

Griffiths & Armour Professional Risks

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GROUP OFFICES Liverpool London Manchester Glasgow Dublin Guernsey

**Chartered Quantity Surveyors
Professional Indemnity Insurance Proposal Form**

This form is primarily intended for practices engaged principally in quantity surveying and other associated services.

1. Name(s) of Practice:	_____
2. Date Established:	_____
3. Principal Address:	_____ _____ _____
4. Profession/Business	_____

5. Please list all subsidiary Companies/Firms and former Companies/Firms for whom cover is required under this policy. If any of the Companies/Firms listed below are no longer in practice, please provide the dates between which they were practising and the reasons for cessation.

6. Details of Partners/Directors:

Name	Qualifications	Date Qualified	Period as Partner/Director

7. Staff Details (excluding Partners/Directors)
Please state total number of staff employed who are

(a) Professionally qualified (b) Unqualified assistants (c) All others

8. When does your financial year end?

9. Fee Income (after deduction of VAT and Disbursements) for the past 2 financial years

	Last Completed Financial Year	Year Before	Forthcoming Financial Year
UK	£	£	£
Overseas	£	£	£
Total	£	£	£

10. Do you currently undertake, or have you in the past 3 years undertaken any work in the USA or Canada?

YES		NO	
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If YES, give full details

Details of work undertaken	Dates of Appointment	Fee Income

11. Gross fees received in the past financial year

		UK	Elsewhere (excluding USA/Canada)
(a) Quantity Surveying	other than specific items listed below. See note 1 at the end of this form		
(b) Building Surveying			
(c) Project and Construction Management	See note 2 at the end of this form		
(d) Project Co-ordination			
(e) Employer's Agent			
(f) Services to Contractors and Sub-contractors			
(g) Cost Planning			
(h) Arbitration			
(i) Expert Witness			
(j) Life-Cycle Costing			
(k) Insurance Loss Work			
(l) Insurance Valuations			
(m) Architectural			
(n) Residential Surveys and Inspections			
(o) Residential Valuations			
(p) Commercial Surveys and Inspections			
(q) Commercial Valuations			
(r) CDM Co-ordinator (previously Planning Supervisor)			
(s) Any other work not mentioned above Please give details: (i) (ii)			

12. Please advise whether the Practice has undertaken any of the following services over the past 5 years.

(a) Project Management?

YES		NO	
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(b) Project Co-ordination?

YES		NO	
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(c) Architectural?

YES		NO	
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(d) Residential Surveys?

YES		NO	
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(e) Residential Valuations?

YES		NO	
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(f) Commercial Surveys?

YES		NO	
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(g) Commercial Valuations?

YES		NO	
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If the answer to any of the above is YES, please provide details of the fees earned, total contract values, where applicable, and the largest surveys/valuations undertaken

13. Give details of the three largest contracts where construction has commenced during the past five years.

Starting Date	Description of Contract and Location (Hotel, Factory, etc.)	Total Contract Value	Approximate Completion Date	State Professional Services Provided

14. Does the Practice or any Partner/Director have any association with or financial interest in any other Practice or Organisation (other than as shareholders/stockholders in a publicly quoted company)?

YES		NO	
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If YES, give details of the nature of the association, together with the name and business of the Third Party

15. (a) Has the Practice sustained any loss through the fraud or dishonesty of any person during the past six years?

YES		NO	
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If YES, give details

(b) Will any Partner, Director or Employee be permitted to sign cheques on his sole signature in respect of the Firm's or Clients' accounts?

YES		NO	
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If YES, please state limit

£	
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(c) Please confirm that the Annual Accounts have been prepared and/or certified by an independent Accountant or Auditor

CONFIRMED (initial)	
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16. Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) been made against the Practice or its present and/or past Partners/Directors?

YES		NO	
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If YES, give full details, including amounts involved

17. Are any of the Partners/Directors aware of any CIRCUMSTANCES which may give rise to a claim against the Practice or their predecessors in business or any of the present or former Partners/Directors?

YES		NO	
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If YES, give full details

18. Please provide details of your present insurance cover

Name of Insurer	Indemnity Limit	Excess	Renewal Date	How long continuously insured?

19. Indicate limit of indemnity required £

20. Indicate the amount of the Excess which your Practice would be prepared to carry in respect of each claim? (A minimum Excess may be imposed) £

21. Has any application for this type of insurance made by you or your predecessor in business ever:

(a) been declined?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(b) been subject to increased premium?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(c) been subject to special conditions?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(d) been terminated by an insurer?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If the answer to any of the above is YES, please explain why

22. Give any other information which you consider relevant to this proposal

DECLARATION

I/We declare that the information given in this Proposal Form is to the best of my/our knowledge and belief correct and complete in every detail and will be the basis of the contract between me/us and CGU Insurance.

Signature
(Partner or Director)

Date

NOTES

- Building Surveying**
DO NOT include those items specifically mentioned in other sub-sections of Question 11, but DO include matters such as refurbishment and modernisation programmes, Controlled Surveys, Planned Maintenance Surveys and the like, where load-bearing surfaces are unaffected.
- Project Management/Project Co-ordination**
'Project Management' is the term used where the insured is responsible for **appointing** other professional and/or non-professional firms necessary to the contract; 'Project Co-ordination' is the term used in similar cases, but where the Insured's principal makes the appointment, whether on the Insured's recommendation or not.