

# Professional Insurance Portfolio



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## Proposal Form (Republic of Ireland) Surveyors and Related Professions

**The Hiscox Professional Insurance Portfolio is designed to meet all the insurance needs of a professional business.**

You must complete the General Information section, the Claims section and read and sign the Declaration.

**GENERAL  
INFORMATION**

**You must complete this section.**

**Company name:**

**Main address:**

Postcode

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

**Additional insured name and address:**

Postcode

**NOTE:** Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy

**Additional liabilities:**

Is cover required for anything other than work undertaken by the firm(s) identified on the Professional Insurance Portfolio proposal form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

YES  NO

If YES, please provide details:

**Year business established:**

**Total income:**

	Last completed financial year	Current year	Estimate next year
Republic of Ireland and UK law contracts	€	€	€
EU law contracts	€	€	€
US law contracts	€	€	€
Other law contracts	€	€	€

**Number of employees:**

Last year	Current year	Estimate next year

**Your experience:**

Please confirm that one or more of the Principals has at least 5 years experience in the relevant industry:

YES  NO

If NO, please provide CV's for all Principals

**PROFESSIONAL  
INDEMNITY FOR  
SURVEYORS**

**OPTIONAL - Only complete this module if this insurance cover is required.**

**Your business activity**

How many of your staff are RICS qualified?

Please split your last completed financial year's income approximately between the following professional disciplines and complete the additional information columns where requested. If this proposal form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year:

1. Estate agency - residential	€	<input type="text"/>
2. Estate agency - commercial (non-investment related)	€	<input type="text"/>
3. Investment and development agency (please supply full details on a separate sheet)	€	<input type="text"/>
4. Agricultural agency	€	<input type="text"/>
5. Commercial rent review	€	<input type="text"/>
Highest annual rental reviewed in the last year	€	<input type="text"/>
Approximate average annual rental reviewed last year	€	<input type="text"/>
6. Residential property management/lettings	€	<input type="text"/>
7. Commercial property management (including blocks of flats)	€	<input type="text"/>
8. Property condition surveys		
a) Home condition reports	€	<input type="text"/>
b) Building surveys of residential property (no valuation included)	€	<input type="text"/>
c) Building surveys of commercial and industrial property (no valuation included)	€	<input type="text"/>
9. Property valuation		
a) Residential lending	€	<input type="text"/>
Number of valuations undertaken:		<input type="text"/>
Highest value for last five years:	€	<input type="text"/>
Approximate average value for last five years:	€	<input type="text"/>
b) Residential non-lending	€	<input type="text"/>
Number of valuations undertaken:		<input type="text"/>
Highest value for last five years:	€	<input type="text"/>
Approximate average value for last five years:	€	<input type="text"/>

Please state the purpose of these valuations:

**PROFESSIONAL  
INDEMNITY FOR  
SURVEYORS**

c) Commercial lending	€
Number of valuations undertaken:	
Highest value for last five years:	€
Approximate average value for last five years:	€
d) Commercial non-lending	€
Number of valuations undertaken:	
Highest value for last five years:	€
Approximate average value for last five years:	€

Please state the purpose of these valuations:

10. Land surveying (including setting out)	€
11. Quantity surveying	
a) Contracts less than €1 million	€
b) Contracts over €1 million	€
12. Architectural/building surveying	
a) Contracts less than €1 million	€
b) Contracts over €1 million	€
13. Project management	
a) Contracts less than €1 million	€
b) Contracts over €1 million	€
14. Project co-ordination	
a) Contracts less than €1 million	€
b) Contracts over €1 million	€
15. Planning supervision	
a) Contracts less than €1 million	€
b) Contracts over €1 million	€
16. General insurance commissions/income	€
17. Life assurance, pensions and investment commissions/income	€
18. Mortgage broking commissions/income	€
19. Building society agency	€
20. Other (please specify below)	€

**PROFESSIONAL  
INDEMNITY FOR  
SURVEYORS**

Please identify which organisation regulates your activities referred to in questions 16,17 and 18 above:

Do you comply and have you at all times in the past complied with the RICS Manual of Valuation Guidance Notes and the Statement of Asset Valuation Practice and Guidance Notes and the RICS Appraisal and Valuation Manual?

YES  NO

Please describe your firm's area of specialisation or particular expertise and/or the target market you tend to offer your services to (if applicable):

If you have declared income in any of sections 9, 10, 11, 12 above, please complete the following table for your largest contracts: (if necessary, please continue on a separate sheet)

Client name	Nature of business	Your services	Your fee	Total project or building value (approx)
1.				
2.				
3.				
4.				

For your UK business, please state the approximate geographical split of your work:

Scotland & the North of England  % Wales & the Midlands  %

London/South East & East Anglia  % South West England  %

Northern Ireland  %

Have you ever bought Professional Indemnity Insurance in the past? YES  NO

If YES, please provide details:

Name of insurer	Limit of indemnity	Excess	Premium	Renewal date	No. of years continuously held

Please tick the limit of indemnity now required:

€325,000  €650,000  €1,300,000  Other €



**GENERAL LIABILITY -  
PUBLIC & PRODUCTS  
AND EMPLOYERS'  
LIABILITY**

**OPTIONAL - Only complete this module if this insurance cover is required.**

**Total waggeroll:**

	Current full year	Estimate next year
Clerical	€	€
Non-manual	€	€
Manual	€	€

**No. of premises:**

**Name of existing insurer:**

**CLAIMS**

**You must complete this section.**

**Please complete the claims questions for any risk now to be insured under the following insurance covers.**

In relation to your professional business activities, are you after reasonable enquiry aware of:  
Any shortcoming in your work which may lead to a claim against you.  
This includes:

- A shortcoming known to you which you cannot reasonably put right. YES  NO
- A complaint about your work or anything you have supplied which cannot be immediately resolved. YES  NO
- An escalating level of complaint on a particular project. YES  NO
- A client withholding payment due to you after any complaint. YES  NO
- Any loss from the dishonesty or malice of any employee or self-employed freelancer. YES  NO
- Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. YES  NO
- Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee. YES  NO

If you answered YES to any of the above, please provide full details:

Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? YES  NO
2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgement debt? YES  NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

**Professional Indemnity**

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)? YES  NO

**In respect of the following insurance covers:**

**General Liability - Public & Products and Employers Liability**

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)? YES  NO

**CLAIMS**

If YES, please provide full details below:

Date	Details	Amount	Remedial action

Please continue on a separate sheet if necessary.

**In respect of Employers Liability:**

Are you aware after enquiry of any potential injury or disease to an employee, which may give rise to a claim?

If YES, please provide full details:

YES  NO

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

YES  NO

If YES, please provide details:

Date	Details



## DECLARATION

**You must complete this section.**

**Please read the declaration carefully and sign at the bottom.**

### MATERIAL INFORMATION

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

### DATA PROTECTION

By signing this Proposal Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. 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 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.

### DECLARATION

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

**A copy of this proposal should be retained for your records.**

## COMPLAINTS

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

**Telephone:** 0870 084 3777

**Email:** [customerservices@hiscox.com](mailto:customerservices@hiscox.com)

**Address:** Hiscox Insurance Company Limited, 1 Great St Helen's, London EC3A 6HX.