

ASE INSURANCE AGENCY (UK) LTD

PROFESSIONAL INDEMNITY INSURANCE

INSURANCE PROPOSAL FORM FOR SURVEYORS

ADVICE ON COMPLETING THE PROPOSAL FORM

To allow us sufficient time to time negotiate with Insurers, please ensure you return this proposal form as soon as possible. It is essential that you allow sufficient time to complete the proposal form and provide accurate information.

DEFINITIONS OF TERMS USED IN THIS PROPOSAL FORM

- 'Principal' means: Any Partner(s), Director(s), Member(s)
- 'Employee' means: Any person who is or has been under a contract of service for or on behalf of the Firm.
- 'Senior Management' means, in accordance with the Insurance Act 2015: those individuals who play significant roles
 in the making of decisions about how the Insured's activities are to be managed or organised. Under Section 4 of the
 Insurance Act 2015 an Insured must disclose all material circumstances known to its 'senior management' and those
 persons responsible for the Insured's insurance.

DUTY OF FAIR PRESENTATION

Under English law, you owe a duty of disclosure to the Insurer which includes your duty to make a fair presentation of the risk. A 'fair presentation' is one:

- which clearly discloses all material circumstances which the Insured's Senior Management, including persons responsible
 for the Insured's insurance, know or ought to know following a reasonable search or which is sufficient to make the Insurer
 ask questions about the risk. A circumstance is material if it would influence an Insurer's judgment in determining whether
 to take the risk and, if so, on what terms. If you are in any doubt whether a circumstance is material we recommend that it
 should be disclosed;
- which discloses information in a manner which is clear and accessible to a prudent Insurer;
- in which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith.

Failure to disclose a material circumstance may entitle an Insurer to:

- in some circumstances, avoid the Policy from inception and in this event any claims under the Policy would not be paid;
- impose different terms on your cover; and/or
- proportionately reduce the amount of any claim payable.

This duty applies:

- before your cover is placed;
- when it is renewed; and
- at any time that it is varied.

Your Policy wording may also provide that this duty continues for the duration of the Policy.

You should contact us immediately for assistance if you are unsure whether information may be material, or if it comes to your attention that you may have not disclosed full and accurate information.

GENERAL INSTRUCTIONS RELATING TO COMPLETION OF THE FORM

- Please ensure this proposal form is completed by a Principal of the business.
- A response to all questions must be entered. Where a question is not relevant to your business, please respond N/A.
- If the proposal form is completed by just one of the Principals, please ensure that full consultation is made with the Senior Management, prior to submission of this form and that they, in turn, have consulted those for whom they are responsible.
- If you have completed the form electronically, please print and sign it before returning it to us, either electronically or by post.
- If there is insufficient space to answer any questions please provide full details on your headed paper. Please ensure that any additional information is signed, dated and makes clear reference to the question(s) on the Proposal Form, to which it refers.
- Depending upon the qualifications and/or experience of the Principal(s), Insurers reserve the right to request a
 Curriculum Vitae and details of any circumstances or claims pertaining, in the past 5 years, irrespective of whether
 they were employed by the business at the time.
- Completion of this proposal form does not automatically bind the Principal, the Firm or Insurers to effect a contract of insurance.
- A copy of this proposal should be retained for your own records.

CLAIMS AND CIRCUMSTANCES

Whilst every question on the proposal form is important and constitutes material information upon which Insurers rely, Insurers will be particularly interested in your history of claims and/or circumstances.

In order to ensure that all notifiable matters are declared, the recommended practice would be for each Principal including all members of the Senior Management and other senior members of staff to sign a declaration to the effect that he/she has investigated the areas for which he/she is responsible and can confirm that there are no claims or circumstances other than those declared in the proposal form.

After completion of the proposal form and prior to the expiry of the firm's current insurance, a check should be undertaken within the Business to ensure that there are no claims or circumstances of which anyone is aware other than those already notified in the proposal form.

If any new matters are discovered, these should be immediately notified to ASE Insurance Agency if we are your current Broker. If we are not your current Broker, then you should notify your current Broker/Insurers and ASE. Such notifications should reach your current Broker/Insurers and ASE Insurance Agency prior to the expiry date of the firm's current insurance.

CONTACT US

Your completed proposal form can either be emailed or posted to us using the contact details below. Please retain a copy for your own records. Please do not hesitate to contact us if you have any questions.

ASE Insurance Agency (UK) Ltd The Old Post Office 2 Mill Road Maldon Essex CM9 5HZ 01621 851 916 asecontact@aseinsurance.co.uk

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR **SURVEYORS**

This proposal form must be completed in black ink by a Partner, Principal or Director of the Company. All questions must be answered to enable a quotation to be given but the completion and signature of this proposal does not bind you or the Underwriters to enter into a Contract of Insurance. If there is insufficient space to answer any question fully, please attach a signed and dated continuation sheet.

If you have a brochure, please provide a copy as well as any standard contract terms, conditions, agreements or letters of appointment which you have with your clients.

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS IN BLACK INK TO ASSIST THE UNDERWRITERS'

CC	ONSIDERATION OF THE PRO	POSAL	·	in Beach init 10 7	100101 1111	ONDERWITERO		
Se	ction 1 – Your Company and	Staff						
a)	Name of Individual or Compar	ny(s) ('Y	ou') including any S	ubsidiary Firms for wh	nom cover is	required:		
	a) b) c)			Date Establis	Date Established: Date Established: Date Established:			
b)	Address of all offices, includin	g those	of any overseas loc	al offices or represent	atives:			
	А	ddress		Name of	Name of Partner, Principal or Director responsible			
	Registered or principal office			•				
	Second location (if any)							
	Third location (if any)							
c)	Name(s) of any previous com	pany(s)	requiring cover and	details of the nature of	of work unde	rtaken:		
				Date Ceased	d Trading:			
d)	Please provide details of all P	artners,	Principals or Direct	ors:				
	Names of all Partners, Principals or Directors	Age	Qualifications	Date(s) Qualified	No	of years with this Company		

Please attach a C.V for any Partner, Principal or Director with less than 5 years experience in this occupation.

Name of all Consultants Age Qualifications Date(s) Qualified No of years with you If less than 5 years experience in this occupation, please provide details of previous occupations: Is cover required for any Partner in respect of liability arising out of a previous business? If YES', please give details: Name Name of	Please provide details of all fu	ıll-time a	ind part-time	Consult	ants who are ເ	ınder a d	contract of service with you:
Is cover required for any Partner in respect of liability arising out of a previous business? Name	Name of all Consultants	Age	Qualifica	ations	Date(s) Qua	alified	No of years with you
Is cover required for any Partner in respect of liability arising out of a previous business? In YES', please give details: Name Name of previous firm Nature of firm's business Date Partner left the previous and the reason for leaving and the reason for leavi							
s cover required for any Partner in respect of liability arising out of a previous business? YES', please give details: Name							
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Is cover required for any Partner in respect of liability arising out of a previous business? In YES', please give details: Name Name of previous firm Nature of firm's business Date Partner left the previous and the reason for leaving and the reason for leavi	f less than 5 years experience	e in this	occupation.	please pi	rovide details o	of previou	us occupations:
f 'YES', please give details: Name	· · · · · · · · · · · · · · · · · · ·					•	·
If 'YES', please give details: Name							
Are you admitted to membership of any Association or Professional Body? If 'YES' please give details: Have you or any person employed by you ever been subject to disciplinary proceedings by any Profesody? If 'YES', please give details: Please state the total number of: a) Partners, Principals or Directors b) Other Qualified staff c) Other Technical staff (excluding Administrative staff) d) Administrative and all other staff TOTAL How do you ensure that you and your staff keep up to date with changes in legislation and other		ner in res	spect of liabi	ility arisin	g out of a prev	ious bus	siness?
Are you admitted to membership of any Association or Professional Body? If 'YES' please give details: Have you or any person employed by you ever been subject to disciplinary proceedings by any Profesody? If 'YES', please give details: Please state the total number of:- a) Partners, Principals or Directors b) Other Qualified staff c) Other Technical staff (excluding Administrative staff) d) Administrative and all other staff TOTAL How do you ensure that you and your staff keep up to date with changes in legislation and other	Name	Na	ame of	Natur	e of firm's	Date l	Partner left the previous fire
Have you or any person employed by you ever been subject to disciplinary proceedings by any Profesory? If 'YES', please give details: Please state the total number of:- a) Partners, Principals or Directors b) Other Qualified staff c) Other Technical staff (excluding Administrative staff) d) Administrative and all other staff TOTAL How do you ensure that you and your staff keep up to date with changes in legislation and othe		prev	rious firm	bu	ısiness		
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b) Other Qualified staff c) Other Technical staff (excluding Administrative staff) d) Administrative and all other staff TOTAL How do you ensure that you and your staff keep up to date with changes in legislation and other							
c) Other Technical staff (excluding Administrative staff) d) Administrative and all other staff TOTAL How do you ensure that you and your staff keep up to date with changes in legislation and othe	a) Farmers, Frincipals of Dir	eciois					
c) Other Technical staff (excluding Administrative staff) d) Administrative and all other staff TOTAL How do you ensure that you and your staff keep up to date with changes in legislation and othe	b) Other Qualified staff						
d) Administrative and all other staff TOTAL How do you ensure that you and your staff keep up to date with changes in legislation and othe	,						
TOTAL How do you ensure that you and your staff keep up to date with changes in legislation and othe	c) Other Technical staff (exc	luding A	dministrative	staff)			
TOTAL How do you ensure that you and your staff keep up to date with changes in legislation and othe							
How do you ensure that you and your staff keep up to date with changes in legislation and othe	d) Administrative and all other	er staff			 		
How do you ensure that you and your staff keep up to date with changes in legislation and othe				TOTAL			
				TOTAL	.		
developments which affect the type of work you do and the services you offer? Please provide details:	How do you ensure that yo	ou and y	our staff ke	eep up t	o date with	changes	in legislation and other

k)	If you are a sole principal, please provide details of the arrangements for office supervision during your	absence:
I)	Do you work to a professional code of practice?	
•		
-	Do you have written checklists and/or work procedures for the services which you provide?	
n)	Do you have standard contract terms and conditions which you use in every case? If 'YES', please provide us with copies.	
	If 'NO', please explain why and detail the alternative methods you use to confirm terms of engagemen clients:	t with your
	GIGHG.	
0)	Are you accredited, or in the process of being accredited, to any BS or similar Quality Assurance stand	lard?
	If 'YES', please provide details:	
Se	ection 2 – Companies with whom you are associated	
	Do you undertake work for any partnership, company or organisation in which any Partner, Principal, I	Director or
uj	Employee holds a position whereby he/she is able to make major decisions on behalf of such pacompany or organisation?	
b)	Is any Partner, Principal or Director connected or associated (financially or otherwise) with any othe company or organisation?	r practice, YES/NO
	If you have answered 'YES' to either of questions a) or b) please provide full details :	
	L	
C)		0/
<u>~)</u>	What percentage of your income is derived from the associated companies detailed above?	%
•	What percentage of your income is derived from the associated companies detailed above? Is cover required for the work you undertake for the associated companies detailed above? (Cover is to claims made by independent third parties)	
d)	Is cover required for the work you undertake for the associated companies detailed above? (Cover is	restricted YES/NO
d) e)	Is cover required for the work you undertake for the associated companies detailed above? (Cover is to claims made by independent third parties) Has any Partner, Principal or Director been a Partner, Principal or Director or been associated with any	restricted YES/NO
d) e)	Is cover required for the work you undertake for the associated companies detailed above? (Cover is to claims made by independent third parties) Has any Partner, Principal or Director been a Partner, Principal or Director or been associated with any which has ceased trading either voluntarily or compulsorily?	restricted YES/NO / business YES/NO
d) e)	Is cover required for the work you undertake for the associated companies detailed above? (Cover is to claims made by independent third parties) Has any Partner, Principal or Director been a Partner, Principal or Director or been associated with any which has ceased trading either voluntarily or compulsorily? Has any Partner, Principal or Director been made personally bankrupt?	restricted YES/NO / business YES/NO

Section 3 - Your Activities

a) Please indicate the approximate percentage split in your fees (including payments to sub-contractors) for each of the following activities:

				Last Year
i)	Architectural			%
ii)	Auctioneering	a) Livestock		%
		b) Fine Art		%
		c) Property and Chattels		%
iii)	Building Surveying – ie party wa	all awards, schedules of condition/dilapidat	ion	%
iv)	Land Surveying	a) Geotechnical		%
		b) Hydrographic		%
		c) Mineral		%
		d) Setting Out		%
		e) Topographical		%
		f) Other Site and Land Surveys		%
v)	Planning and Development			%
vi)	Planning Supervisor under CDN	/I Regulations		%
vii)	Project Co-Ordination/Employer	rs Agent		%
viii)	Project Management			%
ix)	Property Sales and Managemei	nt a) Residential Estate Agency/Lettings/N	1anagement	%
		b) Commercial Estate Agency/Lettings/M	lanagement	%
		c) Agricultural Estate Agency/Lettings/Ma	anagement	%
		d) Commercial Rating and Rent Review	_	%
		e) Investment Agency		%
x)	Quantity Surveying			%
xi)	Structural Surveying and Valuin	g	No of reports	
		a) Full Residential Structural Surveys		%
		b) Full Residential Lending Valuations		%
		c) Homebuyers Reports		%
		d) Full Commercial Structural Surveys		%
		e) Full Commercial Lending Valuations		%
		f) Asbestos Surveys (Type 1, 2 or 3)		%
		g) Asset Valuations		%
		h) Insurance Valuations		%
		i) Probate/Matrimonial Valuations		%
xii)	Building Society Agency			%
xiii)	Expert Witness			%
ix)	Insurance Agency			%
xv)	General Practice/Other Work (p	lease provide details below of what this er	ntails)	%
			Total	100%

b)	Over the past 5	years, and	for the f	forthcoming	12 months,	has	there	been	or w	ill there	be	any	significant
	variation in the pe	rcentages s	shown abo	ove, ie +/- 25	5% per activi	ty?							YES/NO

	•	5	,		,			
c) Is cover require	ed for any	previous, no	ow ceased,	activity whic	h is different f	rom that declar	ed?	YES/NO

It	f 'YES' to either b) or c) please provide full details:									

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	⁄ear	UK		Overseas USA & C		USA & Car	ada		Total	
20	to 20			22.140						
20	to 20									
20	to 20									
Next										
Financ	ial Year En	iding (eg 31/1	2):	/						
If you h	ave declare	ed fees from a	any territor	y other tha	n the UK	ning other than Cor answered to	YES' to			
		clared under of the condition of the con				e details of you onths:	ur 3 larg	jest co	ntracts un	dertaken ir
Dates	C	lient	Details of	contract a	nd servic	es provided	Total	contra	ct value	Your fee
		vidual partner ovide full detai		a membe	r of any c	onsortium or jo	int vent	ure (J\	/)?	YES/NO
Name	e of consort	tium/JV	Your role	in the con	sortium/J	V and the serv	ices you	ı provid	de	Fees (£)
What pe	ercentage c	of your income	is paid to	sub-contra	actors?					%
work the	ey perform	on your behal	f?		-	r policy for clain				YES/NO
		us liability for t vide full detail		of sub-cor	ntractors	employed by y	ou is co	vered a	automatica	ally)
	Name	9	Qualific	ations		Work undertal	ken			s paid ncial year)
									(last IIIIai	riciai ycai)
Do you e	enter into w	ritten agreem	ents with y	our sub-co	ontractors	?				YES/NO
Are sub	-contractors	s undertaking	work for y	ou require	d to hold	their own Prof	essiona	l Inden	nnity Insur	ance and i

so, for what amount?

YES/NO

d) Please state your gross fees (including those paid to sub-contractors) for each of the last three financial years and an estimate for the next financial year in respect of fees billed to clients based in the following territories:

I)	How do yo	ou control and re	view the w	ork that sub-cont	ractors u	undertake for	you?		
Se	ction 3 A _l	opendix A – Sur	veying an	d Valuing					
a)	Have you	undertaken any	full structui	ral surveys and/c	or valuati	ons in the last	t 5 year	s?	YES/NO
	If "NO', yo	ou may move on	to Append	dix B – Asbesto	s. If 'YES	S', please con	tinue fr	om question b) .
b)		•		est valuations in		•		•	•
~,	Date	Location - 0			ient		pose of	f valuation	Valuation (£)
c)		ovide details of y			ctural su	rveying and v	aluing ((items a to e o	of question a) xi)
		ancial year	si 5 years		es (£)				
			Re	esidential		Commercial			
d)				n the geographic					
	L	ondon	%	Other S.E. En	gland	%		Elsewhere	%
e)	practical what step	experience or ac	ccept struc	orts and valuatior ctural survey rep they accurately	orts and	l valuations w	hich fa	ıll outside you	
	'								
f)	Notes" ar		hite Book'						n and Guidance ed Book' "RICS YES/NO
g)	Is it your p	oractice to always	s re-inspec	t for re-valuation	s or assi	gnments of ex	xisting	surveys?	YES/NO
h)	Do you ma	aintain a system	for cross-r	eferencing valua	tions of	similar proper	ties?		YES/NO

	If you hav	e answered 'NO' to any of que	estions f) to h) please ex	plain why:	
i)	•	undertaken any 'drive-by', 'ke lease provide full details:	rb-side' or 'desk-top' valu	uations in the last 10 years?	YES/NO
	Date	Location - City/Town	Client	Purpose of valuation	Valuation (£)
j)	Do you int	end to undertake any 'drive-b	y', 'kerb-side' or 'desk-to	p' valuations in the future?	YES/NO
		ve answered 'NO' to both i) antinue from question k) .	and j) you may move on	to Appendix B – Asbestos . I	f 'YES' to <u>either</u> ,
k)	•	,	rb-side' or 'desk-top' val	uation with a full survey of the pro	operty? YES/NO
I)			ing out such work clear	state the limited basis upon wh	ich the valuation YES/NO
m)		provided? confirm that the RICS guidelin	es in connection with the	ese surveys are fully complied wi	
-		able to confirm that only RICS			YES/NO
	If you hav	e answered 'NO' to any of qu	estions k) to n) please e	xplain why:	
Se	ection 3 A	opendix B – Asbestos			
	Have you	-		estos surveys or become involve	d in preparing or YES/NO
	If 'NO', yo	ou may move on to question I	n). If 'YES', please contin	nue from question b) .	
b)		ation of Hazardous Substance		carried out with and in accordanc	e to Methods for
c)	Will all as			undertaken the British Institute ning programme?	of Occupational YES/NO
	If you hav	e answered 'NO' to questions	b) or c) please explain	why not:	
d)	Do you ad	lvise on the removal of asbest	tos or appoint contractor	s to undertake such removal?	YES/NO
e)	Do you ch	eck that such contractor is a r	member of the Asbestos	Removal Contractors Associatio	n? YES/NO

f)	Pleas	se provide the	following details on the a	asbestos surveys that yo	u undertake	:							
			Number of surveys	Fees earned (£)	Largest f	ee earned							
	Тур	e 1 Surveys											
	Тур	e 2 Surveys											
	Тур	e 3 Surveys											
		Total											
			asbestos survey work is Indemnity Insurance?	undertaken on your beh	alf by indepe	endent consultar	nts who hold their %						
h)	Do yo	ou undertake	inspections of commercia	al and industrial property	?		YES/NO						
	insul Guid	ation reported	esence of hazards and some some some some some some some some	on drawn to the potent	ial health h	azard (as requi	red by the RICS						
	i) Do you have a general retainer with any client to provide them with advice concerning the repair and/or maintenance of non-domestic premises? YES/NO												
		ou advise clie domestic prer	nts (other than as mana mises?	ging agents in i) above)	concerning	the repair and o	r maintenance of YES/NO						
	If 'YE	S' to either of	f the above please confire	m the following:	<u>.</u>								
		Do you:				As i) above	As j) above						
	i)		client in writing of their re			YES/NO	YES/NO						
	ii)	your respon under CAW		n on behalf of your clie	nt's duties	YES/NO	YES/NO						
	iii)		red to retain profession behalf of your client onl n services?			YES/NO	YES/NO						
	iv)		any appointed sub-contryour client for the prov			YES/NO	YES/NO						
ı	If 'NC	O' to any of the	e above, please explain v	why:									
			u undertaken valuations a isal and Valuation Standa										
	assu wher	mptions abou e no detailed	you able to confirm that the presence or absence investigations have been of the Red Book have be	ce of deleterious or haza n provided or carried out	rdous substant by the Valu	ances or about la	atent defects and						
	If 'NC	D', please exp	lain why:										

Se	ction 3 Ap	pendix C – Proj	ect Partnering Con	tracts				
	Have you	•			form of PPC 2000 and		as been the	
b)	Do you inte	end to enter into	any contracts in the	form of PPC 200	00 in the future?			
c)	question c).	to questions a) and		ve on to Section 4 . If '\	∕ES', please co	ontinue from	
	Date	Client	Total contract	Your fee (£)	Your role, as set		C 2000	
			value (£)		Agreement (eg C	lient Represer	itative)	
		your company i	s responsible for neg	gotiating your pa	olved in annually over t	Contracts?		
	Da	Name	Age	Qualifications		in the compar		
		•	PPC 2000 Contracts		regular partners?		YES/NO YES/NO	
٠.	•	•	ne standard form of o					
h)			dvice from your own to any of questions f		ntering into a PPC 2000) Contract?	YES/NO	
			al Indemnity Insura	_	ents not answer this ques	tion if you a	re currently	
~,	insured w	ith us.	red, please state 'No		.e. anono. ano quo	, o a a		
		Incuror	Panawal	Limit of Inde	mnity Premium	Evenes	Potroactivo	

Insurer	Renewal Date	Limit of Indemnity (Any One Claim/Aggregate)	Premium (excl IPT)	Excess	Retroactive Date

b) For how long have you been <u>continuously</u> insured?

Years

c) Has any Insurer ever:-

i) declined to offer Insurance to you or any Partner, Principal or Director?

YES/NO

ii) imposed any special terms on your Company or any Partner, Principal or Director?

iii) cancelled or voided an Insurance for you or any Partner, Principal or Director?

	11 yo	u nave answered YES to any of these questions please provide full details:
d)		at Limit of Indemnity do you now require? Please indicate by ticking the box(es) below: 0,000
e)	pren	excess of <u>at least</u> £500 to £1000 will normally be a requirement of this insurance. However, a reduction in nium may be available if you are prepared to accept a higher, voluntary excess (each and every claim). If are prepared to consider this, please state the amount of the excess you require our quotation to be based in.
Se		00 £5,000 £10,000 £25,000 Other Please state
a)	Doy	ou always obtain satisfactory written references when engaging senior employees?
b)		you able to confirm that no Partner, Principal, Director or Employee is allowed to sign cheques on his/her ature alone? YES/NO
c)		Employees who receive cash/cheques in the course of their duties required to pay in daily?
	If yo	u have answered 'NO' to any of the above please explain why by giving full details:
d)	How	often are checks carried out on all entries in the Cash Book with all paying in books, receipts counterfoils
		vouchers being reconciled with Bank Statements, including the balance of cash and unpresented cheques, bendently of Employees receiving or banking monies belonging to you as well as in trust on behalf of rs?
Se	ction	n 6 – Your Claims history
SC	CO	S- PLEASE NOTE IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY -FAILURE TO DOULD PREJUDICE YOUR RIGHTS - IF SPACE IS INSUFFICIENT PLEASE ATTACH A SIGNED AN CONTINUATION SHEET TO ENABLE YOU TO PROVIDE FULL DETAILS.
a)	Fide	
	i) ii)	Have you sustained any loss through the fraud or dishonesty of any person? Do you know of any fraud or dishonesty at any time of any past or present Partner, Principal, Director or Employee? YES/NO
b)	Prof	essional Indemnity:-
	i)	Has any claim, whether successful or not, ever been made against you, your predecessors in business or

Are you or any of the Partners, Principals, Directors or Employees AFTER FULL ENQUIRY, aware of any circumstances which may give rise to a claim against you, your predecessors in business or any past or

YES/NO

any past or present Partner, Principal, Director or Employee?

present Partner, Principal, Director or Employee?

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IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters. A material fact is one which may influence an Underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Underwriters will be material and such changes should he highlighted. If you are in any doubt as to whether a fact is material you should disclose it.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Underwriters to void the policy.

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not misstated or suppressed any material facts. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

	D .
Signature of Partner, Principal or Director	Date:

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS