

Professional Indemnity Insurance Proposal Form for Estate, Letting, Managing Agents and Related Professions

This proposal form must be completed, signed and dated by a principal, partner or director of the firm who has been duly authorised by all principals, partners or directors for this purpose.

It is your duty to disclose all material facts to underwriters. A material fact is one that is likely to influence underwriters' judgement and acceptance of your proposal.

Please answer all general and underwriting questions. If there is insufficient space, please provide details on a separate sheet. In addition you are required to complete the declaration on the final page of the proposal form.

This form is not suitable for surveyors. If you have undertaken or intend to undertake any survey and / or valuation work please call us on 020 8667 2108.

	Would you like a quotation for your	office insurance?	Yes	No _
	General	Information – Your details		
1.	Date insurance cover to commence:	/ /20		
2.	Proposer's name in full:			
3.	Trading styles and titles:			
4.	Address:			
5.	Tel No/Mobile No:			
6.	Email address:			
7.	Date established:	1 1		
8.	Business description:			



Underwriting Information

9.	Please select the limit(s)	100,000	£150,000					
	£250,000 £50	0,000 <u>£</u> 1	,000,00	00 Other:	£			
10.	Please provide details for all Principals, Partners or Directors:							
	Name	Position	Age	Professional Qualifications	Years with this firm	Total years experience*		
	* If any Principal, Parti	ner or Director has	ess tha	an 3 years practical	experience, at	tach their CV		
11.	11. Please state the total number of your:							
	Principals, Partners or Directors	Qualified Sta	Qualified Staff			Total		
12.	Gross Fees for last finan	cial year:						
	UK	USA & Canad	Canada Elsewhere			Total		
	£	£		£	£			
13.	Please split your total gr	oss fees between th	ne activ	vities below. You m	ay use either	the column for		

"Fee Amount" or "Fee Percentage":

	Fee Amount	Fee Percentage	
Estate Agency	£	%	
Lettings and Management	£	%	
Business Transfer Agency	£	%	
Auctioneering	£	%	
Building Society Agency	£	%	
Mortgage Broking	£	%	
Other (please give full details on a separate sheet)	£	%	
Totals	£	%	



14.	Are you involved in any way in	Yes	No				
	If Yes , please provide full details under question 20 below and on a separate sheet if necessary:						
15.	Has the firm ever undertaken a Note: this does not apply to valu for sale, rental, probate and matri	ations undertake	en to establish a market price	Yes	No 🗌		
	If Yes , please provide full detai	ls under questi	on 20 below and on a separa	te sheet if neces	ssary:		
16.	Have you ever undertaken any general insurance, mortgage b as a representative or introduct of Yes, please provide, under que the Financial Conduct Authorit	roking or invester? uestion 20 belo	tments), whether directly or	Yes s and your status	No s with		
17.	Has any principal, partner, direct disciplinary proceedings by any ARLA, NALS, ARMA & ICBA?	ctor or employe	_	Yes	No		
	If Yes , please provide full detai	ls under questi	on 20 below and on a separa	te sheet if neces	ssary:		
18.	Do you always obtain satisfacto employees?			Yes	No		
	If No , please provide full detail	s under questic	on 20 below and on a separat	te sheet if necess	sary:		
19.	Does the Company have a diar renewal of tenancy agreement		ce for rent reviews and/or	Yes	No		
	If No , please provide full detail	s under questio	on 20 below and on a separat	te sheet if neces	sary:		
20.	Further Information:						
21.	Current insurance details:						
	Name of Insurer		Retroactive Date**				
	Limit of Indemnity		Expiry Date	<u>.</u>			
	Fxcess		Premium	<u> </u>			

^{**} The "Retroactive Date" should be shown in your current policy schedule.



Declaration

A.	Are you aware of any incidents over the last 5 years that have given rise to a claim, or loss, or may give rise to a claim, or loss, or which would have been covered by the proposed insurance had such a policy been in force?						Yes	No
	If Yes , Pleas	e give full details:						
В.	-	ry, are there any pend be expected to give ri	_			ght		
	a the firm							
	b the firm	's predecessors in bu	siness, or					
	c any pers	ons proposed for ins	urance					
	that would f	fall within the scope o	of this insura	nce?			Yes	No
C.	-	ne proposer, or any previous trading title:	rincipal, part	ner or dire	ctor under a			
	a been de	clared bankrupt or in	solvent?				Yes	No
		nvicted of arson or ar g offences) or is any p	•		e (other than		Yes	No
D.		urer declined to accepontinue only on speci-				ser?	Yes	No
If you	ı have answe	ered YES to any of B,	C or D, pleas	e provide a	letails on a se	eparate sh	neet.	
E.	best of my/o	e that the above state our knowledge and I/					\Box	
	any materia	racts.					Yes	No
	Signed				Dated	/	/	
Print	FULL Name				Position			
NOTE		laration must only be been duly authorised						ned firm
Corre	espondence address:	Portsoken Ltd Fileturn House, E Redhill Surrey RH1 6QZ	Brighton Road	d	Email: Tel No:	property 0203 994	@portsoker 4 4982	n.co.uk