



PROFESSIONAL INDEMNITY

PROPOSAL FORM

housing associations

PLEASE READ THE FOLLOWING BEFORE

COMPLETING THIS PROPOSAL FORM:

TO PRESENT A CLEAR AND UNAMBIGUOUS PICTURE AND TO ENSURE THAT UNDERWRITERS UNDERSTAND THE NATURE OF YOUR RISK:

- * ALL QUESTIONS SHOULD BE COMPLETED IN INK.**

- * WHERE A QUESTION IS NOT APPLICABLE TO YOUR PARTICULAR CIRCUMSTANCES, PLEASE WRITE 'N/A'.**

- * PLEASE TICK THE YES OR NO BOXES.**

- * IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS PLEASE USE AN ADDITIONAL SHEET AND ATTACH IT TO THIS PROPOSAL FORM.**

- * COMPLETING AND SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR INSURERS TO COMPLETE THIS INSURANCE.**

- * IF THIS PROPOSAL RELATES TO A NEW BUSINESS OR VENTURE, PLEASE COMPLETE THE QUESTIONS AS FAR AS POSSIBLE, GIVING ESTIMATED OR ANTICIPATED INFORMATION.**

PROFESSIONAL INDEMNITY INSURANCE

A Partner, Principal or Director of the Association must complete the proposal form in ink. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer or Insurers to complete a contract of insurance.

If there is insufficient space to answer any question, please continue on your headed notepaper and attach it to this form.

Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS TO ASSIST THE UNDERWRITERS' CONSIDERATION OF THE PROPOSAL

1a) Name of Association(s) (including any subsidiary, requiring cover):

b) Date established:

c) Registration No:

d) Address(es) (specifying who is responsible, if there is more than one location):

e) Website:

e-mail address:

f) Any previous trading name(s), requiring cover and the date(s) on which trading ceased:

g) Type of Association (e.g. Trust, Limited Liability Company etc):

2a) Name of Directors,
Officers, Council Members,
Committee Members or
Trustees

Age and
Qualifications

Date Qualified

Number of years
Practical
Experience

PLEASE ATTACH DETAILED C.V.'S

b) Names of Consultants (regularly used)	Age and Qualifications	Date Qualified	Number of years Practical Experience
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PLEASE ATTACH DETAILED C.V.'S

c) Do you require cover for past Partners, Principals or Directors? If yes, please provide details	YES/NO
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3a) Is the Association admitted to any Regulatory Body? If yes, please give details.	YES/NO
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b) Has the Association or any person been the subject of investigation or disciplinary proceedings by any Regulatory or Official Body? If yes, please give details.	YES/NO
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4 Please state the total number of Directors, Officers, Council Members, Committee Members and Trustees:	
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Qualified Staff:

Consultants:

Other Staff:

5 Please clarify the type of services normally provided:

Property Sales:	%
Property Management:	%
Leasehold Services:	%
Development Services:	%
Environmental Improvements:	%
Development of Employment Initiatives:	%
Provision of Facilities and Services for Special Needs Tenants:	%
Financial Advice:	%
Other (please specify):	%

6 Please give details of your last year's turnover/income, split into the following categories or an estimate, if you have never traded:

a) New Build	
Design by your own in-house professionals:	%
Site Supervision by your own in-house professionals:	%
Quantity Surveying by your own in-house professionals:	%
Other Professional Duties, undertaken in-house:	%
Design undertaken, on your behalf, by specialist consultants:	%
Site Supervision, undertaken on your behalf, by specialist consultants:	%
Quantity Surveying, undertaken on your behalf, by specialist consultants:	%
b) Refurbishment	
Design by your own in-house professionals:	%
Site Supervision by your own in-house professionals:	%
Quantity Surveying by your own in-house professionals:	%
Valuation and Feasibility by your own in-house professionals:	%
Structural Surveys by your own in-house professionals:	%

8a) Please advise the number of units managed:

- i) Your own:
- ii) On behalf of Third Parties:

b) Do you employ residential care wardens or the like? **YES/NO**
**IF YES, PLEASE PROVIDE DETAILS OF VETTING PROCEDURES INVOLVED,
PRIOR TO ENGAGING SUCH STAFF**

9 Are the Association's funds managed by its own management or by professional external managers?

If the latter, please provide full details, including length of time they have undertaken such duties, and confirm that they maintain their own Professional indemnity insurance..

10a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months? **YES/NO**

If yes, please give details.

b) Is cover required for any activity, now ceased, which is different from those declared, within this proposal form? **YES/NO**

If yes, please give details.

11a) Please list the three largest contracts undertaken in the last three years and the services provided:

i)

ii)

iii)

12 Have you, **ever**, failed to complete a project?
If yes, please explain the reason and type of project

YES/NO

13 Have you, **at any time**, entered into a contract signed under seal or signed a collateral warranty?

YES/NO

If yes, please give details

14 Do you use a standard form of contract, agreement or letter of appointment?

YES/NO

If yes, please provide a copy. If no, please explain fully.

15a) When Professional Sub-contractors or Specialist Consultants are engaged, have you, in the past, and will you in the future endeavour to ensure that they are appointed directly by and paid by the client?

YES/NO

b) Have you and will you ensure that such persons or firms have entered into a binding contract accepting full responsibility for their own Professional neglect, error or omission and that they carry and maintain in force Professional Indemnity insurance?

YES/NO

IT IS A CONDITION OF THIS POLICY THAT P I INSURANCE IS MAINTAINED BY THIRD PARTY PROFESSIONALS, TO ALLOW FOR SUBROGATION, IN THE EVENT OF A CLAIM

16a) If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

b) Do you undertake work for or are you associated, either by shareholding or official position, with any company/organisation, where you are in a position to make major decisions? **YES/NO**

If yes, please give details.

c) Have any of the Partners, Principals or Directors been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily?

YES/NO

If yes, please give details

17 Do you wish to consider any of the following extensions?

Loss of Documents **YES/NO**

Unintentional Breach of Confidentiality **YES/NO**

Libel & Slander **YES/NO**

Unintentional Breach of Copyright **YES/NO**

Dishonesty of Employees **YES/NO**

Claims arising from Associated Companies **YES/NO**

18 Do you currently have Professional Indemnity insurance?

YES/NO

If yes, please give details.

Expiry Date:

Limit:

Excess:

Insurer:

19 Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms? **YES/NO**

If yes, please give details.

20 Please state: limit of indemnity required

: self insured excess

21a) Do you always require satisfactory written references when engaging employees? **YES/NO**

b) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature?

YES/NO

If yes, please give details

c) How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

d) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

e) What is the maximum value of stock, at any one location?

f) Are any employees authorized to act independently in ordering, certifying receipt of and paying for goods and services? **YES/NO**

If yes, please give details

g) Do you carry out stocktaking, independently of the staff usually responsible for such duties, at least once a year? **YES/NO**

22 Have you EVER had any claims made against you or know of any circumstances that could or would have resulted in a claim, if cover had been in force? YES/NO
If yes, please give full details.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Insurers. 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 Insurers will be material and such changes should be highlighted. If you are in any doubt as whether a fact is material or not, you should disclose it.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Insurers 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 Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

However, the duty to disclose material facts continues after completion of this proposal and throughout any period of insurance (and any extensions thereto), upon which this proposal form was used as the basis of the contract of insurance.

Date (day) (month) (year)

Signature: (Individual, Partner, Principal or Director)

Position:

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