



## Quality and Risk Management Questionnaire

Good risk management can help minimise the incidence of claims for professional negligence and make it easier to defend any claims that do arise. Completion of this questionnaire will enable the Insurer to reflect good risk management features when calculating your premium.

In this questionnaire we use the term 'Principal' to mean any sole principal, partner, director or member of a Limited Liability Partnership (LLP).

### Additional Information or insufficient space

If there is insufficient space to provide your answer or should you wish to provide any additional information, please use a separate piece of paper and attach to this Questionnaire.

### Fair Presentation and Material Facts

Before the insurance policy takes effect you have a duty to make a fair presentation of the risk to be insured under the insurance policy. A fair presentation of the risk is one:

- which:
  - discloses to the Insurer every material circumstance which you know of or ought to know of; or
  - gives the Insurer sufficient information to put the Insurer on notice that it will need to make further enquiries for the purposes of revealing those material circumstances,
- which makes that disclosure referred to above in a manner which is reasonably clear and accessible to the Insurer; and
- in which every material representation as to a matter of fact is substantially correct, and every material representation as to a matter of expectation or belief is made in good faith.

A material circumstance is one that would influence the Insurer's decision as to whether or not to agree to insure you and, if so, the terms of that insurance. If you are in any doubt as to whether a circumstance is material you should disclose it to the Insurer.

### Once complete, please return to:

Anchorman Insurance Consultants Limited  
Anchorman House  
8 Cranmere Road  
Okehampton  
EX20 1UE

T: 01837 55777

E: info@anchormaninsurance.co.uk

W: www.anchormaninsurance.co.uk

### Quality and Risk Management questions

Name under which business is conducted, that will be the Insured in the insurance policy. Also referred to as 'Proposer', 'You' or 'Your'

Policy Number:

#### 1) Can you confirm that:

- |   |  |
|---|--|
| a) You have been established for 5 or more years with the same principals?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b) You are certified (or in the process of being certified) to ISO 9001 Quality Systems or subject to a similar form of external assessment?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c) You work to a professional code of practice, such as RICS, CIOB, RIBA, CIBSE, CABE or similar?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| d) Written contract conditions are used in every case?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| e) You have written work instructions or checklists for the services provided?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| f) You have identified the risks associated with your field of work and taken action to minimise these risks?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| g) Management review working procedures at least every six months to ensure their continuing suitability?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| h) Prior to contracts being accepted you check that contract specifications and customer requirements can be met by ensuring that you have the technical ability to undertake the contract, the resources and time? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| i) Records are kept of the original contract, subsequent amendments, verbal agreements and telephone conversations?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| j) Work done by your staff is reviewed using spot checks and periodic reviews?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| k) Reviews of your staff, partners, directors or members of LLPs are completed at least once every 12 months?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

- l) Regular file reviews and audits are conducted at least once every 12 months for all fee earners, including principals?  YES  NO
- m) Your staff and principals have training and development plans in place (e.g. participation in a Continued Professional Development programme)?  YES  NO
- n) Recruitment procedures include:
- obtaining written references,
  - verifying qualifications and previous experience,
  - checking for any previous Professional Indemnity claims or circumstances
- YES  NO

If you would like to provide further information, particularly where you have answered "NO", please use the box below:

2) Please give details of any industry awards or accreditations by you:

3) What is the total fee income from your largest client in the last year? £

4) Do you use subconsultants or subcontractors?  YES  NO

If "YES", when subconsultants or subcontractors are used can you confirm that you:

- a. use well established reputable firms with their own insurances?  YES  NO
- b. use firms known to you or from a regular panel of contractors?  YES  NO
- c. check and only use firms with healthy accounts?  YES  NO
- d. check that adequate professional indemnity insurance is in place?  YES  NO

5) Have you appointed a principal to be responsible for risk management?  YES  NO

6) Have you engaged an independent supplier/company to carry out a formal Risk Assessment of business procedures?  YES  NO

If "YES":

- a. have you acted on the recommendations?  YES  NO
- b. please supply copies of any reports and follow up assessments

7) Where you are responsible for sourcing materials, do you ensure these are supplied from a trusted and reputable manufacturer?  YES  NO  
 N/A

8) Where you have undertaken architectural design, have you ever agreed to remove the term "do not scale"?  YES  NO  
 N/A

If "YES", please provide details below:

9) Have you provided certification of works in the past or intend to in the future?  YES  NO

If "YES" the individual(s) responsible for the certification:

- a. have the necessary expertise to provide certification?  YES  NO
- b. undertake the necessary levels of inspection at all appropriate stages?  YES  NO
- c. when inspections are carried out, have the necessary information to be able to make the appropriate statements in the certificate?  YES  NO
- d. The answers to 9a) to 9c) apply for the last six years  YES  NO

If you would like to provide further information, where you have answered "NO" to Question 9a-d, please use the box below:

10) Please confirm the number of Professional Consultants Certificates signed in each of the last 6 years and the total value of those buildings certified:

Year	Last year	2 <sup>nd</sup> year back	3 <sup>rd</sup> year back	4 <sup>th</sup> year back	5 <sup>th</sup> year back	6 <sup>th</sup> year back
Number						
Certified Value	£	£	£	£	£	£

## Additional Information

Please use this space to provide additional information in support of the answers given within the Questionnaire or simply to provide further details about you or your activities which you feel would be of interest to us.

Please clearly show the question number to which the information relates.

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## Important Notices

Please read the following carefully before you sign and date the Declaration and Undertaking.

### IMPORTANT NOTICE CONCERNING YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK

Before the insurance policy takes effect the Insured have a duty to make a fair presentation of the risk to be insured under the insurance policy.

A fair presentation of the risk is one:

- which:
  - discloses to the Insurer every material circumstance which the Insured know of or ought to know of; or
  - gives the Insurer sufficient information to put the Insurer on notice that it will need to make further enquiries for the purposes of revealing those material circumstances,
- which makes that disclosure referred to above in a manner which is reasonably clear and accessible to the Insurer; and
- in which every material representation as to a matter of fact is substantially correct, and every material representation as to a matter of expectation or belief is made in good faith.

A *material circumstance* is one that would influence the Insurer's decision as to whether or not to agree to insure the Insured and, if so, the terms of that insurance. If you are in any doubt as to whether a circumstance is material you should disclose it to the Insurer.

### FINANCIAL OR TRADE SANCTIONS

Insurers are unable to provide insurance in circumstances where to do so would be in breach of any financial or trade sanctions imposed by the United Nations or any government, governmental or judicial body or regulatory agency.

### FAIR PROCESSING NOTICE

We will treat your personal information fairly and lawfully in accordance with the Data Protection Act 1998.

## Declaration and Undertaking

I/We declare that every statement and particular contained within this Questionnaire:

- which is a statement of fact, is substantially correct, and
- which is matter of expectation or belief, is made in good faith.

Furthermore I/we understand that it is my/our obligation to provide a fair presentation of the risk to be insured and failure to do this or inaccuracies could lead to the policy being voided, and/or a claim being repudiated by the Insurer.

If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect or during the period of insurance, I/we undertake to provide details of all such changes to the Insurer in order to comply with my/our obligation to provide a fair presentation of the risk to be insured under the insurance policy.

*For the purposes of making this proposal for insurance, I/we agree that Anchorman Insurance (which I/we have appointed to advise in relation to this policy) is acting on my/our behalf and not as an agent of the Insurer.*

If this Questionnaire has been completed in part or whole by Anchorman Insurance, I/we can confirm that I/we have checked each and every fact, expectation and/or belief stated and declare that they are true and correct to my/our best knowledge and belief. I/we understand that it is my/our responsibility to ensure that all facts, expectations and/or beliefs given are true and correct and it is not the responsibility of Anchorman Insurance.

<b>Signature (Principal)</b>		<b>Date</b>	
<b>Print Name</b>			
<b>Position</b>			

**The Insurer reserves the right to decline any Proposal.**

*You should take and keep safe a copy of this Questionnaire once you have completed it.  
If for any reason you cannot take a copy, we will be happy to send you one upon request.*