



**INSURANCE MANAGEMENT  
(BAHAMAS) LIMITED**

Insurance Brokers and Agents

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**Professional Indemnity Proposal Form  
Surveyors, Quantity Surveyors, Valuers & Real Estate Agents**

*Unless all material facts are disclosed, the insurance could be invalidated. Material facts are those facts an Insurer would regard as likely to influence the acceptance and/or assessment of the proposal. If you are in any doubt about whether facts are material, you should disclose them.*

**All questions must be fully answered, in block capitals or by circling the YES/NO answers**

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**1.** Title of Practice/Firm  
(including any former Practice(s)/Firm(s) for which cover is required):-

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**2.** Profession(s)/Business(es) of Practice/Firm:-

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**3.** (a) Date of commencement of current Practice/Firm:-  
(b) Date of commencement and cessation of former Practice(s)/Firm(s):-  
(c) Reasons for cessation of former Practice(s)/Firm(s):-

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**4.** Address or addresses of Practice/Firm – all addresses must be shown together with the Partner or Principal responsible for work at each office:-

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**5.**

(a) Names in full of all Partners/Principals/Owners	Qualifications	Date qualified	How long Principal in this Practice

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(b) If sole Partner/Principal, state whether Practice is full- or part-time:.....  
If part-time, state nature of full-time employment.....  
In either case, please complete the supplementary questionnaire

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**6.**

Names in full of all partners/Principals who have left, retired or died and for whom coverage is required	Qualifications	Period as a Partner/Principal
If none, state NONE		

**7. Total numbers of**

(a) Partners/Principals	(d) Trainee Staff
(b) Qualified Staff	(e) Typists/ Clerical Staff
(c) Draughtsmen	(f) Others

**8. State for the whole Practice-**

	Annual fees for the past three years (or, if practice is newly established, estimated fees for the forthcoming year) in respect of			The percentage of each figure applicable to work for clients in the following territories	
	2001	2000	1999	The Bahamas	Elsewhere (Specify)
a) quantity surveying					
b) surveying and valuing – residential					
c) surveying and valuing - commercial					
d) property sales					
e) property management					
f) all other work (give details)					

**9. When independent or specialist consultants are required for any commission, have you in the past ensured, and will you in the future endeavour to ensure, that such consultants are appointed directly by and paid for by your client?**

(a) In the past YES?NO (b) In the future YES\*/NO

\*Whenever a client requires that you engage or employ consultants you should ask for evidence of Professional Indemnity Insurance from them.

**10.** (a) Does the Practice hold a Professional Indemnity Insurance? YES/NO

If "YES", state:-

- (a) Name of Insurers.....
- (b) Indemnity Limit.....excess of.....each and every claim
- (c) Date of expiry of coverage.....

(b) If the Practice has not been insured from its inception advise number of years continuously insured to date.....

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**11.** Has any Insurer ever –

(a) declined a proposal or renewal for this Practice or any Partner/Principal? YES/NO

(b) required an increased premium or imposed special terms? YES/NO

(c) cancelled or voided an insurance? YES/NO

If any answer is "YES", please give full details:

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**12.** For what amount(s) of Indemnity do you require a quotation?

N.B. The amount of indemnity effected provides protection in the aggregate during any one year and is not an amount of coverage provided for each and every claim, unless otherwise agreed.

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**13.** Do you require coverage for replacing lost or damaged documents? YES/NO

If "YES", state amount of coverage required \$.....

Which is inclusive of .....% relating to Computer Systems Records.

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**14.** Have any claims for professional negligence, error or omission (successful or otherwise) been made against the Practice or its present/past Partners during the past 10 years? YES/NO

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**15.** Are any of the Partners/Principals, AFTER ENQUIRY, aware of any CIRCUMSTANCES which may give rise to a claim against this Practice or their predecessors in business or any of the present or former Partners/Principals? YES/NO

If "YES", give full details:

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SUPPLEMENTARY QUESTIONNAIRE FOR SINGLE PARTNER OPERATION ONLY

Please answer, fully, the following:-

1. Your age:
2. (a) Please give the full experience and qualifications of any assistants you employ:

(b) Their length of service in your employ:

3. (a) What formal arrangements have you made with any other firms to assist you when you are incapacitated or are unable for any reason to attend your business?

(b) If applicable, name Firms in 3 (a):

4. Do you wish this insurance to indemnify those Firms while undertaking your work? YES/NO

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**Declaration**

*I/We declare that the above statements made by me/us or written in answer to the questions on this form on my/our behalf by someone else are to the best of my/our knowledge and belief true and correct, and no material fact has been misrepresented, misstated or withheld. I/We agree that this form, in conjunction with the original proposal, be incorporated in and taken as the basis of the contract between me/us and the Underwriters and will be deemed as incorporated in the policy.*

Signature of Partner or Principal.....Date.....