

**PROFESSIONAL INDEMNITY INSURANCE
VALUERS (COMPANIES)
PROPOSAL FORM**

IMPORTANT NOTICE

KOUTINAS SA - Insurance Brokers, Coverholder at Lloyd's, in compliance with the requirements of the General Data Protection Regulation (GDPR), guarantees the safe storage and processing of your personal data and assures you that these will not be made available to Third Parties for advertising or other purposes but will be used in negotiations with Insurers in the context of your insurance coverage.

I. GENERAL DATA

Company Name:		
Address:		Website:
Tel:	Email:	
Tax Registration No:	Year Established:	
Are you Member of any Professional Body?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If "YES", refer.....

II. DETAILS OF PRACTICING PRINCIPALS & PARTNERS – STAFF

Full Name	Qualifications – Yrs of Prof. Experience	Position – Yrs in the Company

Total Number of Personnel:

Principals, Partners or Officers:	Other qualified staff:	Administration staff:
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- a) Does your firm undertake work for any client, where a Partner/Director or the firm holds a Partnership/Directorship or has any financial interest in such client company (other than as shareholders in a public quoted company)? YES NO
- b) Do you have activities abroad? If YES specify countries YES NO
- c) Do you use Subcontractors (independent Valuers)? If YES specify % of your total fees YES NO

III. NATURE & VOLUME OF PROFESSIONAL ACTIVITY (% of total fees)

Residential property valuations	%
Commercial property valuations	%
Real Estate Management	%
Engineering consulting services.	%
Other (refer)	%
TOTAL	100 %

1. Please advise the geographical spread of your survey /valuation fees in the last three (3) years:
 Greece:% Europe:% Other countries (except USA & CANADA):%
 Please refer countries:

2. State Nr of valuations undertaken in last 3 years & respective fees received:

Year	Number of Valuations	Residential	Number of Valuations	Commercial
		€		€
		€		€
		€		€

3. Please mention your largest Clients & respective fees for survey/valuations in the last (3) years:

Year	Name	Residential (€)	Commercial (€)

4. Does your practice always re-inspect for re-valuation of existing surveys: YES NO

If NO, what is the maximum period for which you deem your valuation/survey to be current before such re-inspection is required? Please specify:.....

5. What, if any, internal Quality Assurance Standards are in current practice to confirm/support the accuracy of valuation surveys?

6. Do you operate any form of either manual or computer cross referral of valuations on similar properties? YES NO

If YES, please specify and advise how long in use:

7. Do you abide by the R.I.C.S Manual of Valuation Guidance Notes and the Statement of Asset Valuation Practice issued by R.I.C.S.? (or other local equivalent) YES NO

If NO, please explain the circumstances under which the above is not abided by:

IV. FINANCIAL DATA (last 2 years & estimation for current year)

YEAR	20...	20...	20...
Fees (€)			
Fees abroad (€)			
TOTAL (€)			

V. PREVIOUS INSURANCE – CLAIMS

a) Have you previously been insured? (If “YES”, specify below) YES NO

Insurance Company	Policy period	Indemnity Limit

b) Have any claims been made during the past 3 years? (If "YES" provide details below) YES NO

Description of incident – claim	Amount

c) Is your company aware of any circumstances or incidents that may result in a claim against your company? YES NO

If "YES" give details:.....

d) Has any partner or member of staff been the subject of any judicial investigation or disciplinary action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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VI. INDEMNITY REQUIRED

Any one Claim & Annual Aggregate 1,000,000€ 2,000,000€ Other:

Deductible 5,000€ 10,000€ Other:

I declare on behalf of the Firm that the statements in this Proposal are true and that I have not misstated any material facts. I agree that this proposal, together with any other information supplied by me, shall form the basis of the contract of insurance effected thereon.

Date: ____/____/____

Signature / Full Name