



BURKE

Insurance Brokers

Burke Insurances Ltd.

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PROFESSIONAL INDEMNITY

SURVEYORS / QUANTITY SURVEYORS
ESTATE AGENTS / AUCTIONEERS / VALUERS

PROPOSAL FORM

THIS PROPOSAL MUST BE SIGNED BY A PARTNER OR DIRECTOR OF THE BUSINESS. ALL QUESTIONS MUST BE ANSWERED AND ADDITIONAL INFORMATION PROVIDED WHEN REQUESTED TO ENABLE A QUOTATION TO BE GIVEN. THE COMPLETION AND SIGNATURE OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE.

PLEASE USE AN ADDITIONAL SHEET OF PAPER WHERE NECESSARY TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS.

• estd. 1965

Dirs: S. Burke, A. Burke.

Registered in Ireland - Registered offices as above - Registration Number 42826

Burke Insurances Ltd. is regulated by the Financial Regulator

ALL MONETARY AMOUNTS SHOULD BE STATED IN EURO

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

Date of commencement of the firm :

2. a) Address (registered office and all branches):-

Email :
Telephone ;

b) Is a Partner/Director/Principal in full-time attendance at each address? Yes No

3. Has the Firm/Partnership been reconstituted in any way by amalgamation, acquisition, merger or otherwise, or has the name been changed? Yes No
If 'Yes', please give full details

(N.B. Acquisitions and mergers are not automatically included and coverage must be requested. Please state name of predecessor Firm/Partnership for which cover is required as well as dates of operation.)

4. a) Is all your business conducted from offices in the Republic of Ireland? Yes No
If 'No', please provide details:

b) Is the business represented in any way in Canada and/or the USA or its territories and possessions? Yes No
If 'Yes', please provide details:

5. Names in full of all date obtained Partner/etc. in this firm	Qualifications and practising as	Length of time	Partners/Directors/Principals
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IF UNDER FIVE YEARS EXPERIENCE IN THIS OCCUPATION PLEASE SUPPLY A CURRICULUM VITAE

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6. Do you require cover for the previous business activities of any Partner/Director/Principal Yes No
If 'Yes', please provide full details

7. Does the Firm/Partnership or any Partner/Director/Principal have a Partnership or Directorship or have a financial interest in any other Firm/Partnership or Company (other than as shareholders or stockholders in a publicly quoted company) Yes No

If 'Yes', please give name of Firm/Partnership or Company, sphere of operation and business derived from the Firm/Partnership or Company. State also if it is associated with any process of manufacture, construction, erection or installation or any other form of contracting or supply

8. a) Staff (**excluding** Partners) :
- a) qualified : Full-time _____ Part-time _____
- b) unqualified : Full-time _____ Part-time _____
- b) Do you retain the services of any self-employed person? Yes No
- If 'Yes', please provide details:

9. Please give details of all persons who undertake Survey and Valuation work

Number of years	<u>Name</u>	<u>Age</u>	<u>Qualifications</u> <u>experience in this work</u>
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10. Please state typical contract value in Euro and maximum contract value in Euro in respect of Building Surveying work during the past three years

Typical Value € _____ Maximum Value € _____

11. Please give details of any pollution or contaminated site work

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12. Please give total income in Euro (including those paid to sub-contractors) generated from

	Last complete year €	Current year estimate €
a) Republic of Ireland/UK/ Channel Islands/Isle of Man	_____	_____
b) USA/Canada	_____	_____
c) Elsewhere	_____	_____
Total	_____	_____
Specify your Financial Year End :	_____	_____

d) Is the rateable fee income declared for any one particular Client or Group more than 20% of the total declared fee income for the past financial year ? Yes No

If 'Yes', please provide details

13. Sub-contractors

- a) Please state gross fees in Euro paid to sub-contractors:
- | | Last complete
year € | Current year
estimate € |
|--|-------------------------|----------------------------|
| | _____ | _____ |
- b) Please provide brief details (on headed paper) of sub-contracted work
- c) Are sub-contractors required to carry professional indemnity insurance Yes No
What is the limit of indemnity provided by that insurance? _____
- d) Are terms of engagement or is a written contract always agreed and signed by sub-contractors and suppliers so that they accept full responsibility for their own professional neglect, error or omission?
Yes No

14. Breakdown Of Services

Please state as accurately as possible the percentage of fee income related to each activity for the past year and forthcoming year (including work done by sub-contractors) and an estimate for the forthcoming year

		Past Year	Forthcoming Year
a) Auctioneering			
i) Livestock Markets		%	%
ii) Fine Art		%	%
iii) Other		%	%
b) Building Society Agency		%	%
c) Estate/House Agency/Sales	i) Residential	%	%
	ii) Commercial	%	%
d) Insurance Agency		%	%
e) Land Surveying		%	%
f) Mortgage Bokering		%	%
g) Pollution or Contaminated Site Work		%	%
h) Property Management (Ex rent reviews)			
	i) Residential	%	%
	ii) Commercial	%	%
i) Rent Reviews	i) Residential	%	%
	ii) Commercial	%	%
j) Project Co-ordination		%	%
k) Project Management		%	%
l) Quantity Surveying		%	%
m) Structural Surveying	i) Residential	%	%
	i) Commercial	%	%
n) Valuing	i) Residential	%	%
	ii) Commercial	%	%
o) Building Surveying			

p)	Architectural Design and Planning Work		
	i) New Build Design	%	%
	ii) Refurbishment	%	%
	iii) Planning Only	%	%
q)	All Other Work (describe)	%	%

Total

15. Please give details of the three largest **architectural contracts** undertaken during the past five years

<u>Date</u>	<u>Nature of Work</u>	<u>Type of Building</u>	<u>Contract Value in Euro</u>
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16. Please give details of the three largest **Project Co-ordination** and **Project Management** contracts during the past three years

<u>Brief description of contract and responsibilities</u>	<u>Date</u>	<u>Contract Build Value in Euro</u>
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17. Please give details of the three highest property surveys/valuations undertaken in the last three years for:

a) Residential Surveys/Valuations

	<u>Client Name</u>	<u>Business</u>	<u>Location</u>	<u>Value in Euro</u>	<u>Date</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
Total number of valuations last year					_____
Average valuation last year					€ _____

b) Commercial Surveys/Valuations

	<u>Client Name</u>	<u>Business</u>	<u>Location</u>	<u>Value in Euro</u>	<u>Date</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
Total number of valuations last year					_____
Highest portfolio valuation last year					€ _____
Average valuation last year					€ _____

18. What procedures are in place to ensure rent review dates are not missed?

Does the proposer serve notices on tenants? Yes No

19. a) Does the Proposer always obtain satisfactory references from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods Yes No
- b) Is any individual authorised to sign cheques as a sole signatory in respect of either the business or clients' accounts? Yes No
- c) Has the business discharged any employee or severed relationships with any partner or director within the past twelve months Yes No
- d) Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time? Yes No

If the answer is 'Yes' to b) or c) or d) above, please give details on a separate sheet

20. 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? Yes No
- b) Imposed special terms? Yes No
- c) Cancelled or voided a policy? Yes No
- d) Requested the withdrawal of a claim? Yes No

If any answer is 'Yes' please give full details on a separate sheet

21. a) Have any claims or potential claims been made against the Firm/Partnership, their predecessors in business, or any of the present Partners/Directors/Principals or to the knowledge of the Firm/Partnership, against any past Partners/Directors/Principals ? Yes No

b) Is any Partner/Director/Principal aware, **after enquiry**, of any circumstances which may result in any claims being made against the Firm/Partnership, their predecessors in business or any of the present or past Partners/Directors/Principals? Yes No

If 'Yes' is answered to a) or b) above, please provide details on a separate sheet including steps taken to prevent a recurrence

22. a) Since what date have you had Professional Indemnity cover ? _____
If there were any gaps in cover since then, please state for which period(s) _____

b) If this is the first time the Firm/Partnership has applied to effect Professional Indemnity insurance, do you require cover for claims arising from work carried out prior to inception of the policy ? Yes No

If 'Yes', please state since what year cover is required _____

23. Name of Current Insurers _____
Limit of Indemnity _____
Insured's Contribution (Excess) _____
Premium _____
Renewal Date _____

24. a) What limit of indemnity do you require? €325,000 €650,000
€1,300,000 Other _____

b) What contribution (excess) do you wish to pay? €2,000 €3,250
€6,500 Other _____

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 this _____ day of _____ 20 _____

Signature of Partner _____

Name of Signatory (PLEASE PRINT) _____

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

