



**ESTATE AGENTS / PROPERTY
MANAGEMENT FACILITY
PROFESSIONAL INDEMNITY INSURANCE**



PROPOSAL FORM

Your business

1. Name:

Address:

Telephone: Fax:

Email:

When was your business established?

**PROFESSIONAL
INDMUNITY**

2. For the last completed financial year, which activities are you involved in? (new start ups, please indicate prediction for this year)

	% of turnover
a. Residential letting agency	<input type="text"/> %
b. Commercial letting agency	<input type="text"/> %
c. Residential estate agency	<input type="text"/> %
d. Commercial estate agency	<input type="text"/> %
e. Residential property management	<input type="text"/> %
f. Commercial property management	<input type="text"/> %
g. Introducer only financial services	<input type="text"/> %
h. Other – please specify: <input type="text"/>	<input type="text"/> %

3. Do you carry out survey and valuation work for mortgage or loan purposes? YES NO

4. Do you carry out any work not declared in question 2? YES NO

5. Is any work conducted outside of the UK? YES NO

6. If YES to any of the above questions, please provide full details:

7. Does at least one person within the company have at least 5 years experience in this field? YES NO
If NO, please attach the principle's C.V.



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8. What was your fee income for the last financial year?
- What is your projected income for this financial year?
- What is your projected income for next financial year?
- When is your year end? (month/year)

Limit of indemnity

9. What limit of indemnity is required? £250,000 £500,000 £1,000,000

Claims declaration

10. a. Have you had any loss or claim on any previous PI insurance, or an incident which would have given rise to a claim had a PI policy been in force? YES NO

If YES, please provide full details:

- b. Has any claim or complaint about shortcoming in your work, whether successful or not, been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)? YES NO

If YES, please provide full details:

FIDELITY

11. a. Are you authorised to hold client money? YES NO

b. If YES, up to what limit?

12. a. Is any individual authorised to sign cheques as a sole signatory on behalf of the business? YES NO

If YES, please give details and specify limits:

13. a. Are satisfactory written references always obtained when appointing staff? YES NO

If NO, please advise:



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**PROFESSIONAL
OFFICE PACKAGE
COVER**

1. Has a single claim, loss or damage of £1,000 or more been suffered in the last three years, or losses, damages or claims of more than £5,000 been incurred? YES NO

If YES, please provide details:

2. The following, illustrates the four cover options available:

Option 1	
Office contents	£20,000
Computer equipment	£10,000
Portable equipment	£2,500
Loss of revenue	£100,000
Additional expenditure	£10,000
EL Wage Roll <£100,000	£10 million
GL	£2 Million

Option 2	
Office contents	£30,000
Computer equipment	£15,000
Portable equipment	£5,000
Loss of revenue	£250,000
Additional expenditure	£25,000
EL Wage Roll <£200,000	£10 million
GL	£2 Million

For options 3 & 4 NALOSS approved alarm with red care signalling is required.

Option 3	
Office contents	£50,000
Computer equipment	£25,000
Portable equipment	£7,500
Loss of revenue	£500,000
Additional expenditure	£50,000
EL Wage Roll <£300,000	£10 million
GL	£2 Million

Option 4	
Office contents	£100,000
Computer equipment	£50,000
Portable equipment	£10,000
Loss of revenue	£1,000,000
Additional expenditure	£75,000
EL Wage Roll <£500,000	£10 million
GL	£2 Million

Please select level of cover required:

Option 1 - £400 + IPT

Option 2 - £650 + IPT

Option 3 - £900 + IPT

Option 4 - £1,200 + IPT



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DECLARATION

Material Information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

Data Protection Act

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

A copy of this proposal should be retained for your records.

COMPLAINTS

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

Telephone: 0870 084 3777

Email: customerservices@hiscox.com

Address: Hiscox Insurance Company Limited, 1 Great St Helen's, London EC3A 6HX.