

**PROFESSIONAL INDEMNITY INSURANCE
HOME INSPECTORS AND/OR DOMESTIC ENERGY ASSESSORS PROPOSAL**



INSTRUCTIONS

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

QUESTION ONE

Practice name (please include all names under which you practice)

QUESTION TWO

Main office address

Postcode:

Main office telephone number

Main office fax number

Contact e-mail address

Practice website

Date established

List number of branch offices

PLEASE LIST ON A SEPARATE SHEET ALL BRANCH OFFICES INCLUDING ADDRESSES FOR WHICH YOU ARE SEEKING COVER.

QUESTION THREE

Please advise the following (including details of sole practitioner).

Name of all Partners / Directors / Members	Age	Qualifications	Date Qualified	How long as Partner / Director / Member of the Firm(s)

QUESTION FOUR

Do you have any representation outside of the UK?
If 'Yes', please provide details on a separate sheet

Yes No

QUESTION FIVE

State gross fees earned for work undertaken

		Last Year	Previous Year	Current Year (estimated)
1.	In the UK	£	£	£
2.	In the UK for clients domiciled elsewhere *	£	£	£
3.	Elsewhere *	£	£	£
Total of 1-3 above		£	£	£

* If you have declared fees earned under sections 2 or 3 please provide full details on a separate sheet.

QUESTION SIX

Please provide a split of your gross fees earned:

1.	Home Condition Reports	%
2.	Energy Performance Certificates	%
3.	Other work	%
Total		100%

If you have declared any fees under '3' other work, please provide full details below

--

QUESTION SEVENHas the proposer, or any principal, consultant or employee been subject to any claim during the past 5 years in respect of risks to which this insurance relates? Yes No

If 'Yes', please provide details on a separate sheet

QUESTION EIGHT

Please give details of the firm's current Professional Indemnity Insurance.

DO NOT COMPLETE THIS QUESTION IF YOU ARE ALREADY A CLIENT OF BLUEFIN

Limit of Indemnity	Excess	Premium	Name of Insurer	Renewal Date
£	£	£		

QUESTION TWENTY ONE

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of Indemnity	£	£	£
Excess	£	£	£

CONFIRMATION**DISCLOSURE OF MATERIAL FACTS**

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS**THIS FORM MUST BE SIGNED BY A PRINCIPAL OF THE FIRM**

Signature: _____

Date: _____

Print name: _____

Position: _____

Please return this Application Form along with any other supplementary information sheets to the address detailed below:-

Bluefin | Professions Division | Castlemead | Lower Castle Street | Bristol | BS1 3AG
t: 0117 929 3344 | f: 0117 925 1594 | e: enquiry.professions@bluefingroup.co.uk | w: www.bluefingroup.co.uk/professions

Bluefin

Bluefin Insurance Services Limited is authorised and regulated by the Financial Services Authority.
 Registered Office: 5 Old Broad Street, London EC2N 1AD. Registered in England No: 931954

© 2009 Bluefin Insurance Services Limited