

Professional Indemnity Proposal Form For ESTATE AGENTS / VALUERS

Part 2 - Additional Information

1. DESCRIPTION OF BUSINESS

Please state the percentage of income for each of the following activities :

Gross Fees	Year
Estate Agency	%
Building Society Agency	%
Surveys	%
Valuations	%
Estate / Property Management	%
Sectional Title Administrators	%
Rent Collecting	%
Quantity Surveying	%
Auctioning	%
Architectural / Design & Planning Work	%
Loss Assessors & Adjusters	%
Insurance Agents without Binding Authority	%
Insurance Broking with Binding Authority to issue Cover Notes and/or Certificates etc., or have claims settlement authorities on behalf of Insurers	%
. Project Managers (Please supply details of this work)	%
Mortgage Broking	%

2. STAFF COMPLEMENT

Total number of :

i) Full Time Staff (Excluding Partners)

ii) Permanent / Part Time Staff

Name of all Partners	Qualifications	Year Obtained	How long a Partner in Firm

3. Have any claims ever been made against you, your Firm or their predecessors in business individually or otherwise, in respect of liabilities to be covered by the Proposed insurance
If YES; please give full details. Yes No

[Redacted area for question 3]

4. Does the Firm employ any Independent Surveyor / Architect NOT being a Partner or Member of the Insured's staff for whom cover is required ? Yes No
If YES; please state :

Name	Qualifications	Date Qualified

5. Retired / Deceased Partners for whom cover is required, and date they ceased practising :

Retired / Deceased Partners	Date Ceased Practising

6. Do you operate in any country other than Tanzania? Yes No
If YES; where and to what extent.

[Redacted area for question 6]

7. Is the Firm a member of a Professional Association ? Yes No
If YES; please give details.

[Redacted area for question 7]

8. Do you undertake Valuations ? Yes No

[Redacted area for question 8]

9. (a) What system is in force to prevent time limits under Rent Act or Landlord and Tenant Act being overlooked ?

[Redacted area for question 9(a)]

(b) Is any system in force to ensure that the provisions in respect of (a) above is followed by members of Staff (e.g. how often does Senior Partner / Principal check that the system is being properly implemented ?)

[Redacted area for question 9(b)]

10. OPTIONAL EXTENSIONS

Replacement of Document Loss
 Dishonesty of Employees

Yes No
 Yes No

11. QUOTATION REQUIRED

a)

Limit of Indemnity	
i	
ii	
iii	

Do you require one or two reinstatements of the Indemnity during the period of insurance ?
 Number of Reinstatements ? _____ -

Yes No

b)

Excess	
i	
ii	
iii	

12. FEE INCOME

(This question must be completed accurately as the figures are used for rating purposes)

a) Please give gross fees received during the past five years :

Year	Gross Fees

b) Please give the estimated fees for the coming 12 months. : _____