

**1. Name of the Firm to be insured:**  
(including any former Firm for which cover is required)

**2. Profession / Business of the Firm:**

- 3.** (a) Date of commencement of current Firm:  
(b) Date of commencement and cessation of former Firm:  
(c) Reason for cessation of former Firm:

**4. Address of Firm** (all addresses must be shown together with the name of the person responsible for work at each office):

5. Names in full of all Principals	Qualifications	Date Qualified	How long Principal in this Firm?

If sole Principal, state whether Firm is full or part-time .....

If part-time, state nature of any other employment .....

6. Names in full of all Principals who have left, retired or died and for whom coverage is required. If none, state "None".	Qualifications	Period as a Principal

7. (a) **Total number of:**
- |                               |   |
|-------------------------------|---|
| 1. Principals .....           | 4. Typists/Office Juniors.....                                |
| 2. Qualified Staff.....       | 5. Consultants/Associates.....                                |
| 3. Other Technical Staff..... | 6. Self-employed Persons<br>(or part-time Agency Staff) ..... |

(b) Does the Firm always obtain satisfactory written references when engaging Staff? YES/NO

**If the firm has not been in operation for twelve months questions 8 to 11 should be answered on an estimated basis.**

8. State for the whole Firm:-

	<u>ROI. Contracts</u>	<u>Overseas Contracts</u>
(a) <b>Total gross annual fees received</b> in each or any of the last five financial years which ends on the  ..... (day) of..... (month)	2012	
	2013	
	2014	
	2015	
	2016	

(b) Split of gross fees received in the past financial year:-

1) Quantity Surveying (pre & post contract)		
2) Quantity Surveying (other)		
3) Residential Survey/ Valuation/ Inspection – full structural		
4) Residential Survey/ Valuation/ Inspection – partial surveys		
5) Residential Survey/ Valuation/ Inspection – pre sale survey/ home condition inspections		
6) Residential Survey/ Valuation/ Inspection – other valuations		
7) Commercial Survey/ Valuation - survey		
8) Commercial Survey/ Valuation – valuation		
9) Land/ Agricultural Management		
10) Property/ Estate Management/ Rating/ Rent Review residential		
11) Property/ Estate Management/ Rating/ Rent Review (commercial)		
12) Land/ Mineral/ Hydrographic Surveying		
13) Building Surveying		
14) Architectural – design only €		
15) Architectural – design and supervision €		
16) Architectural – design supervision and project management €		
17) Architectural – refurbishment (non-structural) €		
18) Architectural – design supervision and project co-ordination €		
19) Loss Assessing/Loss Adjusting €		
20) Expert Witness €		
21) Other ( please specify) €		
<b>Total Gross Fees Received</b>		

Identify any of the above fees paid by you to any independent specialist consultants and list the professional disciplines below:

- Aborted work
  - Work held over
- (c) Estimated gross fees for the current incomplete financial year  
(d) Estimated gross fees for the following financial year


(e) Gross Fees received for each of the last three financial years derived from environmental work (defined below)

	ROI. Contracts	Overseas Contracts
2014		
2015		
2016		

Environmental work is all works, contracts, consultancies, surveys, inspections, analysis, monitoring, assessments, audits, asset valuations, design and/or construction and any advice connected in any way with a pollution risk arising from air pollution, noise pollution, water pollution, waste treatment/disposal, waste management, contaminated land including removal of underground storage tanks, land fill reclamation and design, chemicals/hazardous substances, environmental assessments.

9. (a) State approximate percentages applicable to the following categories expressed as a percentage of the total gross fees in 8b. All these questions must be answered and where NONE state "NONE".

- (1) Schools.....
- (2) Universities.....
- (3) Medical.....
- (4) Individual Housing.....
- (5) Multiple Housing.....
- (6) Housing Associations.....
- (7) Ecclesiastical.....
- (8) Commercial.....
- (9) Industrial.....
- (10) Others (if over 10% please specify).....

Public %	Private %

(b) Total Building values certified during the past financial year:

10. (a) Does the Firm undertake work whatsoever where the “end product” of such work is carried out outside the Republic of Ireland? YES / NO

If “YES”, please give the following details:

Country	Starting Date	Description of Contract	Description of Contract	Total Contract Value	Approximate Completion Date	State Professional Service(s) Provided

- (b) Does the Firm work other than from its Irish offices? YES / NO

- (c) Does the Firm accept liability other than under the jurisdiction of the Irish Courts? YES / NO  
If the answer to (b) or (c) is “YES”, full details are required i.e. list the jurisdictions and amount of work therefrom, etc.

11. (a) State the **5 largest commissions awarded to the Firm** during the past 6 years where construction has commenced or been completed.

Starting Date of Construction	Practical Completion Date	Date Final Certificate issued	Description of commission e.g. Hotel	Total Contract Value	Extent of service provided	Other comments

- (b) State the **5 largest commissions awarded to the Firm** where construction is expected to start within the next 12 months

Estimated Starting Date of Construction	Approx. Completion Date	Description of Commission	Estimated Contract Value	Extent of Service Provided	Other Comments

- 12. (a)** Is the Firm or any Partner/Principal/Director a member of a consortium or joint venture? **YES / NO**
- (b)** Has the Firm or any Partner/Principal/Director previously been a member of a consortium or joint venture? **YES / NO**

N.B. Consortia and joint ventures are excluded. If the answer to (a) or (b) is “YES” special arrangements must be made with the Insurers. Please provide the name of the consortium or joint venture, the date of formation, the names of the other members and their respective capacities in the consortium or joint venture; and copies of any contracts or agreements.

- 13. (a)** Does the Firm or any Partner/Principal/Director have an association with or a financial interest in any other firm or organisation (other than as a share or stockholder in a Publicly Quoted Company)? **YES / NO**
- (b)** Has the Firm or any Partner/Principal/Director had an association with or a financial interest in any other firm or organisation (other than as a share or stockholder in a Publicly Quoted Company)? **YES / NO**

If the answer to (a) or (b) is “YES”, give full details of the nature of the association or interest together with the date, name, business and address of the firm and/or organisation.

- 14. (a)** As a general rule, when independent specialist consultants are required for any commission, have you in the past ensured, and will you in the future endeavour to ensure, that such consultants are appointed directly by and paid by your client?

1. In the past	<b>YES/NO</b>	2. In the future	<b>YES/NO</b>
----------------	---------------	------------------	---------------

- (b)** Where a client requires that such independent specialist consultants are/have been engaged by you please state:

1. Name of Consultant or Firm:
2. Limit of Indemnity carried by them under their own Professional Indemnity Policy:

\* Whenever a client requires that you engage or employ consultants, you should ask for evidence of Professional Indemnity Insurance from them.

- 15. (a)** Does the Firm hold Professional Indemnity Insurance? **YES / NO**

If “YES”, state:

1. Name of Insurers .....
2. Indemnity Limit €.....
3. Uninsured excess of €.....
4. Last Year’s Premium: €.....
3. Date of expiry of coverage .....

- (b)** If the Firm has not been insured from its commencement please advice the number of years continuously insured to date: .....

**16.** Has any Insurer ever:-

- |     |   |                 |
|-----|---|-----------------|
| (a) | declined a proposal or renewal for this Firm or for any Partner/Principal/Director? | <b>YES / NO</b> |
| (b) | required an increased premium or imposed special terms?                             | <b>YES / NO</b> |
| (c) | cancelled or avoided an insurance?  | <b>YES / NO</b> |

If any answer is "YES", please give details.

---

**17.** Does the proposer currently and has the proposer in the past complied with the RICS manual of Valuation Guidance Notes and the Statement of assets valuation practice and guidance? **YES / NO**

If No, please give full details of the procedures in place

---

**18.** Have any claims for professional negligence, error or omission (successful or otherwise) been made against the Firm or its present or former Principals during the past 10 years? **YES / NO**

If "YES", give full details including amounts.

---

**19.** Are any of the Principals, **after enquiry**, aware of any **circumstances** which are likely to give rise to a claim against the Firm or their predecessors in business or any of the present or former Principals? **YES / NO**  
If "YES", give full details.

---

**20.** For what Limit of Indemnity do you require quotation?

---

**IMPORTANT NOTICE CONCERNING DISCLOSURE**

**It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence a prudent Insurer’s judgement and acceptance of your proposal. If your proposal is a renewal, it would also include any change in facts previously advised to Insurers. If you are in any doubt about facts considered material, disclose them.**

**FAILURE TO DISCLOSE could prejudice your rights to indemnity in the event of a claim or cause Insurers to void your Policy.**

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 affected thereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated this .....day of ..... 201.....

For and on behalf of .....

Signature of Principal .....

Name of signatory (please print) .....

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