



Securus Insurance Limited

Proposal Form

Surveyors & Related Activities

Professional Indemnity

Securus Insurance Limited
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Co Dublin

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Securus Insurance Ltd is registered in Ireland. Company registration No: 410614.
Registered office: Suite 3, Stafford House, Strand Road, Portmarnock, Co Dublin.

Securus Insurance Limited is regulated by the Central Bank of Ireland.

THIS PROPOSAL MUST BE SIGNED BY A PARTNER OR DIRECTOR OF THE BUSINESS. ALL QUESTIONS MUST BE ANSWERED AND ADDITIONAL INFORMATION PROVIDED WHEN REQUESTED TO ENABLE A QUOTATION TO BE GIVEN. THE COMPLETION AND SIGNATURE OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE.

PLEASE USE AN ADDITIONAL SHEET OF PAPER WHERE NECESSARY TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS.

1	Name of the firm Partnership/Individual including Trading and Business Name :				
2	Web address:		www.		
3	Date of commencement of the firm :				
4	Address (registered office and all branches)				
5	Is a Partner/Director/Principal in full-time attendance at each address?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If No, please identify the office and give details of how the office is supervised?				
6	Names in full of all Partners/Directors/Principals	Age	Qualifications	Year obtained	Length of time practicing as Partner/Director or Principal in this firm.
7	Do the proposer require cover for the previous business activities of any Partner/Director/Principal?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If 'Yes', please give details:				
8	Please state gross fees for each of the last five financial years (including those paid to sub-contractors):				
			Last Complete Year	Current Year	Forthcoming Year
	State Year End	20____	20____	20____	20____
	ROI work:	€	€	€	€
	Overseas:	€	€	€	€
	Total Fees:	€	€	€	€

9	Please state the approximate split of gross fees/income in the last complete financial year based on the following categories:	
	Quantity Surveying (pre and post contract)	€
	Quantity Surveying (other)	€
	Residential Survey/Valuation/Inspection – full structural (*)	€
	Residential Survey/Valuation/Inspection – partial surveys (*)	€
	Residential Survey/Valuation/Inspection – lending institution valuation (*)	€
	Residential Survey/Valuation/Inspection – pre sale survey/home condition inspections (*)	€
	Residential Survey/Valuation/Inspection – other valuations (*)	€
	Commercial Survey/Valuation – survey (*)	€
	Commercial Survey/Valuation – valuation (*)	€
	Land/Agricultural Management	€
	Property/Estate Management/Rating/Rent Review (residential)	€
	Property/Estate Management/Rating/Rent Review (commercial)	€
	Land/Mineral/Hydrographic Surveying	€
	Building Surveying	€
Architectural – design only	€	
Architectural – design and supervision	€	
Architectural – design supervision and project management	€	
Architectural – refurbishment (non structural)	€	
Architectural – design supervision and project co-ordination	€	
Loss Assessing/Loss Adjusting	€	
Expert Witness	€	
Other (please specify)	€	

10	If the proposer has declared fees/income from any of the above categories identified with the asterisk in brackets (*) then please provide details of the five largest clients for whom such work has been undertaken in the last three years					
	Client Name	Lending Institution	Service Provided	Valuation	Fee	Total project or building values

11	<p>Does the proposer currently and has the proposer in the past complied with the RICS manual of Valuation Guidance Notes and the Statement of assets valuation practice and guidance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, please give full details of the procedures in place</p>											
12	<p>Is the business represented in any way in Canada and/or the USA or its territories and possessions? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give details:</p>											
13	<p>Please state the total number of staff you have in the following categories: (Please do not include Principals, Partners or Directors in this question):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Technical/Qualified Staff:</td> <td style="width: 10%;">Full-Time</td> <td style="width: 10%;"></td> <td style="width: 10%;">Part-Time</td> <td style="width: 10%;"></td> </tr> <tr> <td>Administrative/Secretarial staff/other:</td> <td>Full-Time</td> <td></td> <td>Part-Time</td> <td></td> </tr> </table>	Technical/Qualified Staff:	Full-Time		Part-Time		Administrative/Secretarial staff/other:	Full-Time		Part-Time		
Technical/Qualified Staff:	Full-Time		Part-Time									
Administrative/Secretarial staff/other:	Full-Time		Part-Time									
14	<p>Do you retain the services of any self-employed person? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give details:</p>											
15	<p>Sub-contractors:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Last Complete Year</th> <th style="width: 20%;">Current Year Estimate</th> </tr> </thead> <tbody> <tr> <td>(I) Please state gross fees in Euro paid to sub-contractors:</td> <td></td> <td></td> </tr> <tr> <td>(II) What type of work do you use them for?</td> <td colspan="2"></td> </tr> </tbody> </table>		Last Complete Year	Current Year Estimate	(I) Please state gross fees in Euro paid to sub-contractors:			(II) What type of work do you use them for?				
	Last Complete Year	Current Year Estimate										
(I) Please state gross fees in Euro paid to sub-contractors:												
(II) What type of work do you use them for?												
16	<p>Is any individual authorised to sign cheques as a sole signatory in respect of either the business or clients' accounts? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has the business recently discharged any employee or severed relationships with any partner or director within the past twelve months? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give details below:</p>											

17	During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and/or its Predecessors in business ever:	
	(I) Declined to Insure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(II) Imposed special terms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(III) Cancelled or voided a policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(IV) Requested the withdrawal of a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give details below:		
18	(I) Have any claims or potential claims been made against the Firm/Partnership, their predecessors in business, or any of the present Partners/Directors/Principals or to the knowledge of the Firm/Partnership, against any past Partners/Directors/Principals ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(II) Is any Partner/Director/Principal aware, after enquiry , of any circumstances which may result in any claims being made against the Firm/Partnership, their predecessors in business or any of the present or past Partners/Directors/Principals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes' is answered to (I) or (II) above, please provide details on a separate sheet including steps taken to prevent a recurrence	
19	Since what date have you had Professional Indemnity cover?	
	If there were any gaps in cover since then, please state for which period(s)	
	If this is the first time the Firm/Partnership has applied to effect Professional Indemnity insurance, do you require cover for claims arising from work carried out prior to inception of the policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please state since what date cover is required	
20	If you are currently insured for Professional Indemnity please give the following details:	
	Name of Current Insurers	
	Limit of Indemnity	
	Insured's Contribution (Excess)	
	Premium	
	Expiry Date	

21	What Limit of Indemnity do you require?	€100,000	<input type="checkbox"/>	€250,000	<input type="checkbox"/>	
		€325,000	<input type="checkbox"/>	€500,000	<input type="checkbox"/>	
		€650,000	<input type="checkbox"/>	€1,000,000	<input type="checkbox"/>	
		€1,300,000	<input type="checkbox"/>	€1,500,000	<input type="checkbox"/>	
		€2,000,000	<input type="checkbox"/>	Other €	<input type="checkbox"/>	
22	What Insured's Contribution (Excess) do you wish to pay?	€500	<input type="checkbox"/>	€1,000	<input type="checkbox"/>	
		€1,250	<input type="checkbox"/>	€1,500	<input type="checkbox"/>	
		€2,000	<input type="checkbox"/>	Other €	<input type="checkbox"/>	
DECLARATION						
<p>(I) I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts.</p> <p>(II) 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.</p> <p>(III) I/We undertake to inform Insurers or any material alteration to these facts occurring before completion of the Contract of Insurance.</p>						
Signature of Principal/Partner/Director (Please delete as appropriate)						
Name of signatory (Please Print)						
Date						

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