



**The National
Approved
Letting
Scheme**

Professional Indemnity Insurance Scheme For Members of NALS

- 1) a) Name of firm:
 b) Address of principal office and location of branch offices:
 c) Telephone No:
 d) Establishment Date:
 e) Please provide NALS membership number _____
 f) Are you a member of:

ARLA	NAEA	RICS
Yes/No	Yes/No	Yes/No

- 2) Please advise the following:

Name of Partners	Years Experience	Qualifications

(If less than 3 years experience please provide a CV)

- 3) Please state the total number of:

- a) Partners, Directors or Principal's
 b) Qualified Staff
 c) Administrative Staff

_____ Total

- 4) Please state your gross fees:

Last Financial Year	UK	USA/Canada	Elsewhere
Current Year			
Estimate For Forthcoming Year			

- 5) Please indicate the approximate percentage for each of the following categories for your last year's fees (if a new business the estimated fees for the first year):

- a) Residential Letting and Property Management _____
 b) Commercial Letting and Property Management _____
 c) Residential Estate Agency _____
 d) Commercial Estate Agency _____
 e) Any other work (please provide details below) _____

- 6) Has the firm ever undertaken any surveying or valuation work? Yes/No
 (Please note that this does not apply to market appraisal valuations.)

- 7) Is the Firm currently Insured? Yes/No

If Yes, please provide details:

Name of Insurer	
Indemnity Limit	
Excess	
Expiring Premium and Renewal Date	
Number of years the firm(s) has been insured	

8) Do you wish to pay the premiums by monthly instalments? **Yes/No**

9) What limit of Indemnity is required?

£100,000 £250,000 £500,000 £750,000
£1,000,000

10) Has any Insurer ever:-

a) Declined to offer Insurance for this Firm or any Partner, Director or Principal? **Yes/No**

b) Imposed any special terms for this Firm or any Partner, Director or Principal? **Yes/No**

c) Cancelled or voided any Insurance for this Firm or any Partner, Director or Principal? **Yes/No**

If Yes to any of the above please provide full details.

11) a) Has any claim, whether successful or not, ever been made against the Firm(s) or its predecessors in business or any past or present Partner, Director, Principal or Employee? **Yes/No**

If yes please provide FULL details:

b) Are any of the Partners, Directors, Principal's or Employees AFTER FULL ENQUIRY, aware of any circumstances which may give rise to a claim against the firm, its predecessors in business or any past or present Partner, Director, Principal or Employee? **Yes/No**

If yes, please provide full details:

c) Has any Partner, Director, Principal or Employee been subject to any disciplinary proceedings by NALS, ARLA, RICS, NAEA or FCA? **Yes/No**

If yes, please provide full details:

d) Is the Insured aware of any matter which may lead to a claim being made against them for dishonesty or malice of any employee? **Yes/No**

If yes, please provide full details:

12) a) Has the proposer ever been convicted of or charged with any offence, other than a motoring offence or conviction spent under the Rehabilitation of Offenders Act 1974? **Yes/No**

If yes please provide full details:

IMPORTANT NOTICE CONCERNING DISCLOSURE

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/we undertake to inform Underwriters of any material alteration to those facts occurring before completion of the contract of insurance.

D M Y
Dated: ____/____/____

Signature of Partner or Director:

A copy of this proposal form should be retained for your own records. Completed proposal forms should be returned to Kerry London Ltd Professional Risks, 2nd Floor, John Stow House, 18 Bevis Marks, London, EC3A 7JB
Telephone: 0800 634 7384 Fax: 0207 623 4958
Registered in England no. 2006558 Authorised and Regulated by the Financial Conduct Authority