Asbestos Questionnaire

1) Have You in the past, or will You within the next period of Insurance undertake any Asbestos Surveys or become involved in preparing or executing "The Plan of Work"? (as described in Regulation 7 CAWR)

If YES please answer the following questions. If NO please proceed to question 7

- 2) Will all of Your work undertaken in relation to Asbestos Surveys be carried out with and in accordance to Methods of Determination of Hazardous Substances 100?
- Will all Asbestos Surveys be undertaken by persons who have undertaken the British Institute of 3) Occupational Hygiene Proficiency Module P402, S301 or RICS approved training programme?

IF You have answered NO to either question 2 or 3 please provide full details:

4) Please confirm the number of each type of Asbestos Surveys undertaken in the last twelve months and the fees earned:

	Number:	Fees:
Type 1:		£
Type 2:		£
Туре 3:		£
Total:		£

Do You advise on the removal of Asbestos or appoint a contractor to undertake such work? 5)

If YES do You check that such contractor is a member of the Asbestos Removal Contractors Association?

If NO please provide full details:

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6) Please confirm the percentage of fees paid to consultants who hold Professional Indemnity Insurance which covers them for Asbestos Survey work

Is the presence of hazards, specifically the presence of Asbestos in boilers, casings or pipe work

insulation reported in writing, with attention drawn to potential health hazards (as required by RICS Guidance Note Building Surveys and Inspections of Commercial and Industrial Property 1998)?

Do You undertake inspections of commercial and industrial property?

If YES please answer the following questions. If NO please proceed to question 9



YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

If NO please provide full details:

7)

8)

- Do You have a retainer with a client to carry out property management of non-domestic premises on their 9) behalf?
- 10) Do You advise clients (other than managing agents) concerning the repair or maintenance of non-domestic Premises?

If Yes to either questions 9 or 10 please complete the table below:

Do You:	As per question 9	As per question 10
Advise Your client in writing of their responsibilities under CAWR?	Yes No	Yes No
Ensure that Your retainer/terms of engagement specify the extent of Your responsibility to procure action on behalf of your client's duties under CAWR?	Yes No	Yes No
When required to retain professional assistance in connection with CAWR on behalf of You client only appoint a person accredited to provide such services?	Yes No	Yes No
Ensure that any appointed sub-contractor enters into a direct contract solely with Your client for the provision of professional assistance?	Yes No	Yes D No D

If You have answered NO to any of the questions above please provide a full explanation below:

11)

Do You or have You undertaken valuations and appraisals on non-domestic property under the terms of the RICS Appraisal and Valuation Manual ("The Red Book")

YES/NO

If YES, please confirm that all Valuation reports undertaken since May 2003 contain appropriate assumptions about the presence or absence of deleterious or hazardous substances or about latent defects and where no detailed investigations have been provided or carried out by the Valuer, a statement which complies with YES/NO PS5.1(k) of "The Red Book", as supplemented by PS4.1 and UKGN 1 has been made with the report

If NO please provide a full explanation below:

DECLARATION

I/we declare that, after full enquiry, the contents of this questionnaire 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 which may be effected.

If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Signature of Principal:	
Date:	

A copy of this questionnaire should be retained by you for your own records.

YES/NO

YES/NO