



Underwriting Agency Pty Limited

PROPOSAL FORM

FOR

CHARTERED SURVEYORS

ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND BELIEF. DO NOT LEAVE ANY QUESTIONS UNANSWERED.

ALL MATERIAL FACTS MUST BE DISCLOSED, AS FAILURE TO DO SO MAY NULLIFY ANY POLICY OR CERTIFICATE ISSUED.

IF YOU CONSIDER THAT ANY QUESTION REQUIRES KNOWLEDGE WHICH YOU ARE UNABLE TO PROVIDE, INDICATE THIS IN YOUR ANSWER OR ASK **HIGH STREET UNDERWRITING AGENCY PTY LIMITED** FOR ADVICE.

High Street Underwriting Agency Pty Ltd

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PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM
FOR
CHARTERED SURVEYORS

This proposal must be completed in ink by a Partner, Director or Principal of the Firm. If there is insufficient space to answer any questions use additional sheets of the Firm's headed paper and attach it to the form.

1. Name of the Firm
(including all current/former firm(s) for whom cover is required)

2. Address: (all offices must be shown)

3. Date of commencement of:

(a) **Current Firm** _____

(b) **Cessation of Former Firm(s)** _____

4.

Names in full of all Partners/Directors/ Principals	Qualifications	Date Obtained	How long a Partner/ Director/ Principal

5. Please give total number of:

- (a) Partners/Directors/Principals _____
- (b) Qualified staff _____
- (c) Other Staff _____

6. (a) Does the firm enter into any written agreements or letters of appointment? **YES/NO**

If YES please enclose copies.

(b) Does the firm issue any literature, etc. describing the services offered? **YES/NO**

If YES please enclose examples

7. a) Has the Firm sustained any loss through the fraud or dishonesty of any person during the past 10 years? YES/NO

If 'YES' please give full details.

b) Will any Partner/Principal/Director or Employee be permitted to sign cheques on his sole signature in respect of the Firm's or Client's accounts? YES/NO

If 'YES' please state Name, Position and Limit.

c) Please confirm that the Annual Accounts have been prepared and/or certified by an independent Accountant or Auditor. YES/NO

d) Does the Firm always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods? YES/NO

e) Is cash-in-hand and petty cash checked independently of the employee responsible?

i) At least monthly? YES/NO

ii) Additionally, without warning, at least every six months? YES/NO

If the answer to c), d) or e) is 'NO' please provide full details.

f) If you hold a Building Society or Insurance Agency, how often are your records reconciled with those of the Building Society or Insurance Company and by whom?

8. a) Please give the total annual gross fees in each of the last three Financial Years and an estimate for the current year and coming 12 month periods:

	AUSTRALIA	OVERSEAS
20..	\$ _____	\$ _____
20..	\$ _____	\$ _____
20..	\$ _____	\$ _____
Current Year	\$ _____	\$ _____
Coming Year	\$ _____	\$ _____

Please state date of Financial Year End _____

b) Please provide the following information relating to your income for your last Financial year:

	AUSTRALIA	OVERSEAS
i) Estate Agency	\$	\$
a) Residential	\$	\$
b) Commercial	\$	\$
ii) Management and Letting of Residential Property	\$	\$
iii) Property/Estate Management other than ii) above	\$	\$
iv) Residential Surveys and Valuations		
a) Full Structural Surveys	\$	\$
b) Partial Reports e.g. House Buyers' Reports	\$	\$
c) Building Society/Bank Mortgage Valuations	\$	\$
d) Other Valuations (Please specify)	\$	\$
v) Commercial Surveys and Valuations		
a) Commercial Surveys	\$	\$
b) Commercial Valuations	\$	\$

vi)	Auctioneering		
	a) Livestock	\$	\$
	b) Fine Art/Antiques	\$	\$
	c) Other (Please specify)	\$	\$
vii)	Project Management (see below)	\$	\$
viii)	Project co-ordination (see below)	\$	\$
ix)	Architectural	\$	\$
x)	Quantity Surveying		
	a) Pre and Post Contract Services	\$	\$
	b) Other services (Please specify)	\$	\$
xi)	Land Surveying		
xii)	Insurance Agency/Mortgage Broking	\$	\$
xiii)	Building Society Agency	\$	\$
xiv)	Other (Please provide full details under question 10.h)	\$	\$

N.B. For any of the above types of work for which no income is shown please give details if you have been engaged in such activities in the last 6 years

Do you envisage any changes in the activities as described above in the next 12 months? if so, please give details

Notes:

Project Management - where the Proposer is responsible for the appointment of other professionals and/or non-professionals (individuals, firm or company) necessary to the contract. Project co-ordination - where other professionals and/or non-professionals as above are appointed (whether on the Proposer's recommendation or not) by the Proposer's Principal.

9. (a) Please provide details of the five largest Clients and the work undertaken

Title of Client	Type of Work
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Is any of the work for which you are responsible Subcontracted. YES/NO

If YES please state:

- (a) Brief details of the work carried out by them;**
 - (b) Do they carry professional indemnity insurance; YES/NO**
 - (c) If YES how much \$**
 - (d) What % of income/fees is paid to such persons.**
-

11. (a) Has the Firm or any of the Partners/Directors/Principal ever been a member of consortium or a joint venture? YES/NO

If YES please give details.

12. Do you require this insurance to provide for legal actions bought:

- (a) Only in the Courts of Australia **YES/NO**
(b) In Courts any where in the world other than the USA & Canada **YES/NO**
-

13. Is the Business/Practice represented in the USA or Canada and or their territories? **YES/NO**

If YES then full details must be given.

14. (a) Does the Firm or any Partners/Directors/Principals/Owners have an association with or a financial interest in any other firm or organisation? (other than as a stockholder in a PLC) **YES/NO**

If YES please give full details.

15. Please give the following details:

- (a) Name of current Insurers _____
(b) Limit of Indemnity _____
(c) Excess applicable _____
(d) Expiry date _____
(e) Premium _____
-

**16. Has any Insurer ever, in respect of the Firm and or the Partners/
Directors/Principals/Owners and/or its former Partners/Directors/Principals/
Owners?**

- | | |
|-----------------------------------|--------|
| (a) Declined to insure | YES/NO |
| (b) Imposed special terms | YES/NO |
| (c) Cancelled or avoided a policy | YES/NO |

If YES to any of the above please supply full details.

**17. Has any claim for professional negligence, error or omission ever been
made against the Firm and or Partners/Directors/Principals/Owners or
employees and or their predecessors in the Firm whether insured or
not?** YES/NO

If YES please give full details.

**18. Are any of the Partners/Directors/Principals/Owners or employees AFTER
FULL ENQUIRY aware of any circumstances which are likely to give rise to a
claim against the Firm or its predecessors in business or any of its present
or former Partners/Directors/Principals or employees?** YES/NO

If YES please give full details.

19. For what limits of indemnity do you require quotation.

- \$500,000
- \$1,000,000
- \$2,000,000
- \$ Other (please specify)

20. Do you require any of the following extensions:

- (a) Libel & Slander . **YES/NO**
- (b) Dishonesty of Employees. **YES/NO**
- (c) Loss of Documents . **YES/NO**
- (d) Unintentional Breach of Copyright . **YES/NO**
- (e) Unintentional Breach of Confidentiality. **YES/NO**

If the answer to any of the above is YES then the relevant claims information as requested in questions 17 & 18 must be supplied.

DECLARATION

I/We declare and warrant that all the statements and particulars here given are true and that no information whatever has been withheld which might influence a prudent Insurer’s judgement and the acceptance of this Proposal. Should the above Particulars alter in any way I/we will advise Insurers as soon as possible.

I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may result in Insurers refusing to provide indemnity or voiding the policy in every respect.

I/We hereby agree that this Declaration shall be the basis of the contract between me/us and Insurers.

Name of Proposer _____

Signed by _____
on behalf of all Partners/Directors/Principals

Date _____

