

**PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM  
for Members of the Royal Town Planning Institute**

*Please ensure that all relevant sections of the proposal form are completed. Continue answers on a separate sheet if necessary. This insurance will not commence until the Insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any Proposal.*

**1. PROPOSER**

*Please state your full business name (including trading partners) and address:*

Name		
Address		
Post Code	Tel.	Fax.

*When was the business established?*

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**2. YOU AND/OR YOUR PARTNERS AND/OR DIRECTORS**

*Please provide your details, and those of any other partners or directors:*

Name	Qualifications	No. of years of experience

*Where you, a partner and/or director has been in their profession for less than 5 years please send us their brief CV along with the proposal form.*

**3. CONSULTANTS**

*Do you use external consultants?*

Yes  No

*If "Yes" please provide full details on a separate sheet of paper and attach to the proposal.*

**4. FEE INCOME**

*Please state your total fee income (including fees paid to subcontractors and consultants):*

Received last complete year	£	Estimate for coming year	£
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**5. SPLIT OF INCOME**

Please provide a percentage split of the fee income for the past year.

			UK%	Europe %	Other %
Town Planning Work					
Non-Town Planning Work					
	<b>Commercial %</b>	<b>Residential %</b>			
Valuation					
Survey					
Architectural					
Project Management					
Planning Supervisor/CDM Co-ordinator					
Any other Non-Town Planning Work*					

\* Please provide full details on a separate sheet of paper and attach to the proposal

**6. ASBESTOS**

Do you undertake sampling/testing of asbestos? Yes  No

If "Yes" please provide full details on a separate sheet of paper and attach to the proposal.

**7. SUBCONTRACTORS**

Do you use subcontractors? Yes  No

If "Yes" please provide full details on a separate sheet of paper and attach to the proposal.

**8. LIMIT OF INDEMNITY**

What limit of indemnity do you require on your policy?

£300,000	£500,000	£1,000,000	£2,000,000	£5,000,000	Other (Please Specify)

**9. INSURANCE HISTORY**

a) Do you currently have professional indemnity insurance? Yes  No

b) Have you or any partner, principal, director or employee ever had any application for professional indemnity insurance cancelled, declined or had special terms imposed? Yes  No

c) Has any claim whether successful or not, ever been made against you or your predecessors or any past or present partner, principal, director or employee? Yes  No

d) Are you or any partner, principal, director or employee AFTER FULL ENQUIRY aware of any circumstance(s) which may give rise to a claim against you or your predecessors or any past or present partner, principal, director or employee? Yes  No

If you have answered "Yes" to any of the Questions in a) – d) above, please provide full details on a separate sheet of paper and attach to the proposal.

## **IMPORTANT NOTES**

### *Data Protection Act 1998*

We may store your information on a computer and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention (see further details below). We will only disclose your personal details to third parties, if it is necessary for the performance of your contract with us.

In order to assess the terms of the insurance contract or administer claims which arise, we will need to collect data which the Data Protection Act defines as sensitive such as medical history or criminal convictions. By proceeding with this contract you will signify your consent to such information being processed by the Insurers or their agents.

We will keep your information secure at all times. In certain circumstances, for example for systems administration purposes, we may have to transfer your information to another country, which may be a country outside the European Economic Area ("EEA). By proceeding with your insurance application, we will assume you are agreeable for us to transfer your information to a country outside the EEA.

Should you wish to receive a copy of the information we hold on you please contact the Data Protection Officer at the address shown below.

## **DECLARATION**

The information that you have provided to us forms the basis of your insurance policy. It is important that you advise us of all material information, and immediately of any change in information. Please note if you are in doubt whether or not any information is material, it should be disclosed. Failure to disclose information may prejudice your rights in the event of a claim.

A material fact is one that is likely to influence an underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in the facts previously advised to the underwriters.

I/ We declare that the statements and particulars given in this Proposal are correct and that no material fact has been omitted. I/ We agree that this Proposal together with any other information supplied shall form the basis of the contract.

Signature:	Position:	Date:
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### **Brit Insurance Limited**

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Registered in England and Wales number 2763688 at 55 Bishopsgate, London EC2N 3AS  
Authorised and regulated by the Financial Services Authority  
Member of the Association of British Insurers  
A subsidiary of Brit Insurance Holdings PLC