

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

FOR SURVEYORS (EXCLUDING MARINE AND ENGINEERING), QUANTITY SURVEYORS, AUCTIONEERS, VALUERS AND ESTATE AGENTS

Please ensure that all relevant sections of the proposal are completed

1. Name under which business is conducted:

2. Address of all offices:

Postcode: Telephone No.:

3. Practice:

4. Date Commenced:

5. Give details of activities undertaken and of any intended change in these:

6. (a) During the past 6 years, has the name of the Proposer been changed or has any amalgamation or take-over taken place or have any partners departed, retired or deceased? Yes No

If 'Yes', give details

(b) Give details below of any predecessor firms for which cover is required

7. Give details below of

(a) partners/directors (including details if sole principal) and

(b) consultants under a contract of service with the Proposer

	FULL NAME	AGE	QUALIFICATION	DATE QUALIFIED	NUMBER OF YEARS IN THIS CAPACITY IN THE AFORE - MENTIONED BUSINESS/PRACTICE
7 (a)					
7 (b)					

8. Give details below of previous business experience, as appropriate, or attach curricula vitae Newly established business/practice – complete for all partners/directors Existing business/practice - complete for each partner/directors who has held such position with the Proposer for less than 5 years

NAME OF PARTNER/DIRECTOR	PERIOD ENGAGED IN PREVIOUS OCCUPATION	NAME OF FIRM/COMPANY	PROFESSION OR BUSINESS	POSITION HELD

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

10. State number of other permanent staff

(a)	QUALIFIED	FULL-TIME	PART-TIME

(b)	ALL OTHERS	FULL-TIME	PART-TIME

11. Is cover required for Partners' Previous Business in respect of any partner named in 7a? Yes No

If 'Yes' state

(a) FOR WHICH PARTNERS	
(b) TITLE OF PREVIOUS BUSINESS	
(c) DATE PARTNER LEFT BUSINESS	
(d) LIMIT OF INDEMNITY REQUIRED IF LESS THAN STATED IN 26A.	

12. State gross fees (including those paid to sub-contractors) payable by clients for work undertaken

13. State largest fee earned from any client

GHC

14. State the approximate percentage of last year's gross fees and of the fees estimated for the forthcoming year (including those paid to subcontractors) payable in respect of

	LAST YEAR	FORTHCOMING YEAR
(a) quantity surveying (excluding project co-ordination/management)	%	%
(b) estate agency	%	%
(c) auctioneering	%	%
(d) insurance agency	%	%
(e) mortgage broking	%	%
(f) building society agency	%	%
(g) property management	%	%
(h) land surveying	%	%
(i) Projection co-ordination	%	%
(j) project management	%	%
(k) architectural design and planning work	%	%
(l) setting out	%	%
(m) surveying and valuing – residential i. Mortgage valuation reports	%	%
ii. Others	%	%
(n) surveying commercial	%	%
(o) valuing commercial	%	%
(p) All other work (give details)	%	%
	100%	100%

15. If fees are received in connection with **14j. project management** and **14k. architectural design and planning work**, give details below of the five largest contracts undertaken during the last six years, including a note of the contract value

(b) If fees are received in connection with **14d. insurance agency**, give details below of a split between General, Pensions and other Financial services

(c) If fees are received in connection with **14p. all other work**, give brief details of the type of work undertaken below

16. Please provide an approximate geographical spread of all surveys/valuations undertaken during the last two years

REGION	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	COMMERCIAL		RESIDENTIAL		COMMERCIAL		RESIDENTIAL	
	Number	Fees	Number	Fees	Number	Fees	Number	Fees
Greater Accra		%		%		%		%
Eastern		%		%		%		%
Volta		%		%		%		%
Central		%		%		%		%
Ashanti		%		%		%		%
Northern		%		%		%		%
Brong Ahafo		%		%		%		%
Western		%		%		%		%
Upper East		%		%		%		%
Upper West		%		%		%		%

17. Does the Proposer carry out valuation work outside the Geographical area / Region in which its offices are situated?

Yes No

If 'Yes', please provide details below

18. When asked to revalue a property for re-mortgage, second mortgage etc, does the Proposer always re-inspect the property?

Yes No

If 'No', what action is taken to ensure that the revaluation is accurate?

19. Please provide details of the lenders from whom the Proposer has undertaken valuation work during the last two periods

	Y Y Y Y	Y Y Y Y
LENDER	AMOUNT OF FEE INCOME	AMOUNT OF FEE INCOME
Building Societies		
Ghana Clearing Banks		

Others (please specify the lenders concerned and the values of the most expensive residential and commercial properties surveyed)

20. Please give details of the five most highly valued properties the Proposer has surveyed for mortgage purposes during the last 10 years.

TOWN (STATE WHETHER RESIDENTIAL OR COMMERCIAL PREMISES)	VALUE OF PROPERTY	LENDER	FEE EARNED

21. Does the Proposer only survey properties where the valuation is intended for the borrower or potential lenders? Yes No

If 'No', please provide details below

22. Does the Proposer provide valuations for use by mortgage brokers? Yes No

If 'Yes', please specify the type of property and fee income from this work below

23. Please give details of all valuers who undertake commercial valuation work

FULL NAME	AGE	QUALIFICATIONS	NUMBER OF YEARS EXPERIENCE OF THIS WORK

24. If the Proposer operates from more than one address, state the proportion of total annual fees relating to the activities of each office

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25. (a) State gross fees paid to sub-contractors

LAST YEAR	FORTHCOMING YEAR (ESTIMATED) FOR NEW AND EXISTING PRACTICES
GH¢	GH¢

(b) Give the following details of sub-contractors in the box below:-

NAME(S)	QUALIFICATIONS	LIMIT OF INDEMNITY OF OWN PROFESSIONAL INDEMNITY INSURANCE

(c) Is there any written agreement between the Proposer and Sub-contractors? Yes No

(d) Describe what work is sub-contracted and how the Proposer reviews such work below

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26. If the Proposer operates a general insurance agency, state whether company agent or independent intermediary

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27. Is the practice represented in any way in Ghana? Yes No

If 'Yes', state how (e.g. by subsidiary company, local office, local representative or by any other person or concern holding a power of attorney on behalf of the practice).

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

Yes No

If 'Yes', give details

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29. Does the Proposer undertake any contract which involves the business/practice or its subcontractors in

(a) manufacture, construction, erection or installation?

Yes No

If 'Yes' state what proportion of the fees declared relates to such contracts

%

(b) the supply of materials, plant, goods or equipment?

Yes No

If 'Yes', what proportion of the fees declared relates to such contracts?

%

A copy of the contract conditions between the Proposer and the manufacturer or source must be attached

30. Is the Proposer accredited to or in the process of becoming accredited to subject to any form of external assessment?

Yes No

If 'Yes', please give details below

31. (a) Who in the practice is responsible for quality procedures?

(b) What internal procedures does the Proposer have in force in relation to quality matters?

(c) How often are working procedures reviewed to ensure their continuing suitability and what form does the review take?

32. (a) How does the Proposer keep up to date with changes in legislation and other legal developments affecting the profession?

(b) What steps does the Proposer take to keep staff informed of any such changes and developments?

33. What procedures does the Proposer have for confirming client's instructions?

Give details below

34. What records does the Proposer keep of

(a) The original contract and any subsequent amendments?

(b) on-site visits?

(c) telephone conversations involving instructions from clients or the provision of advice?

35. (a) Describe the diary system employed for rent reviews

(b) How and by whom are lease terms reviewed?

36. (a) What procedures does the Proposer have in force to ensure valuation reflect market conditions

40. (a) Limit of Indemnity required under this insurance

(b) State total limit under all Professional Indemnity insurances

(i) currently applicable **GH¢**

(ii) now required **GH¢**

41. Does the Proposer wish to contribute towards each and every claim? Yes No

If 'Yes', tick amount required

42. Fidelity

(a) Has the Proposer suffered any loss during the past five years through fraud or dishonesty of any employee? Yes No

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

(b) Do all cheques drawn require two signatures? Yes No

(c) Is cash in hand and petty cash checked independently of the employees responsible

(i) at least monthly? Yes No

(ii) Additionally, without warning, at least every six months? Yes No

(d) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank? Yes No

(e) Are employees receiving cash and cheques in the course of their duties required to pay in daily? Yes No

In the case of a 'No', answer to any of **Question 41b.** to **41e.** give details below of the system

43. Has any insurer in respect of the risks to which this proposal relates ever

(a) declined a proposal, refused renewal or terminated an insurance? Yes No

(b) required an increased premium or imposed special condition? Yes No

If 'Yes', in either case, give details

44. (a) Has any claim been made against the Proposer or any partner, consultant or employee during the last ten years in respect of the risks (other than those referred to in **Question 41a.** to which this proposal relates?

Yes No

If **'Yes'**, give details (by separate not if preferred)

DATE OF CLAIM	BRIEF DETAILS OF EACH CLAIM	COST (IF ANY) OF CLAIM PAID	ESTIMATED OUTSTANDING COST

(b) What action has been taken to prevent a recurrence of the situation which gave rise to each claim?

45. (a) Is any partner, principal, consultant or employee, **after enquiry**, aware of any circumstances, which might give rise to a claim against the Proposer or any predecessors in business or any of the present or former partner or principals?

Yes No

(b) result in the Proposer or any predecessors in business or any of the present of former partners or principals incurring any losses or expenses which might be within the terms of this cover?

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)

DECLARATION

I/We declare that the above statements made by me/us or on my/our behalf are true and complete and will form part of the contract between me/us and the Company. I/We agree to accept a policy in the Company’s usual form for this class of business.

Signature (partner):

Date:

on behalf of*
*insert name of firm

NOTICE TO PROPOSERS UNDER THE INSURANCE COMPANIES (THIRD INSURANCE DIRECTIVES) REGULATIONS 1994

If you are applying for insurance protection as a private individual or as a sole trader (or for the benefit of a private individual or sole trader) you should read carefully the following information.

Law Application to the Contract

The law applicable to this insurance contract is subject to agreement between the parties.

Unless a special endorsement to the contrary has been requested by you and agreed by us the law apply to this Insurance contract will be as follows:

- (a) if you are applying for insurance protection as a private individual the law applicable to the part of United Kingdom, Channel Island or Isle of Man in which you or the first named policyholder normally resides, **OR**
- (b) if you are apply for insurance protection in your capacity as a sole trader the law applicable to that part of the United Kingdom, Channel Island or Isle of Man in which you have your principal place of business, **OR**
- (c) if neither of the above applies, the Law of Ghana

Complaints Procedure

However, if you feel that your insurance arrangements have not been handled in the manner in which you would expect and you wish to make a complaint, please contact the Manager at the office of HOLLARD INSURANCE GHANA LIMITED which issued your policy, who will ensure that the matter receives attention. If you still feel the matter has not been settled to your satisfaction you may write to the Head-General Insurance.