

## 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: Mobile:	Fax: Email:

Preferred method of contact for correspondence

Email <input type="checkbox"/>	Fax <input type="checkbox"/>	Post <input type="checkbox"/>
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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	RTPI Membership Level	Length RTPI Membership Held (years)

*Where you, a partner and/or director have been in the profession for less than 5 years, or are a non corporate member of the RTPI, please send us a brief CV along with the proposal form.*

### 3. CONSULTANTS & SUBCONTRACTORS

Do you use external consultants and/or subcontractors?

Yes  No

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

### 4. PRACTICE HISTORY

Are you setting up a new business practice?

Yes  No

### 5. 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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**6. SPLIT OF INCOME**

Please provide a percentage split of the fee income for the past year. If you are starting a new practice please provide an estimation of fee income split for the forthcoming year.

	UK %	Europe %	Other %	Total
Town Planning Work				} <b>100%</b>
<b>Non-Town Planning Work (please specify below)</b>				
Property Management				
Planning Supervisor/CDM Co-ordinator				
Project Co-Ordination				
Project Management				
Architectural work				
Surveying (for non valuation or lending purposes)				
Surveying &/or Valuation (for lending purposes)				
Any Other Non-Town Planning Work please specify:				

**7. CONTRACT VALUES**

Have you performed any work on contracts with a total contract value in excess of £10m? Yes  No

If "Yes" please provide full details on a separate sheet of paper including start date, description of contract, total contract value, details of work undertaken, the extent of your responsibilities and approximate completion date.

**8. 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.

**9. 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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**10. 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.

**11. WHERE DID YOU HEAR ABOUT PERKINS SLADE INSURANCE BROKERS?**

Form of Media	Further Information			
RTPI	<input type="checkbox"/> Leaflet	<input type="checkbox"/> Magazine		<input type="checkbox"/> Website
Search Engine	<input type="checkbox"/> Google	<input type="checkbox"/> Yahoo	<input type="checkbox"/> Bing	<input type="checkbox"/> Other: (please specify)
Existing Client Recommendation	<input type="checkbox"/> Client Name: (if consenting)			
Other (please specify)	<input type="checkbox"/>			

**12. ANY OTHER INFORMATION**

Please include any other relevant/additional information 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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<p><b><u>Please Return Your Completed Proposal Form To:</u></b></p> <p><b>Perkins Slade Limited</b> Tricorn House, 51-53 Hagley Road, Birmingham B16 8TP +44 (0)121 698 8000</p> <p><b><u>Or Alternatively Return Via Email To:</u></b></p> <p><a href="mailto:rtpi@perkins-slade.com">rtpi@perkins-slade.com</a></p>	<p><b><u>Insurer Information</u></b></p> <p><b>HCC International Insurance Company PLC</b> Walsingham House 35 Seething Lane London EC3N 4AH T: 020 7702 4700 F: 020 7626 4820 www.hcc.com</p> <p>A subsidiary of HCC Insurance Holdings Inc., HCC International Insurance Company PLC is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. Registered in England and Wales No.01575839. Registered office: Walsingham House, 35 Seething Lane, London EC3N 4AH</p>
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