# **OBF**

# SURVEYORS

PROFESSIONAL INDEMNITY PROPOSAL FORM

5.60

Coverholder at



OBF Insurance Group Ltd. Bridge House, Baggot Street Bridge, Dublin 4. D04 X2P1 T: +353 1 660 1033 / 676 0201 F: +353 1 668 7985 E: piteam@obf.ie W: www.obf.ie

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.
- OBF Insurance Group Ltd. draws your attention to the importance of answering all questions honestly and with reasonable care. The answers you give us must be true and complete. This is for your protection because, if you do not give us full and complete information, a claim under your policy could be declined or your cover cancelled. You should also advise us of any material changes in your circumstances which might alter the subject matter of the policy or the nature of the risk being insured. If you do not advise us of such changes, cover under the policy may be lost.
- 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.

# 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. Establishm	ent Date of F	irm [		
7.	Please state tota	l number of:	Principals/P	artners/Directors:		Oth	ner Technical Staff:	
				Qualified Staff:		Adn	ninistrative/Other:	

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

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

<b>9.</b> 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? If Yes, please provide full details:	Yes	No

**10.** Is cover required for any Partner's Liability prior to joining the firm? If Yes, please provide Name of Partner, Name of Previous Firm and Date at which the Partner joined the above firm: Yes

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:

No

- **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 of 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):

<ul> <li>a) Are written references obtained in respect of new employees?</li> <li>b) Is any Party or (Diverter or Freelower ellowed to sime the rules on his (here)</li> </ul>	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			Current Fi	nancial Year	Esti	mate f	or Next	Financi	al Year		
			/	/		/	/			/	/	
Gross Fee												
Maximum Fee												
Average Fee												

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	
TOTAL	100%

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):

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 commended 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

€

€

€

If Yes, do you have a standard contract or terms of e a disclaimer or limitation of liability in respect of po	•	No	
If Yes, please confirm how long this has been used: (Please attach a copy)			
i) Commercial Property/Land Management (inc Ren Is there a working diary system which is checked re	Yes	No	
j) Commercial Estate Agency: Average individual property value handled in the la	€		
Highest individual property value handled in the las	€		
k) Auctioneering: For the last year please confirm the following:			
	Fees - €	Max Value - €	Ave Value - €
Livestock & Deadstock			

	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 activ	vities?	Yes	No
Are you tied (for the purposes of the Financia	I 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 ma	rk as N/A		N/A
	<ul><li>a) Are valuations only undertaken by qualified valuers?</li><li>b) Please confirm who undertakes the Surveys/Valuations and the (where applicable):</li></ul>	heir qualifications	Yes	No
	c) Do you have any system in place for the cross-referencing of v similar properties?	valuations for	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 Valua	tion Guidance		

u,	The you at an times complied with the files Manuar 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? If Yes, please attach a copy	Yes	No
11.	Do you always confirm verbal reports in writing? If No, please explain:	Yes	No
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? If Yes, please confirm how long this has been used and attach a copy:	Yes	No
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 bas the propagar been a member of a concertium group practice joint yent		 ion co or

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	e a Professio	onal Indemnity Insu	irance pol	licy 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 Profe or refused or had any special ter		•	een cance		Yes		No
	If Yes, please provide full details							
3.	Please indicate the Limit of Inde	mnitv reaui	red:					
	€500,000 €1,000,0	ŕ.	€1,500,000	€2	,000,000		€2,500,	000
	€3,000,000 €5,000,0	00						
	Please specify if other:							
4.	What Excess is the Proposer pre	pared to car	ry 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.

#### 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 as well as the non-disclosure of material information, and in addition to comply with money-laundering legislation, OBF Insurance Group Ltd. may at any time:

- Share information about you with companies or organisations outside OBF Insurance Group Ltd. including, where appropriate, private investigators and public bodies including An Garda Siochana
- Check your details with fraud prevention agencies as well as databases and other sources of information including, but not limited to, the insurance industry claims database known as InsuranceLink. For information on the functioning of InsuranceLink, please visit insurancelink.ie.

# DECLARATION

The undersigned authorised person declares that all questions in this Proposal Form have been answered honestly and with reasonable care and that no information which we requested has been withheld or misrepresented. He/she understands that non-disclosure of material information could result in a claim under the policy being declined. The undersigned agrees that, should any material information change between the date of this proposal and the inception date of the insurance to which this proposal relates, they will advise us thereof. The undersigned agrees that this proposal, together with any other material information supplied to us, shall form the basis of any contract of insurance effected thereon.

Signature:	
Name:	
Position:	Date: