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**PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM  
 ESTATE AGENTS, LETTING AGENTS & PROPERTY MANAGERS**

This proposal form must be completed in ink by a Partner, Principal or Director of the Insured. All questions must be completed.

The signature and dating of this proposal does not bind the Insured or Insurers to complete a Contract of Insurance.

**PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS TO ASSIST UNDERWRITERS**

**Insured :**

**Address:**

**Establishment date of the practice:**

**(1) Please state the gross income/fees (estimated if not yet known) and provide a split for each area the work was earned from for the ;-**

<b>Last complete financial year</b> (month and year end_____):	Total
£ _____	
UK£ _____ USA/Canada £ _____ Elsewhere (ex USA/Canada)	£ _____
<b>Current financial year</b> (month and year end_____):	Total
£ _____	
UK£ _____ USA/Canada £ _____ Elsewhere (ex USA/Canada)	
£ _____	
<b>Forthcoming financial year</b> (month and year end_____):	Total
£ _____	
UK£ _____ USA/Canada £ _____ Elsewhere (ex USA/Canada)	
£ _____	

**(2) Please provide details of the three largest properties/rental values dealt with during the last 12 months:-**  
 i) Description of Property/location    ii) Property/Rental Value    iii) Fee    iv) Services Provided

- 1.
- 2.
- 3.

**(3) Please provide a breakdown of your income/fees for each professional activity undertaken in the last financial year - refer to specific occupation work splits below or overleaf where appropriate (if you envisage changes in the forthcoming year or wish to elaborate on certain activities please provide details on a separate piece of paper and attach this to the renewal proposal form):-**

Property Sales and Management	
a) Residential Estate Agency/Lettings/Management	%
b) Commercial Estate Agency/Lettings/Management	%
c) Agricultural Estate Agency/Lettings/Management	%
d) Commercial Rating and Rent Reviews	%
e) Investment Agency	%
Other Work	%
<b>Total</b>	<b>100%</b>



**(4) CLAIMS- PLEASE NOTE IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY - FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS - IF SPACE IS INSUFFICIENT PLEASE ATTACH A SIGNED AND DATED CONTINUATION SHEET TO ENABLE YOU TO PROVIDE FULL DETAILS.**

i) Has any claim, whether successful or not, ever been made against you, your predecessors in business or any past or present Partner, Principal, Director or Employee?

YES/NO

ii) Are you or any of the Partners, Principals, Directors or Employees AFTER FULL ENQUIRY, aware of any circumstances which may give rise to a claim against you, your predecessors in business or any past or present Partner, Principal, Director or Employee?

YES/NO

If you have answered 'YES' to **any** of the Claims Questions please provide full details including dates, amounts involved, brief details of the nature of the claim, whether the claim is paid or still outstanding and state the steps taken to prevent a reoccurrence.

### **IMPORTANT NOTICE CONCERNING DISCLOSURE**

It is your duty to disclose all material facts to Underwriters. A material fact is one which may influence an Underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Underwriters will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should disclose it.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Underwriters to void the policy.

**I/We hereby declare that I/we know of no claim or circumstance likely to give rise to a claim.**

I/We further declare that the statements and particulars contained in this proposal are true and that I/we have not misstated 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 Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

Dated: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_  
Director

Signature: \_\_\_\_\_ of Partner, Principal or