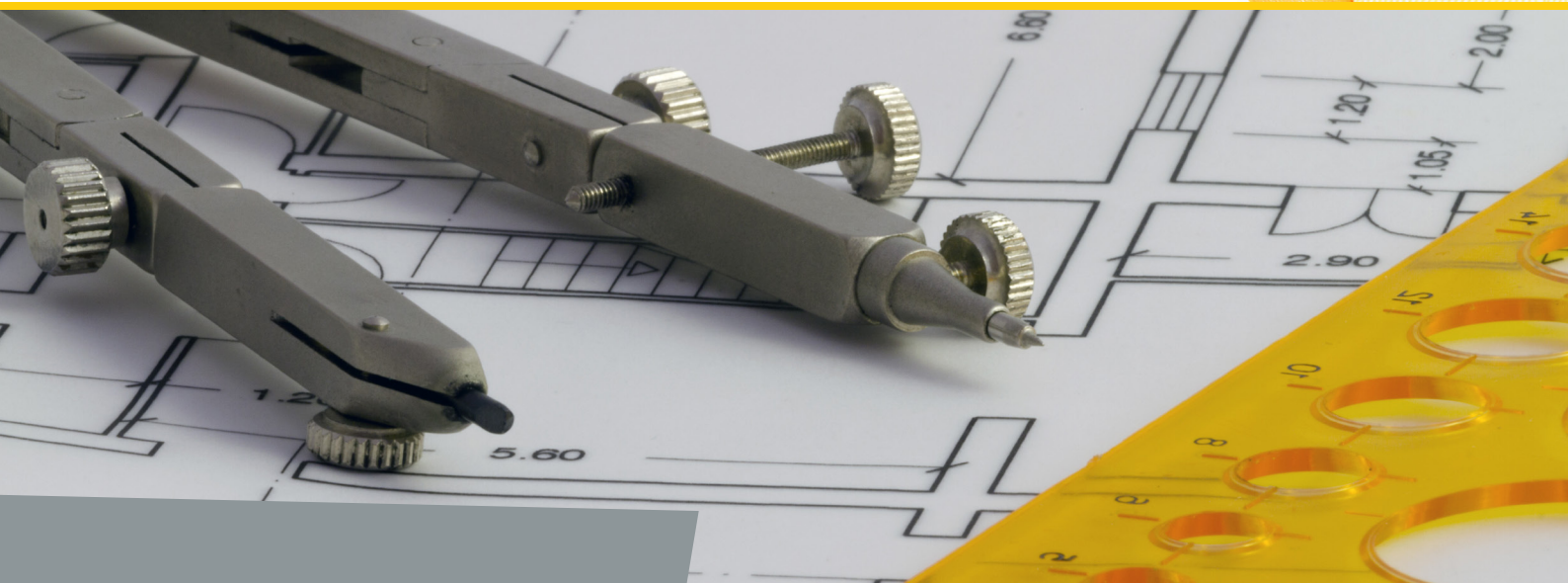


# OBF

INSURANCE GROUP



## SURVEYORS

PROFESSIONAL INDEMNITY  
PROPOSAL FORM

Coverholder at

**LLOYD'S**

OBF Insurance Group Ltd. Bridge House, Baggot Street Bridge, Dublin 4. D04 X2P1  
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OBF Insurance Group Ltd. is regulated by the Central Bank of Ireland. Registered in Ireland No. 39988. Brokers Ireland Member.

## **Please Note:**

- This is a proposal for a contract of insurance, in which 'proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- Please answer all the questions giving full and complete answers. Please use a separate sheet of paper if there is insufficient space. If necessary please write additional relevant facts on a separate sheet of paper.
- The proposal form must be completed, signed and dated by a person who is of legal capacity and has the authorisation to request this insurance for the Proposer.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.
- All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of any claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters. If you are in doubt as to what constitutes a material fact, you should consult your broker.

## **Please supply the following additional information:**

- Company Brochure
- CVs of Principals
- Copy of Standard Contract Terms and Conditions (if applicable)

## DETAILS OF THE PROPOSER

1. Name(s) (including trading names/subsidiary companies) of all entities to be Insured:

2. Main Address:

3. Website:

4. Email address:

5. Phone No:

6. Establishment Date of Firm

7. Please state total number of:

Principals/Partners/Directors:

Other Technical Staff:

Qualified Staff:

Administrative/Other:

8. a) Details of all Directors/Partners/Principals:

| Partners/Principals | Qualifications | Date Qualified | How long a Director, Partner, Principal of this firm/company |
|---------------------|----------------|----------------|--|
|                     |                |                |  |
|                     |                |                |  |
|                     |                |                |  |
|                     |                |                |  |
|                     |                |                |  |

9. a) Has the Name of the Proposer ever been changed?

Yes

No

b) Has any other practice or business amalgamated or merged with you?

Yes

No

c) Have you purchased any other practice or business?

Yes

No

If Yes, please provide full details:

10. Is cover required for any Partner's Liability prior to joining the firm?

Yes

No

If Yes, please provide Name of Partner, Name of Previous Firm and Date at which the Partner joined the above firm:

11. If the Proposer is a sole practitioner, what procedures are in place for periods of absence from the office or illness? Please provide full details:

12. Please list the professional, regulatory bodies, trade associations or societies to which you belong:

13. Please give the name and experience of any person carrying out structural surveys and/or valuation Reports who is not a Fellow or Associate of the Royal Institute of Chartered Surveyors or a Fellow or Associate of the Incorporated Society of Valuers and Auctioneers, or Royal Institute of British Architects or Fellow of the Faculty of Surveyors (or its equivalent in Ireland):

14. a) Are written references obtained in respect of new employees? Yes  No

b) Is any Partner/Director or Employee allowed to sign cheques on his /her signature alone? Yes  No

If Yes, up to what amount? €

c) How often are the entries on the Cash Book reconciled against the Bank Statements by a senior person, other than the head bookkeeper?

d) Has the proposer ever sustained any loss through fraud or dishonesty of any employee? Yes  No

If Yes, please provide full details:

## DETAILS OF ACTIVITIES/INCOME/FEES

1. a) Please provide the details of your gross fees:

|             | Last Financial Year<br>/ / | Current Financial Year<br>/ / | Estimate for Next Financial Year<br>/ / |
|-------------|----------------------------|-------------------------------|---|
| Gross Fee   |                            |                               |   |
| Maximum Fee |                            |                               |   |
| Average Fee |                            |                               |   |

b) Financial Year End:

2. a) Please provide a percentage split of your income by geographical area:

|  | % of Gross Fees |
|--|-----------------|
| Domestic Contracts (Ireland)               |                 |
| UK Contracts                               |                 |
| EU Contracts                               |                 |
| USA/Canada (Subject to non USA/Canada Law) |                 |
| USA/Canada (Subject to USA/Canada Law)     |                 |
| Rest of the World Contracts                |                 |

3. a) Please confirm the percentage split of your income by geographical area in Ireland:

| Area | % |
|------|---|
|      |   |
|      |   |
|      |   |

b) If other, please specify area(s)/country(s) and corresponding percentage of your income:

| Area | % |
|------|---|
|      |   |
|      |   |
|      |   |

4. What percentage of your gross fees was derived in the previous financial year from your largest client?

5. Please list the proposer's six largest contracts in the last five years:

| Client | Territory | Description of Professional Services | Total Contract Value | Your Fees | Start Date | End Date |
|--------|-----------|--------------------------------------|----------------------|-----------|------------|----------|
|        |           |                                      |                      |           |            |          |
|        |           |                                      |                      |           |            |          |
|        |           |                                      |                      |           |            |          |
|        |           |                                      |                      |           |            |          |
|        |           |                                      |                      |           |            |          |

6. Please provide a split of gross fees in the previous financial year::

| Activity  | %           |
|---|-------------|
| Quantity Surveying  |             |
| Building Surveying  |             |
| Land/Mineral/Hydrographic Surveying   |             |
| Residential Surveys/Valuations for Lending purposes   |             |
| Other Residential Surveys/Valuations  |             |
| Commercial Surveys/Valuations for Lending Purposes  |             |
| Other Commercial Surveys/Valuations   |             |
| Planning & Development Consultancy  |             |
| Project Co-Ordination (where you have No responsibility for appointment of other consultants/contractors) |             |
| Project Management (where you have responsibility for appointment of other consultants/contractors)       |             |
| Architectural   |             |
| Environmental   |             |
| Residential Property Management   |             |
| Commercial Property/Land Management   |             |
| Rent Reviews/Lease Renewals   |             |
| Residential Estate Agency   |             |
| Commercial Estate Agency  |             |
| Auctioneering – Livestock   |             |
| Auctioneering – Other   |             |
| Building Society Agency   |             |
| General Insurance Business  |             |
| Financial Services  |             |
| Loss Assessing and Adjusting  |             |
| Other Work – Please provide full details on a separate sheet  |             |
| <b>TOTAL</b>  | <b>100%</b> |

7. If you have ceased to provide any of the services detailed in Question 6 above in the last three years, please confirm the nature of services provided and the fees derived from this activity(ies):

8. Please provide further information about the work you have undertaken in the past for the following activities:

a) Quantity Surveying:

Average total contract value in the last 3 years: €

Highest total individual contract value in the last 3 years: €

b) Residential Surveys/Valuations for Lending Purposes. For the last 3 years please confirm:

Average annual number of reports

Highest single property valuation: €

Average Valuation: €

Please identify your 3 largest clients:

| Name | Annual Fee Income - € |
|------|-----------------------|
|      |                       |
|      |                       |
|      |                       |

c) Commercial Surveys/Valuations for Lending Purposes:

Average annual no. of reports

Highest single property valuation: €

Highest single property valuation: €

Average Valuation: €

Please identify your 3 largest clients:

| Name | Annual Fee Income - € |
|------|-----------------------|
|      |                       |
|      |                       |
|      |                       |

d) Other Commercial Surveys/Valuations:

For the last 3 years please provide details of your 3 largest valuations:

| Valuation | Client | Purpose |
|-----------|--------|---------|
|           |        |         |
|           |        |         |
|           |        |         |

e) Project Co-Ordination:

Please confirm the highest total individual contract value in the past 3 years: €

f) Project Management:

Please confirm the highest total individual contract value in the past 3 years: €

g) Architectural Work:

Please provide details of the 3 largest contracts where construction commenced during the last 3 years:

| Description | Extent of Service (full etc.) | Total Contract Value | Approx. Completion Date |
|-------------|-------------------------------|----------------------|-------------------------|
|             |                               |                      |                         |
|             |                               |                      |                         |
|             |                               |                      |                         |

h) Environmental:

Please provide a full description of your activities:

Do you undertake any work which involves polluted or contaminated land or property, or advise third parties as to whether or not land or property may be polluted or contaminated?

Yes  No

If Yes, do you have a standard contract or terms of engagement which incorporates a disclaimer or limitation of liability in respect of pollution and contamination?

Yes  No

If Yes, please confirm how long this has been used:  
(Please attach a copy)

i) Commercial Property/Land Management (inc Rent Reviews etc.):  
Is there a working diary system which is checked regularly?

Yes  No

j) Commercial Estate Agency:  
Average individual property value handled in the last 3 years?

€

Highest individual property value handled in the last 3 years?

€

k) Auctioneering:

For the last year please confirm the following:

|  | Fees - € | Max Value - € | Ave Value - € |
|--|----------|---------------|---------------|
| Livestock & Deadstock                              |          |               |               |
| Fine Art or Antiques                               |          |               |               |
| Property or Land                                   |          |               |               |
| Other – Please provide details on a separate sheet |          |               |               |

l) Financial Services:

Do you undertake any Financial Services activities?

Yes  No

Are you tied (for the purposes of the Financial Services Act) to any organisation?

Yes  No

If independent, how are you regulated?

m) Other Work:

Please provide full details of any other work you undertake:

9. FOR SURVEY AND VALUATION WORK ONLY – If NONE please mark as N/A

N/A

a) Are valuations only undertaken by qualified valuers?

Yes  No

b) Please confirm who undertakes the Surveys/Valuations and their qualifications  
(where applicable):

c) Do you have any system in place for the cross-referencing of valuations for similar properties?

Yes  No

If Yes, how long has this system been in operation?

If No, how would you support the accuracy of any valuation?

d) Have you at all times complied with the RICS Manual of Valuation Guidance Notes and the Statement of Asset Valuation Practice and Guidance Notes and, when issued, the Appraisal and Valuation Manual?

Yes  No



If No, please explain:

10. Do you use a standard form of contract, agreement or letter of appointment? Yes  No   
If Yes, please attach a copy

11. Do you always confirm verbal reports in writing? Yes  No   
If No, please explain:

12. Do you undertake any work which involves polluted land or property or advise third parties as to whether or not land or property may be polluted or contaminated? Yes  No

If Yes, do you have a standard contract or terms of engagement which incorporates a disclaimer or limitation of liability in respect of pollution or contamination? Yes  No

If Yes, please confirm how long this has been used and attach a copy:

13. a) Do you use the services of consultants, sub-contractors or agents? Yes  No

If Yes, do you require them to carry their own PI Insurance? Yes  No

If Yes, to what limit?

b) What percentage of your income relates to sub-contracted work?

14. a) Does the Principals/Partners/Directors of the proposer have any association with or financial interest in any other practice, company or organisation? Yes  No

If Yes, please provide full details:

b) Is, or has the proposer been a member of a consortium, group practice, joint venture, strategic alliance or involved in any single project partnership? If Yes, please provide full details:

NB: Special arrangements must be made with insurers if indemnity is to be granted.

## PREVIOUS/CURRENT INSURANCE

1. Does the Proposer currently have a Professional Indemnity Insurance policy in force? Yes  No

If Yes:

a) Insurer

b) Expiry Date

c) Limit of Indemnity

d) Excess

e) Premium

f) Expiry Retroactive Date

2. Has any previous policy for Professional Indemnity insurance been cancelled or refused or had any special terms imposed by any insurer? Yes  No

If Yes, please provide full details:

3. Please indicate the Limit of Indemnity required:

€500,000  €1,000,000  €1,500,000  €2,000,000  €2,500,000   
€3,000,000  €5,000,000

Please specify if other:

4. What Excess is the Proposer prepared to carry uninsured?

€1,000, €2,500, €5,000, €10,000 or 'Other'

## CLAIMS/CIRCUMSTANCES INFORMATION

1. Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or present or past partners, principals or directors? Yes  No

If Yes, have such matters been notified to current or previous Underwriters? Yes  No

Please provide full details:

2. Are you or any partners, directors or principals, after having made full enquires, including of all staff, aware of any of the following matters

a) Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, director principal or employees?

Yes  No

b) The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you?

Yes  No

If Yes, please provide full details:

## DATA PROTECTION

OBF Insurance Group Ltd. recognise that protecting personal information including sensitive personal information is very important and we recognise that you have an interest in how we collect, use and share such information. Our Data Protection Policy is in line with the requirements under the General Data Protection Regulations (GDPR) which are effective from 25 May 2018.

Please read the following carefully as it contains important information relating to the information that you give us or has been provided to us on your behalf. If you provide information relating to anyone other than yourself, you are responsible for obtaining their consent to the use of their data in the manner outlined below.

Full details of how we collect, use, store and protect your data can be found in our Data Privacy Notice, a copy of which is available on request or via our website, [www.obf.ie](http://www.obf.ie).

### What does OBF Insurance Group Ltd. do with your personal data?

Information you provide will be used by OBF Insurance Group Ltd. for the purposes of processing your application and administering your insurance policy. OBF Insurance Group Ltd. may need to collect sensitive personal data relating to you (such as medical or health records) in order to process your application and/or any claim made.

All information supplied by you will be treated in confidence by OBF Insurance Group Ltd. and will not be disclosed to any third parties except (a) to our agents, sub –contractors and reinsurers (b) to third parties involved in the assessment, administration or investigation of a claim (c) where your consent has been received or (d) to meet our legal or regulatory obligations. In order to provide you with products and services this information will be held in the data systems of OBF Insurance Group Ltd. or our agents or subcontractors. The data is held on servers with multiple layers of security. Please note that some servers which may hold your data are located outside the EU.

We will hold data collected from you for the duration of our business relationship with you and for six years after that. This is a requirement under the Central Bank's Consumer Protection Code 2012. Your data may be used for the purposes of automated decision making but will not be used for profiling purposes.

OBF Insurance Group Ltd. may pass your information to other companies for processing on its behalf. OBF Insurance Group Ltd. will ensure that its transfer of data is lawful and that your information is kept securely and only used for the purpose for which it was provided.

Calls to and from OBF Insurance Group Ltd. are recorded for quality assurance or verification purposes.

## Your Rights under our Data Protection Policy

You have the right to :

- Access the data we hold about you
- Have the data we hold about you transferred to another person or organisation
- Have inaccurate data about you corrected
- Have information about you erased (this could affect our ability to process your business)
- Object to direct marketing from us
- Restrict the processing of your data (this could affect our ability to process your business)
- Make a complaint to us about the implementation of our data protection policy and procedures.

To access the data we hold about you, you will need to complete and submit a Data Access Request Form, available on request or via our website.

## Data Breaches

In the event of a data breach which results in your personal data being compromised, we will advise the Data Protection Commissioner within 72 hours at most, unless the data was encrypted or anonymised. Were there is a high risk to your rights, as set out in the GDPR, we will also advise you of the details of the breach and the steps we have taken to rectify it and prevent its recurrence.

## Fraud Prevention, Detection and Claims History

In order to prevent and detect fraud and the non-disclosure of relevant information OBF Insurance Group Ltd. may at any time:

- Share information about you with companies or organisations outside OBF Insurance Group Ltd. including where applicable private investigators and public bodies including An Garda Síochána;
- Check and/or file your details with fraud prevention agencies and databases such as InsuranceLink, and if you give us false or inaccurate information and we suspect fraud, we will record this. For more information on the functioning of InsuranceLink, please visit [insurancelink.ie](http://insurancelink.ie).

OBF Insurance Group Ltd. may also search these agencies and databases to :

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your account or insurance policies;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

## DECLARATION

The undersigned authorised Person declares that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this Proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature:

Name:

Position:

Date: