



ACCOUNTANTS PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

IMPORTANT NOTICE TO THE PROPOSER

To apply for Professional Indemnity Insurance coverage, please fully complete the following Proposal Form. If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

If the Proposer is aware of any material facts that may affect the Insurer's decision in providing this insurance, please disclose them to your broker. If you are in any doubt as to what to tell Insurers, tell them anyway. Not doing so, may affect how they settle claims under the policy, or may render any policy issued invalid.

Upon receipt of your completed Proposal Form your broker will submit the details to the Insurer for approval. Once approved, and upon receipt of the premium, taxes and fees, a Policy will be issued to your broker. Insurance coverage will not commence until your proposal has been accepted by the Insurer.

Similar to other professional insurances the Professional Indemnity Insurance Policy, is underwritten on what is known as a 'claims made basis'. This means that the policy will only provide cover for claims or circumstances discovered and notified to the Insurer during the period of insurance.

The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer therefore, it is important to ensure that you have the cover that is right for you.

If you have any questions about this type of insurance, would like to see a specimen of the full policy terms and conditions, or would like further advice about completing the Proposal or any other related matter, please contact your broker.

ACCOUNTANTS PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM



SECTION 1 – GENERAL DETAILS

1. Name of Proposer(s) to be covered:

Date Established:

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2. Main address of the Proposer and any overseas addresses:

(specifying the name and position of the individual responsible at each location including web and email addresses)

	Email Address: _____ Web Address: _____ Telephone No: _____
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3. Individual, partner, principal, director, consultants under a contract of service details:

Name	Age	Qualifications	Date(s) Qualified

Attach CV where the Proposer has been established less than 5 years and/or where any individual has no relevant qualifications.

4. Number of Employees split between the following:

Qualified	Administrative	Other (specify)

5. Is the Proposer connected or associated (financially or otherwise) with any other entity?

Yes No

If Yes, please provide full details including nature of the work undertaken and income derived.

6. During the past 6 years has the Proposer's name been changed, has any other business been purchased and/or has any merger or consolidation taken place?

If Yes, please provide details.

SECTION 2 – THE BUSINESS: WORK UNDERTAKEN

1. Please provide the Proposer's fees/income in each of the financial periods derived from clients based in:

	Last Financial Year Ended ____/____/____	Current Financial Year Ending ____/____/____	Coming Financial Year Ending ____/____/____
UK			
Elsewhere			
Total			

If fees/income are/is declared as derived from clients based "Elsewhere" please provide details including territories involved and income derived.

Territory	Last Financial Year Ended ____/____/____	Current Financial Year Ending ____/____/____	Coming Financial Year Ending ____/____/____

2. Please allocate below, as a percentage to a total of 100%, the split in fees/income between activities for the last complete financial year:

	UK	Elsewhere	Total
Quoted Company Audit			
Unquoted Company Audit			
Other Audit			
Insolvency/Liquidation/Receivership			
Corporate Finance/Merger/Acquisition			
Investment Advice including Pensions			
Investment Advice excluding Pensions			
Company Tax			
Personal Tax			
Insurance/Building Society/Stock Exchange Commissions			
Management Consultancy			
Computer Consultancy			
Company Secretary/Share Registration			
Directorship Fees			
Executorship/Trusteeship			
Other (specify)			
			100%

If fees/income are/is declared in "Investment Advice" (including Pensions, Endowments, Mortgages, FSAVC's and or Split Capital Investment Trusts/Zero Dividend Preference Shares) please complete the **Financial Services Supplementary Questionnaire**.

3. What is the Proposer's largest fee earned from one client and the average fee per client in the last year?

Largest: _____ Average: _____

4. Please provide details of any work undertaken for any "Offshore" Company, Insurance Company/Fund, Captive Insurance Company and/or Bank or Financial Institution.

5. Does the Proposer have any clients in the Entertainment Industry?

Yes No

If Yes, please provide the client's name, the nature of the work performed and your annual fee.

6. Is the Proposer aware of any change in activity/structure that will occur in the coming financial year?

Yes No

If Yes, please provide details.

7. What percentage of fees over the last three years have been paid to outside consultants? _____ %

If fees are paid to outside consultants is cover required for the work undertaken by the outside consultants?

Yes No

If Yes, please provide full details including nature of the work, projects undertaken and names of consultants.

SECTION 3 – CLAIMS INFORMATION

- | | | |
|---|---|--|
| <p>1. After full enquiry has the Proposer sustained any loss through the fraud or dishonesty of any person?
If Yes, please provide details.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| | | |
| <p>2. After full enquiry is the Proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee?
If Yes, please provide details.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| | | |
| <p>3. After full enquiry has any claim been made against the Proposer’s business or any principal, partner, director or employee whilst in this or any other business?
If Yes, please provide details.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| | | |
| <p>4. After full enquiry is the Proposer aware of any circumstance or incident which has or could result in any claim being made against the Proposer’s business, or any principal, partner, director or employee of this or any other business?
If Yes, please provide details.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

SECTION 4 – THE BUSINESS: RISK MANAGEMENT

- | | | |
|--|---|--|
| <p>1. Is the Proposer admitted to any Association or accredited to any quality systems such as the ISO9000?
If Yes, please provide details.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| | | |
| <p>2. What are the Proposer’s procedures in operating a diary system?</p> | | |
| | | |
| <p>3. How does the Proposer ensure that taxation deadlines are not missed?</p> | | |

4. Does the Proposer have written procedures or checklists for the service performed?

Yes No

If Yes, please provide details.

5. What records are kept by the Proposer of telephone conversations and attendance at meetings?

6. Does the Proposer subscribe to any form of Continuing Professional Development?

Yes No

If Yes, please provide details.

7. What are the Proposer's procedures, such as letters of engagement, to ensure that a client's requirements are clearly identified and can be met?

8. How often does the Proposer undertake a review of working procedures?

9. What are the Proposer's procedures in reviewing the work undertaken by staff and partners?

10. Does the Proposer always obtain satisfactory written references when engaging employees?

Yes No

If No, please provide details.

11. If any partner, principal, director or employee is allowed to sign cheques without a counter signature please provide details of the individuals, the cheque limit and the circumstances.

12. Are employees who receive cash/cheques in the course of their duties required to pay in daily?

Yes No

If No, please provide details of the procedures implemented.

13. Does the Proposer ensure that sub consultants are engaged in a binding contract accepting responsibility for their own neglect, error or omission and does the Proposer ensure that all sub consultants carry Professional Indemnity Insurance?

Yes No

SECTION 5 – INSURANCE COVERAGE

1. Does the Proposer currently have Professional Indemnity Insurance in force? Yes No

If Yes, please provide the following details:

Insurer: _____

Limit: _____

Excess: _____

Renewal Date: _____

Number of years cover has been continuously in force: _____

2. Please select the Limit of Indemnity and Excess you require?

Limit of Indemnity		Excess	
£100,000	<input type="checkbox"/>	£250	<input type="checkbox"/>
£250,000	<input type="checkbox"/>	£500	<input type="checkbox"/>
£500,000	<input type="checkbox"/>	£1,000	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>	£2,500	<input type="checkbox"/>
£2,000,000	<input type="checkbox"/>	£5,000	<input type="checkbox"/>
£3,000,000	<input type="checkbox"/>	£7,500	<input type="checkbox"/>
£5,000,000	<input type="checkbox"/>	£10,000	<input type="checkbox"/>

If you require an alternative Limit or Excess please specify below:

Limit of Indemnity required: £ _____ Excess required: £ _____

3. Has any Proposal for similar insurance made on behalf of the Proposer's business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)? Yes No

If Yes, please provide details.

SECTION 6 – DECLARATION

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

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 Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal does not bind the Proposer to complete this insurance.

Signature of authorised individual/partner/principal/director Date



**FINANCIAL SERVICES
SUPPLEMENTARY QUESTIONNAIRE**

FINANCIAL SERVICES SUPPLEMENTARY QUESTIONNAIRE



1. Name of Proposer(s) to be covered:

2. Does the Proposer undertake any work as defined under the Financial Services Act 1986, the Financial Services and Markets Act 2000 and/or any supplementary amendment? Yes No

If No, please ignore the remaining questions and sign and date this Declaration.

3. Please list, on the Proposer's letter headed paper, all partners, employees and consultants (including their qualifications) entitled to undertake Financial Services work.

4. Please state the approximate total percentage of fees/income for the last financial year derived from work undertaken as defined under the Financial Services Act 1986, the Financial Services and Markets Act 2000 and/or any supplementary amendment?

_____ %

5. Does the Proposer anticipate any significant change in the answer given in (4) above during the next financial year? Yes No
If Yes, please provide details.

6. In relation to Question 4 above, please allocate below the fees/income between activities undertaken.

Pensions	%
Endowments	%
Other Life	%
Mortgages	%
Free Standing Additional Voluntary Contributions (FSAVC's)	%
Building Society Agencies	%
Pension Fund Managers/Trustees or Administrators	%
Investment in Unit Trusts/Insurance Bonds/Tangibles/Bonds/Commodities	%
Investments in Split-Capital Investment Trusts/Zero Dividend Preference Shares (including Unit Trusts holding investments of 33.33% or more in Split-Capital Trusts)	%
Other (please specify)	%

7. Has the Proposer been subject to any "Phase" of the Pension Review? Yes No
If Yes, please provide full details of the procedures adopted and of all redress payments made to the policy holders.

8. Has the Proposer previously given advice which falls within the Financial Services Act 1986, the Financial Services and Markets Act 2000 and/or any supplementary amendment but have now ceased to advise? Yes No
If Yes, please state when this practice ceased and why.

DECLARATION

I/We declare that the statements and particulars contained in the questionnaire are true and that I/we have not mis-stated or suppressed any material facts.

I/We agree that this questionnaire 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 Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the questionnaire and throughout any period of insurance (and any extension thereto), upon which this questionnaire was used as the basis of the contract of insurance.

Signing this questionnaire does not bind the Proposer to complete this insurance.

Signature of authorised individual/partner/principal/director Date