



Accountants Professional Indemnity Insurance

Proposal Form

Professional Indemnity Ltd.

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Professional Indemnity Ltd

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Professional Indemnity Ltd is an Appointed Representative of NTEGRITY Insurance Solutions Ltd.
Authorised and Regulated by the Financial Services Authority number 467019. www.ntegrity.co.uk

ACCOUNTANT'S PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

STRICTLY PRIVATE & CONFIDENTIAL

Important Notice – Please read before completing this proposal form

The proposal must be signed by a Principal, Partner, Director or LLP Member of the Practice with authority to do so, and who has made full enquiry of all Partners, Directors, Members and Staff to enable questions to be answered accurately.

Your disclosure obligations – what you should tell Insurers

It is extremely important that you understand your responsibility to disclose all material information that is known to you. Material information is that which might influence Insurers judgment in determining whether to accept the risk or not, the scope of cover, and the premium to charge. Completing a proposal form may not, in itself, satisfy full disclosure, and any additional material information will need to be disclosed to Insurers.

Any material change to the information disclosed to Insurers taking place prior to the insurance being arranged must also be advised.

A material change is any information that has not previously been disclosed to Insurers as a material fact and may alter their perception of risk and exposure.

Presentation

All questions contained within this proposal must be answered. Where a question is not applicable please state N/A.

Where there is insufficient space within the form to provide full answers please use the Additional Information section at the end of the form (unless otherwise stated).

Where available please provide brochures, standard contract conditions, conditions, agreements and letters of engagement.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

Guidance

If you are in any doubt as to the meaning of any question contained within this questionnaire, or the issues raised in above please contact Professional Indemnity Ltd for advice on 0845 251 4000.

FSA Risk Classification

As part of Professional Indemnity Ltd's FSA compliance requirements it is necessary to classify your risk as either Small Commercial or Large Commercial.

In the last financial year did the practice have at least two of the features below?

YES NO

- Turnover of €12.8m or more
- Balance sheet of €6.2m or more
- Average number of staff of 250 or more

When you have completed your proposal submission

Please return this form and attachments to:-

Professional Indemnity Ltd, 1 The Old Schoolhouse, Cheddar Road, Wedmore, Somerset, BS28 4EP.

Practice Profile

- 1) Full name/s of Practice, any subsidiaries, or any other entities for which you are seeking cover, including trustee and/or nominated companies, previous practice names

- 2) Do you require cover for all past activities of the above businesses?

YES NO

- 3) Date the Practice was established

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- 4) Contact Details

Contact Person

Address:

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Telephone Number:

Fax Number:

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E-Mail Address:

- 5) Please indicate which Professional Associations/Groups that the Practice is a member

ACCA ICAEW AAT CIMA ICAS CIPFA

Other (please provide

People Profile

- 6) Does the Practice/or any Principal, Partner, Director or Member carry out any work on behalf of any other business in which they have a controlling financial interest (other than as a shareholder in a public quoted company)?

YES NO

If YES Please provide details

- 7) Has any Partner/Director/Member or Employee, either past or present, ever been the subject of disciplinary proceedings by any professional association or authorising body?

YES NO

If YES Please provide details on supplementary sheets

- 8) Please complete the table below with details of all Principals, Partners, Directors and Members:

Name	Position	Age	Year Joined Practice	Qualification	Date Qualified

- 9) Please complete the table below with details of permanent staff currently in the Practice (excluding those listed in Question 8)

	Full Time	Part Time
Consultants		
Qualified Staff		

Others		
TOTAL		

Financial Profile

10) When is your financial year end?

11) Please complete the table below for your last 3 financial years:

Year Ending	In the UK	USA/Canada	Elsewhere	Total	Largest Fee from any one Client
Last Return / /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
Estimate for this year	£	£	£	£	£

Work Profile

12) Please complete the table below with the approximate percentage of your gross fees for your last full accounting year where the Practices' main interest is:

Audit - quoted Companies	%	Executorship and Trusteeship	%
Audit – Others	%	Insolvencies, Liquidations and Receiverships	%
General Accountancy and Compliance Taxation	%	Directorships	%
Taxation Consultancy	%	Computer Consultancy	%
Management Consultancy	%	Mergers, Acquisitions and Disposals	%
Secretarial and Share Registration	%	Corporate Finance	%
General Insurance, Building Society and Stock Exchange Commissions	%	Book-keeping / Payroll Services	%
Financial Services Commissions, including Investments, Endowments, Pensions and Life Assurance	%	Other Work – <i>Please provide details</i>	%

13) Are the percentages in answer to the question above representative of the work undertaken by the Practice in the last 6 years?

YES NO

If **NO** Please provide details particularly where you have answered 'nil' but have undertaken such work in the last 6 years

14) Are any substantial changes planned to work undertaken within the next 12 months?

YES NO

If **YES** Please provide details

15) Does the Practice or any Principal, Partner, Director or Member act for any of the following?

- a. **Quoted Companies:** YES NO
- b. Banks, Financial Institutions, Lloyds Syndicates, Insurance Companies, Underwriting Agencies or Funds (including Captive Insurance Companies): YES NO

- c. Offshore Companies/Businesses (including the Isle of Man and Channel Islands): YES NO
- d. Overseas Companies (including the Isle of Man and Channel Islands): YES NO
- e. Companies/Individuals with assets and/or billing addresses in the USA, its territories and possessions and Canada: YES NO
- f. Pension Schemes and Charitable Associations: YES NO
- g. Entertainment Clients or Sporting Professionals: YES NO
- h. Any Client generating 20% or more of the Practices' total gross income: YES NO

If you have answered **YES** to any of the questions above, please confirm in a covering letter the name and business of client, work undertaken by the Practice, the relevant fee and jurisdiction applying to the work.

16) Does any Principal, Partner, Director or Member act as a Trustee for any Trusts?

YES NO

If **YES**, Please provide details

Appointee	Trust	Nature of Trust	Trust Funds Under Management	Location Trust is administered	Fees Earned
					£

Please provide details of the services provided by the Practice together with details of any management or discretionary powers:

Is any Principal, Partner, Director or Member the sole appointee of any Trust(s)?

YES NO

17) Does the Practice conduct, or has the Practice, or its predecessors, ever conducted financial services/investment business?

YES NO

If **NO**, go to Q18

If **YES**, Please complete the Questions below

a. Is the Practice, or has the Practice been, authorised by the Association of Chartered Certified Accountants and/or the Institute of Chartered Accountants in England & Wales, Scotland as a 'designated professional body' to conduct investment business?

YES NO

Is the Practice, or has the Practice been, regulated directly by the FSA to conduct Investment business?

YES NO

Please outline below the services the Practice provides, or has provided, which fall under the provisions of the Financial Services and Markets Act 2000

b. Please state the Practice's Gross Fee income earned from the following activities: (please state if none)

Private Client Portfolio Management (discretionary)	£
Private Client Portfolio Management (non discretionary)	£
Institutional Fund Management	£
Dealing in Securities (how much is foreign?)	£
Offshore investments	£

c. Has the Practice ever given advice on, or been involved in arranging any of the following:

Pension transfers/opt-outs/non-joiners	<input type="checkbox"/> YES <input type="checkbox"/> NO
Freestanding Additional Voluntary Contributions (FSAVC's)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Endowment Mortgages	<input type="checkbox"/> YES <input type="checkbox"/> NO
Split Capital Investment Trusts or Zero Dividend Preference Shares	<input type="checkbox"/> YES <input type="checkbox"/> NO
Home Income Plans/Income draw downs	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you have answered YES to c. above please complete the Professional Indemnity Ltd Financial Services Questionnaire.

18) Does the Practice always require satisfactory written references when engaging employees? YES NO

19) Is any Principal, Partner, Director, Member or Employee allowed to sign cheques on their sole signature? YES NO

If YES please confirm the limit and advise of the procedures used

£

20) Do all cheques for more than £25,000 require two signatures? YES NO

21) Independently of employees who receive or bank monies belonging to the Practice, how often are checks carried out on all cash book entries with paying-in books, receipts, counterfoils and vouchers and reconciled with bank statements?

Weekly Monthly Quarterly Other/Irregularly

22) Are employees who receive cash and cheques in the course of their duties required to pay it in daily? YES NO

Claims Profile

23) Have any claims been made against the Practice any present or former Partner, Director, Member or Employee for breach of professional duty, whether successful or otherwise? YES NO

24) Has the Firm sustained any loss through fraud or dishonesty of any Partner/Member or Employee? YES NO

25) Does the Firm know of any fraud or dishonesty of any present or former Partner, Director, Member or Employee? YES NO

26) After full enquiry does any person know of any circumstance or unreported claims which may give rise to a claim against the Firm or which could result in an action against the Firm, any prior Firm, or any past or present Partner, Director, Member or Employee of the Firm? YES NO

If you have answered YES to any of the above questions, please provide details in the table on the following page of this form. Any additional relevant details should be provided in the Additional Details section at the end of this form.

Claims Details

Date of Incident	Policy Year	Claimant	Insurers	Type of work	Details of incident	Payments	Outcome	Remedial action taken to prevent reoccurrence

Insurance Profile

27) Has any Insurer declined to renew a policy, cancelled a policy or refused to offer terms on the grounds of claims experience to the Practice or any prior Practice, Partner, Director or Member terms for Professional Indemnity Insurance?

If YES please provide details below

YES NO

28) Has the firm ever been insured in the Assigned Risk Pool (ARP)

If YES please provide details below

YES NO

29) Does the Firm currently hold Professional Indemnity Insurance?

If YES please provide details below

YES NO

Renewal Date	
Retroactive Date (if any applies)	
Insurer	
Limit of Indemnity	£
Excess – Each Claim (the first amount of each claim that you pay)	£
Excess – Aggregate (the total amount paid for all claims in a year)	£
Premium	£
Broker Fee	£
Broker	

Insurance Needs

30) Please confirm the total limits of indemnity that you would like to receive a quote for:

£	£	£
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31) Please confirm the excesses that you would like to receive a quote for:

£	£	£
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32) Please provide details of all regulators and any professional bodies that your Professional Indemnity Insurance will need to satisfy.

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33) Please provide details of any special cover requirements that you might have (such as any that may be addressed by your current policy and any extensions in place, or any new needs that you believe need to be indemnified)

Declaration

Information supplied

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to underwriters consideration of this proposal form. I/We undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information provided will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of the policy provided.

I/We understand that if the Practice acquires, merges with or absorbs another Practice during the period of the insurance, Insurers will require similar information in relation to that Practice and may charge an additional premium.

Claims

I/We confirm that all claims made against the Practice or any Principal, Partner, Director, Consultant, Employee or LLP Member of the Practice or Prior Practice ("Members of Staff") during the last 6 years, in respect of the type of liabilities to which this proposal relates, or any claims pending or circumstances that might give rise to a claim against the Practice or any present or previous Members of Staff of which any Members of Staff are aware, have already been notified to my/our existing insurers.

Circumstances

I/We confirm that, after enquiry with all Members of Staff, I/we have no knowledge of any circumstances which would be notifiable under my/our existing insurance agreements, other than those declared within this proposal for. I/we confirm that if I/we become aware of any such circumstances up to the effective date of any contract of insurance I/we will notify them forthwith.

Data Protection Act

In signing this proposal form you consent to **Professional Indemnity Ltd** using the information we may hold about you for the purpose of providing insurance advice and where appropriate handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and Insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, Loss adjusters or agents). Where such sensitive personal; information relates to anyone other than you, you must obtain their explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The Information provided will be treated in Confidence and, where relevant, in compliance with the Data Protection Act 1998. Data subjects have to apply for a copy of their information (for which we may charge a small fee) and to have inaccuracies corrected.

Signing this form does not bind the Firm to complete the insurance.

Date		Signature	
Print Name			
On behalf of Firm			

Checklist

- Have you signed and dated the Proposal form and any supplementary Questionnaires? YES
- Have you attached a current Schedule of all claims and circumstances? YES

