

Professional Indemnity Supplementary proposal for surveyors



Instructions for completing this supplementary proposal form

- Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
- Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
- Reference to Insured in this Supplementary Proposal Form means:
 - ▼ the entity or entities named in question 1;
 - ▼ the past and/or present employees or principals of the entity or entities; and
 - ▼ the directors of the entity or entities and all subsidiary entities for whom cover is required.

1. Name of all entities to be insured

2. Date that the Proposal Form to which is this is a Supplementary Proposal Form was signed and dated

3. Please advise if the Insured provides any of the following services and if so state the percentage of total fees derived from such services.

(a) Quantity surveying	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(b) Cadastral surveying of	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(i) residential	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(ii) small commercial/ domestic industrial (projects of less than \$1,000,000)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(iii) medium commercial/ industrial (projects from \$1,000,000 to \$5,000,000 in value)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(c) Hydrographic surveying	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(d) Engineering surveying	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(e) Mining	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(f) Geographic information systems (GIS)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(g) Photogrammetry	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(h) Remote sensing	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(i) Geodesy	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(j) Land information management	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(k) Forensic	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(l) Archaeological	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %
(m) Project management	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input style="width: 80px;" type="text"/> %

(n) Construction management	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> %
(o) Pre-purchase building inspections	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> %
(p) Building surveying and/or certification	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> %
(q) Other work (please give details)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> %
<input type="text"/>			<input type="text"/> %
<input type="text"/>			<input type="text"/> %
TOTAL			<input type="text"/> 100%

4. Does the Insured engage in manufacture, construction, erection or installation, or act as principal in connection with any contract involving manufacture, construction, erection or installation?
 No Yes If Yes, what percentage of the Insured's fees relates to such contracts? %
5. Does the Insured engage consultants, sub-contractors or agents?
 No Yes
- (a) Does the Insured enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements, which it may have against such consultants, sub-contractors or agents?
 No Yes
- (b) Does the Insured insist that such consultants, sub-contractors or agents carry their own Professional Indemnity?
 No Yes

Declaration

I/We the undersigned duly authorised person(s) declare that:

- (i) I am/we are authorised by each of the Insured to sign this Supplementary Proposal Form; and
- (ii) the above statements are correct, true and complete; and
- (iii) no information material to this Supplementary Proposal Form has been withheld; and
- (iv) I/we have read the **important facts** which you have put before me/us in the Professional Indemnity Proposal Form and I/we understand the advice given in relation to the **duty of disclosure**; and
- (v) I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- (vi) I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- (vii) I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- (viii) I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal Form and otherwise made by me/us in relation to this insurance; and
- (ix) except where indicated to the contrary, I/we understand that any statement made in this Supplementary Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- (x) I/we have read Vero Insurance's Privacy Statement which you have put before me/us in the Professional Indemnity Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement; and
- (xi) I/we acknowledge that this Supplementary Proposal forms part of the Professional Indemnity Proposal Form signed and dated on the date disclosed in question 2.

Signed

Name of Partner(s) or Director(s)

On behalf of* *** Insert name of firm**

Date / /