		<b>%</b>