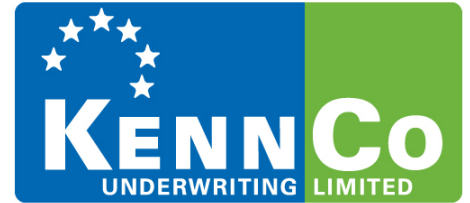


Professional Indemnity for Surveyors



Proposal Form

Please read the following carefully before completing this proposal form. To present a clear and unambiguous picture and to ensure that underwriters understand the nature of your risk:

- An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form in ink.
- Where a question is not applicable to your particular circumstances, please write N/A
- If there is insufficient space to answer questions please use an additional sheet and attach it to this proposal form
- Completing and signing this proposal form does not bind you, or insurers, to complete this contract of insurance.
- Any material contained in the Proposers website is not deemed to form part of this proposal apart from any information attached to the proposal in hard copy form.
- If this proposal relates to a new business or venture, please complete the questions as far as possible, giving estimated income and information about your anticipated activities.

Please ensure that all relevant sections of the Proposal are completed

1. Name under which Practice is conducted: (i.e. The Proposer) including previous and subsidiary practices requiring cover.

2. a) Addresses of main office (including telephone number)

Other Locations:

b) Does every office have at least one Partner/Director/Principal/Member?

If 'No' please advise how these offices are supervised.

c) Email address

d) Website address

3. Commencement Date of Firm

4. a) During the past 6 years, has the name of the Proposer been changed or has any amalgamation, acquisition or take-over taken place or have any Principals departed, retired or dead?

Yes

No

If 'yes', please provide details below

b) Give a description of the general nature of the work undertaken by the Proposer including any areas of specialisation

c) Give details below of any predecessor firms for which cover is required.

5. Give details below of:

A) Partners/Directors/Principals/Members

Full Name	Age	Qualifications	Date Qualified	Number of years in this capacity with the Proposer
-----------	-----	----------------	----------------	--

B) Consultants under a contract of service with the Proposer

Full Name	Age	Qualifications	Date Qualified	Number of years in this capacity with the Proposer
-----------	-----	----------------	----------------	--

6. Where the Proposer is a sole principal, give details of the arrangements for office supervision when the Proposer is absent

7. State number of other permanent staff

a) Qualified		b) All Others	
Full Time	Part Time	Full Time	Part Time

8. Do any Partner/Director/Principal/Member or Employee undertake Valuations?

Yes No

If 'Yes', state:

Name of Partner/Director/Principal/Member/Employee	Qualifications	Date Qualified	Are they registered as a Registered Valuer (VR)
--	----------------	----------------	---

9. Do you now and in the past always complied with the RICS manual of Valuations Guidance Notes / The Statement of Asset Valuations Practice and Guidance Notes and RICS Appraisal and Valuation manual in preparing valuations?

Yes No

10. Is cover required for Partners' Previous Business in respect of any partner named in 5a? Yes No

Name of Partner/Director/ Principal/Member/Employee	Name of Previous Practice	Date Leaving

11. Is or has the proposer been a member of a consortium, joint venture, group practice or similar organisation? Yes No

If 'yes' please provide details.

12. State gross fees (including those paid to sub-contractors) for work undertaken. For new ventures please provide estimates.

Please state your Financial Year End

Clients Domiciled In	Previous Year - Actual (€)	Last Year - Actual (€)	Forthcoming Year - Estimate (€)
a) In Ireland			
b) In the UK/Channel Islands/Isle of Man			
c) The USA, its territories and possessions and Canada			
d) Elsewhere			
Total of (a) to (d) above			

Average fee from any client in the last year (€)

Largest fee from any client in the last 3 years (provide details below)

If gross fees are paid by clients in 'c' & 'd' above please give full details of the nature of the work undertaken and state the countries.

13. Is any work undertaken by the Proposer where the ultimate construction/installation is carried out outside of Ireland? Yes No

14. Does the Proposer enter into any contracts where the jurisdiction or applicable law is other than Ireland? Yes No

15. Please list by activity the approximate percentage of work carried out in each instance of gross fees received during the past year?

	%		%
Architectural		Rent / Lease Reviews	
Asbestos Surveys		Setting Out	
Building Surveying		Surveying / Valuing – RESIDENTIAL	
Auctioneering:		a) Full Structural Surveys	
a) Property		b) Home Buyers Reports	
b) Livestock		c) Mortgage Valuations	
c) Fine Art		d) Non Lending Valuations	
d) Other (please specify)		Surveying / Valuing – COMMERCIAL	
Building Society Agency		a) Structural Surveys	
Insurance Commissions:		b) Mortgage Valuations	
a) General		c) Non Lending Valuations	
b) Life / Pensions / Endowments		Property Management	
c) Mortgage Broking		a) Residential	
Estate Agency:		b) Commercial	
a) Residential		c) Estate Management	
b) Commercial		Planning / Development Consultancy	
c) Land / Agricultural		Planning Supervision under CDM Regulations	
Contaminated Land / Environmental Surveying		Project Co-ordination	
Expert Witness		Quantity Surveying	
Feasibility Studies		All Other work (please provide details):	
Hydrographic Surveying			
Land Surveying			
Loss Assessing/Adjusting			
Mineral Surveying			

16. Do you anticipate any major changes in these activities in the forthcoming 12 months?

If 'Yes', please provide details.

Yes

No

17. In respect of the following work undertaken in the past 3 years please advise:

Architecture	
Average total single project value of job undertaken:	
Details of largest contract undertaken:	
i) Total Contract Value	
ii) Free Income	
Commercial Estate Agency	
Average individual property value handled	
Highest individual property value handled	
Quantity Surveying	
Highest total single project value of an individual job	
Highest own single project value of an individual job	
Average own total single project value of jobs undertaken	
Project Co-ordination (no responsibility for appointment of contractors / professionals)	
Average total single project value of jobs undertaken	
Highest total single project value of an individual job	
Highest own single project value of an individual job	
Project Management (responsible for appointment of contractors / professionals)	
Average total single project value of jobs undertaken	
Highest total single project value of an individual job	
Highest own single project value of an individual job	

b) Residential Surveys/Valuations

	Current Year	Last Year	Previous Year
Average annual number of reports			
Maximum single property valuation			
Average single property valuation			
Highest portfolio valuation			
Average portfolio valuation			

c) Please advise your 3 largest clients

Name	Annual Fee
Name	Annual Fee
Name	Annual Fee

d) Commercial Surveys / Valuations for Lending purposes

	Current Year	Last Year	Previous Year
Average annual number of reports			
Maximum single property valuation			
Average single property valuation			
Highest portfolio valuation			
Average portfolio valuation			

e) Other Commercial Surveys / Valuation

Valuation Size	Client	Client

- 18. Do you undertake drive-by or desk-top valuation?** Yes No
- i) Are they only undertaken under instruction from your client? Yes No
- ii) Are they only undertaken for re-mortgage or further advances? Yes No
- If 'No' to i) or ii) above please provide details:

- 19. Do you utilise sub-contractors or consultants?** Yes No
- If 'Yes' please advise:
- i) The percentage of your gross fees to be paid to sub-contractors or consultants in the current financial year?
- The nature of work for which they are used?
- Details of selection and management criteria?
- Details of selection and management criteria?

20. Do you undertake any contract which involves:

- | | | |
|---|-----|----|
| a) Manufacture, construction, installation, maintenance, repair, alteration or treatment? | Yes | No |
| b) The sale or supply of goods or products? | Yes | No |
- If 'Yes' please provide full details including percentage of fees relating to such contracts.

21. Risk Management

- | | | |
|---|-----|----|
| a) Is the practice accredited to (or in the process of accreditation to) IS EN ISO 9000 Quality Systems or subject to a similar form of external assessment? | Yes | No |
| b) Do you operate a diary system covering the whole practice in order that deadlines are met and critical dates are not missed? | Yes | No |
| c) Does the practice works to a professional code of practice.
If 'Yes', which one? | Yes | No |
| d) Are written contract conditions are used in every case? | Yes | No |
| e) Are contracts always drafted by legal professionals or vetted by legal advisors? | Yes | No |
| f) Are contract or terms or terms of acceptance including any changes evidenced in writing specifying the work to be undertaken and the extent of your responsibility? | Yes | No |
| g) Prior to contracts being accepted does the practice check that contract specifications and customer requirements can be met by ensuring that they have the technical ability to under take the contract, the resources and time? | Yes | No |
| h) Have you standard procedures for regular review of ongoing contracts internally and with clients? | Yes | No |
| i) Does the practice have written work instructions or checklists for the services provided? | Yes | No |
| j) Are working papers including records of all contracts, letters of engagement, subsequent amendments, client meetings and telephone calls retained for at least 5 years? | Yes | No |
| k) Do Management review working procedures at least every twelve months to ensure their continuing stability? | Yes | No |
| l) Is work done by staff regularly reviewed by a Partner/Director/Principal/Member or qualified manager? | Yes | No |
| m) Are all offices under day to day control and supervision of a principal and arrangements in place for the office supervision in the event of a principals absence? | Yes | No |
| n) Are Regular file reviews and audits are conducted at least once every 12 months for all fee earners, including Partners/Directors/Principals/Members? | Yes | No |
| o) Do all cheques over €30,000 require two signatures? | Yes | No |
| p) Are cash books, receipts, counterfoils and bank statements checked independently by a Partner/Director/Principal/Member at least monthly? | Yes | No |
| q) In respect of property management work | Yes | No |
| i) Are deposit cheques always required ? | Yes | No |
| ii) Is it made clear as to whom are responsible for issuing notices? | Yes | No |
| r) Do staff and principals have training and development plans in place (e.g. participation in a Continued Professional Development programme)? | Yes | No |
| s) Do recruitment procedures include: | | |
| i) Obtaining written references | Yes | No |
| ii) Verifying qualifications and previous experience | Yes | No |
| iii) Checking for any previous Professional Indemnity claims or circumstances? | Yes | No |

If 'No' to any of the above, give details below.

22. Has any Partner/Principal/Director/Member/Consultant/Employee or any Person under contract of service with the Practice ever been the subject to any complaint or disciplinary proceedings, enquiries or investigation by any association or professional body within the last 5 years?

Yes No

If 'No' to any of the above, give details below.

23. Has the Proposer suffered any loss during the past five years through fraud or dishonesty of any Partner/Director/Principal/Member or Employee?

Yes No

If 'Yes', state date, circumstances, amount and steps taken to prevent recurrence

24. During the past 10 years has any insurer of this type of insurance in respect of the firm, its current Partners/Directors/Principals/Member and/or Predecessors in business ever:

- | | | |
|---|-----|----|
| a) Declined to insure? | Yes | No |
| b) Imposed special terms or conditions? | Yes | No |
| c) Cancelled or voided a policy? | Yes | No |
| d) Requested the withdrawal of a claim? | Yes | No |

25. Current Insurance details

a) Current renewal date of policy (if any)
b) Name of Insurer
c) Excess
d) Premium
e) Retroactive date

26. Please indicate the Limit of Indemnity required

€500,000 €650,000 €1,300,000 €2,600,000 Other, please specify

27. Please indicate the level of excess the Proposer requires

€1,500 €2,500 €5,000 Other, please specify

28. Does the practice undertake work for any firm, company or organisation in which any Principal holds a position whereby he or she is able to make major policy decisions on behalf of such firm, company or organisation?

Yes No

If 'yes', state date, circumstances, amount and steps taken to prevent recurrence.

29. Has any person for whom this insurance is proposed:

a) Ever been convicted of or charged with (but not yet tried in respect of) a criminal offence other than a motoring offence?

Yes No

b) Ever been declared bankrupt?

Yes No

c) been the subject of investigation (e.g. following a complaint) by an Ombudsman? c) Ever been a principal of a business which has gone into insolvent liquidation or been the subject of a receivership or an administrative order?

Yes No

If 'yes' state date, circumstances, amount and steps taken to prevent recurrence.

30. a) Has any claim been made or has anyone threatened to bring such a claim against the Proposer or any Partner/Director/Principal, consultant or employee during the last 10 years in respect of the risks to which this proposal relates?

Yes No

Ever been declared bankrupt?

Yes No

If 'yes', to above please provide details (by separate note if preferred).

Date of Claim	Brief details of each claim	Cost (if any) of claim paid	Estimated outstanding cost
---------------	-----------------------------	-----------------------------	----------------------------

b) What actions/procedures have been taken to prevent a recurrence of the situation which gave rise to each claim?

31. Is any Partner/Director/Principal/Member/Consultant or Employee, after enquiry, aware of any circumstances which may:

a) give rise to a claim against the Proposer or any predecessors in business or any present or former Partner/ Director / Principal/Member?

Yes No

b) result in the Proposer or any predecessors in business or any present or former Partner/ Director / Principal/ Member incurring any losses or expenses which might be covered under the terms of this insurance?

Yes No

c) otherwise affect the Company's consideration of this insurance?

Yes No

If 'Yes', give details including maximum potential cost (by separate note if preferred)

IMPORTANT NOTICE CONCERNING DISCLOSURE

KennCo Underwriting Ltd would like to remind you of the duty of policyholders and intermediaries to pass to the Underwriter(s), all material information relating to the risk under consideration. “Material” in this context refers to all information which a prudent Underwriter (not necessarily the Underwriter in question), would wish to take account of when considering whether or not to accept the risk, and if so, upon what terms and at what price.

In arranging this policy you must have provided us with a fair presentation of the risks to be insured. This means you must have clearly disclosed all material facts which you, your senior management and or persons responsible for arranging the Policy knew or ought to have known. If you have not made a fair presentation, this could mean that part or all of a claim may not be paid. Please be aware that in some circumstances, if you have not made a fair presentation of the risk, we may avoid the contract and the premium may not be returned. You must also make a fair presentation to us when the policy is to be renewed.

The duty of disclosure continues up until the Insurance has been concluded and “resurrects” in the event of any amendment to the risk during the policy period or any extension/renewal. It may also be that the terms of the policy include specific ongoing disclosure conditions or warranties which effectively extend the duty of disclosure post inception of the policy.

DECLARATION

It is declared that to the best of the knowledge and belief of the insured the statements and replies set out herein are true and that no material facts have been misstated or suppressed. The insured undertakes to inform insurers of alterations to any facts which are or become material before inception of the contract of Insurance.

Partner / Director / Principal Name (in print):

Signature

Date

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

ADDITIONAL INFORMATION

Use this space to provide further information in support of answers given to questions in this Proposal.
Please state question number clearly