

**Quotation Form for Surveyors**

**Name and Address of Business**

Contact Name:

Business Name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode:

Telephone:

Fax:

E-mail:

Date Established:

**2. Please provide details of each partner as follows:**

Name	Qualifications	Years Experience
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**3. Please give an approximate percentage of your fee income split according to type of work**

Type of Work	% of your fee income
Building Surveying	<input type="text"/>
Residential Estate Agency/ Letting Agency	<input type="text"/>
Commercial Estate Agency	<input type="text"/>
Residential Property Management	<input type="text"/>

Commercial Property / Land Management	<input type="text"/>
Rent Reviews / Lease Renewals	<input type="text"/>
Land/ Mineral/ Hydro graphic Surveying (* Please ask for supplementary questionnaire)	<input type="text"/>
Planning & Development Consultancy (without detailed plans)	<input type="text"/>
Project Co-ordination	<input type="text"/>
Project Management	<input type="text"/>
Architectural Work	<input type="text"/>
Residential Surveys/ Valuations for lending purposes	<input type="text"/>
Other Residential Surveys/ Valuations	<input type="text"/>
Commercial Surveys / Valuations for lending purposes	<input type="text"/>
Other Commercial Surveys / Valuations	<input type="text"/>
Auctioneering	<input type="text"/>
Other	<input type="text"/>

**4. Please state the Largest Valuation for Lending Purposes carried out within the last 3 years for each of the following:**

Resident Survey Reports	<input type="text"/>
Other Private Clients	<input type="text"/>
Commercial Clients	<input type="text"/>
Other – Please Specify	<input type="text"/>

**5. Please give amount of income for the last 3 financial years plus estimate for the coming financial year**

Year	Income
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 6. Current Insurance Information

Name of Current Insurer:

Expiry Date of Current Policy:

Have any claims ever been made against you?

Yes

No

If yes, please give details:

Are you aware of any circumstances that may give rise to a claim?

Yes

No

If yes, please give details:

Limit of Indemnity required, please select preference/s

£100,000

£250,000

£500,000

£1 Million

£2 Million

£5 Million

### Declaration

I declare that to the best of my knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application are true and complete and this application, declaration and information will be the basis of the contract between the Insured and Insurer. I declare that I have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of this insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

Signature of Principle:

Name of Principle:

Date: