

# PROPOSAL FORM

## Surveyors Professional Indemnity Insurance

### Important Notice

Please answer all questions fully, truthfully and to the best of your knowledge and belief as directed by this proposal form. Please do not answer questions "as before" or "see your records". If there is insufficient space to answer any questions fully, please attach a continuation sheet, making reference to the relevant question.

It is your duty to fully and truthfully disclose to the best of your knowledge and belief, all material facts or facts which may influence insurers' judgement or acceptance of your risk. Failure to do so may prejudice your rights in the event of a claim or result in insurers voiding your policy.

If in doubt, please contact the Arachas Professional risk team.

Once completed a copy of this completed proposal form should be retained for your own records.

The completion and signature of this proposal does not bind either you or your insurers to complete a contract of insurance.

Insurers hereby deem the questions asked in the proposal form to be their own and sufficient for underwriting purposes unless specified otherwise.

### HOW TO COMPLETE THE PROPOSAL FORM

#### On your computer:

1. Download and save the blank PDF form to your hard drive
2. Open the form with Adobe Reader
3. Complete all fields within the form
4. You can save the form on your hard drive and return to complete it at any stage
5. Make sure that you include all relevant supporting documentation with your submission to avoid processing delays
6. After completing the form, attach it and all supporting documentation in an email to your designated contact at Arachas

#### By hand:

1. Open the PDF
2. Print the PDF
3. Complete the printed form
4. Make sure that you included all relevant supporting documentation within your submission to avoid processing delays
5. After completing the form, attach it and all supporting documentation in an email to your designated contact at Arachas or to [pi@arachas.ie](mailto:pi@arachas.ie)

**Arachas Corporate Brokers**  
The Courtyard,  
Carmanhall Road,  
Sandyford Business Estate,  
Dublin 18

**Arachas Corporate Brokers**  
9 Eastgate Avenue,  
Eastgate Business Park,  
Little Island,  
Cork

**Arachas Corporate Brokers**  
Marine Point,  
Belview,  
Waterford

**Complaints Procedure**

If you have a complaint about the insurance contract, you should contact Arachas Corporate Brokers Limited.

If you have a complaint, please contact Arachas Corporate Brokers Limited. A copy of our complaints procedure is available on request.

If you remain dissatisfied, you may contact the Financial Services and Pensions Ombudsman at Lincoln House, Lincoln Place, Dublin 2, D02 VH29, tel. +353 1 567 7000, email; [info@fspo.ie](mailto:info@fspo.ie), The FSPO website gives information on its complaints handling.

**Data Protection**

The Company processes data in line with the provisions of the Data Protection Acts' shall mean the Data Protection Acts 1988 to 2018, as amended, updated, supplemented, repealed or replaced from time to time and includes the EU General Data Protection Regulation (Regulation 2016/679).

Personal data is collected in order to provide the highest standard of service to you. The information you give us may include your name, date of birth, details of home address, contact address, e-mail address and phone number, employment details, bank account detail, tax details, assets and liabilities, expense details, financial and credit card information, photo identification documentation, criminal convictions. Information supplied is kept secure, is used only for legitimate purposes in our activity as intermediary and is retained for no longer than is necessary, subject to any regulatory rules regarding record maintenance. You may have entitlements under legislation to inspect all personal information held on file by the Company and to have inaccuracies in that information corrected. Subject access requests for specific information should be sent to the Data Protection team at our Dublin office. There is no fee for such requests.



1

Name of the Firm/Partnership/Individual  
including Trading and Business Name:

Address (main office)

Postcode/Eircode

Telephone No:



Website:

Date of commencement  
of the firm:

If under two years experience in this occupation please  
supply a cv for principals and brief business plan.

Contact Name:

E Mail address:

County:

Renewal /

Inception date:

2

Please give total fee income generated for the last completed year (including those paid to sub-contractors).  
For 'start-ups' please enter estimates for all questions.

**Fee income last  
completed year €**

a) Republic of Ireland/UK/  
Channel Islands/Isle of Man

b) USA/Canada

c) Europe and Rest of World

Total

Specify the month of your Financial Year End:

Do you have any offices outside the Republic of Ireland for which you are seeking cover

If 'Yes', please provide details

☐ Yes

☐ No

For the last complete financial year what was the largest single fee

State the largest contract in the last financial year

Client

Client Industry

Nature of Contract

Contract Value

3

During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and/or its Predecessors in business ever

- |                                         |                              |                             |
|-----------------------------------------|------------------------------|-----------------------------|
| a) Declined to Insure?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Imposed special terms?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Cancelled or voided a policy?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Requested the withdrawal of a claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If any answer is 'Yes', please provide full details on a separate sheet**

4

If you do not have a current Professional Indemnity policy, skip to Question 5.

Has the firm purchased and maintained PI insurance continually with no breaks in coverage for the past 6 years or since establishment?

☐ Yes ☐ No

**If 'No' can you please advise the retroactive date on your current policy**

If you are currently not insured for Professional Indemnity, or have not entered the date above, the retroactive date will be the inception of this policy

5

Do you require cover for the previous business activities of any Partner/Director/Principal

☐ Yes ☐ No

**If 'Yes', please provide full details**

Name of Partner / Director / Principal

Name of Practice

Date Leaving

Additional Partner/Director/Principal

Name of Partner / Director / Principal

Name of Practice

Date Leaving

Additional Partner/Director/Principal

Name of Partner / Director / Principal

Name of Practice

Date Leaving

6

Please give the percentage split of fee income in Euro (including those paid to subcontractors) for the last complete financial year

| Activity                                              | % of Fee income      |
|-------------------------------------------------------|----------------------|
| Commercial Building Surveying                         | <input type="text"/> |
| Commercial Valuations (Lending)                       | <input type="text"/> |
| Commercial Valuations (Non-Lending)                   | <input type="text"/> |
| Residential Full Structural Surveys                   | <input type="text"/> |
| Residential Lending Institution Valuation Reports     | <input type="text"/> |
| Other Residential Valuations (Non-Lending)            | <input type="text"/> |
| Architectural Design                                  | <input type="text"/> |
| Project Management and Coordination                   | <input type="text"/> |
| Property Investment Advice / Property Fund Management | <input type="text"/> |
| Property Finance and Funding Advice                   | <input type="text"/> |
| Strategic Property Advice / Management Consultancy    | <input type="text"/> |
| Facilities Management                                 | <input type="text"/> |
| Rating & Rent Review - Residential                    | <input type="text"/> |
| Rating & Rent Review - Commercial                     | <input type="text"/> |
| Property & Estate Management                          | <input type="text"/> |
| Asbestos Surveying                                    | <input type="text"/> |
| Quantity Surveying                                    | <input type="text"/> |
| Land / Mineral /Hydrographic Surveying / Geomatics    | <input type="text"/> |
| Auctioneering                                         | <input type="text"/> |
| Building Society / Agents                             | <input type="text"/> |
| General Practice                                      | <input type="text"/> |
| Insurance Agency / Mediation                          | <input type="text"/> |
| Residential Estate Agency                             | <input type="text"/> |
| Commercial Estate Agency                              | <input type="text"/> |
| Environmental                                         | <input type="text"/> |
| Lettings - Residential                                | <input type="text"/> |
| Lettings - Commercial                                 | <input type="text"/> |
| Loss Assessing / Adjusting                            | <input type="text"/> |
| Expert Witness                                        | <input type="text"/> |
| Other                                                 | <input type="text"/> |

If 'Other' please provide details

**Q6 Contd.**

Has your practice ever provided any financial advisory or investment advice?

☐ Yes☐ No

Has your practice ever provided any professional services in respect of Toxic Waste and/or Landfill Sites?

☐ Yes☐ No

If 'Yes' to any of the above, please provide details

**7**

Please select from the following list the relevant qualification(s) of the principal(s)/partner(s)/ director(s)/employee(s) of the firm;

| Qualifications |                              |                             |
|----------------|------------------------------|-----------------------------|
| IPAV           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| RICS           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SCSI           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does the firm carry out any survey and/or valuation work for loan/lending purposes

☐ Yes☐ No

Please select from the following list the relevant qualification(s) of the principal(s)/partner(s)/ director(s)/ employee(s) carrying out survey and valuation work for loan/lending purposes for the firm;

| Qualifications |                              |                             |
|----------------|------------------------------|-----------------------------|
| IPAV           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| RICS           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SCSI           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8

- a) Has the firm and/or any prior practice made any claim or notified any circumstance in the last 6 years? ☐ Yes ☐ No
- b) Is the firm aware, after careful enquiry, of any loss or claim or circumstance which may give rise to a claim which has not already been notified to past or present insurers? ☐ Yes ☐ No
- c) Is there any matter notified by the firm to insurers or that has not been accepted as an effective notification? ☐ Yes ☐ No

**If 'Yes' to a,b, or c above, please provide details on the Claims page at the back of this document. Include steps taken to prevent a recurrence.**

9

- What limit of indemnity do you require? €500,000 ☐ €750,000 ☐ €1,250,000 ☐ €1,500,000 ☐
- ☐ Other (If other please enter amount)

**DECLARATION**

I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated 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 or any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated:

Signature of Partner

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Name of Signatory (PLEASE PRINT)

**A COPY OF THIS COMPLETED PROPOSAL FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.**

## Claims Details

| Notification Date<br>  DD   MM   YY | Claims Status<br>Outstanding / Settled                                | Damages | Claimants Costs | Defence Costs | Total |
|-------------------------------------|-----------------------------------------------------------------------|---------|-----------------|---------------|-------|
|                                     | <input type="checkbox"/> Outstanding <input type="checkbox"/> Settled |         |                 |               |       |
| Claim Details                       |                                                                       |         |                 |               |       |
|                                     |                                                                       |         |                 |               |       |
| Notification Date<br>  DD   MM   YY | <input type="checkbox"/> Outstanding <input type="checkbox"/> Settled |         |                 |               |       |
| Claim Details                       |                                                                       |         |                 |               |       |
|                                     |                                                                       |         |                 |               |       |
| Notification Date<br>  DD   MM   YY | <input type="checkbox"/> Outstanding <input type="checkbox"/> Settled |         |                 |               |       |
| Claim Details                       |                                                                       |         |                 |               |       |
|                                     |                                                                       |         |                 |               |       |
| Notification Date<br>  DD   MM   YY | <input type="checkbox"/> Outstanding <input type="checkbox"/> Settled |         |                 |               |       |
| Claim Details                       |                                                                       |         |                 |               |       |
|                                     |                                                                       |         |                 |               |       |

Please provide a brief description of each claim.