



PROPOSAL FOR ACCOUNTANTS PROFESSIONAL INDEMNITY

*To use this form/complete it electronically you will require the free
Adobe Reader app - which can be [found here](#)*

1) Please provide full trading names of all **Firms** to be insured under this arrangement (**You/Your**):

Name(s)	Date Established

2) Please provide **Your** website address:

3) Please provide all addresses:

4) If cover is required for **Your** previous business (predecessor practices), please provide full details below:

Name(s)	Start Date	End Date	Reason for winding up/leaving

5) If any of the **Principals** require cover for any previous professional business activity not covered elsewhere, please provide details below:

Name of Principal to be covered						
Name of previous Firm						
Period at previous Firm	From:		From:		From:	
	To:		To:		To:	
Fees for last 3 years of trading	Year	Total	Year	Total	Year	Total
Position held at previous Firm						
Reason for leaving						

6) Do **You** have any association with or financial interest in any other **Firm**?

Yes No

If YES, please provide full details below of the nature of the association and the name and business of the third party:

--

7) Please supply details of all **Principals**:

Name	Age	Qualifications	Date Qualified	Date of Engagement

8) Please supply details of total numbers of staff:

Principals	Qualified Staff	Unqualified Staff	Others


9) Has any **Principal** ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body? If YES, please provide full details below: Yes No

--

10) Please provide full details if any **Principal** has been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily:

--

11) Please provide details of **Your** current Professional Indemnity insurance arrangements below:

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
If You currently have Professional Indemnity coverage in force, please advise the retroactive date, if any: 	
Date	

12) Please provide a breakdown of turnover/fees generated:

Year End Date (month applicable)

Year End						N/Y Estimate
Work in UK						
Work in EU						
Work in USA/Canada						
Work elsewhere						
Total						

13) Please provide details of Your 3 largest clients by annual Fees:	Largest Fee:	Second Largest Fee:	Third Largest Fee:
Last trading year:			
Current trading year:			
Name of client:			
Nature of clients business:			

14) Please provide a breakdown of activities and percentage of income generated for each discipline:	
Audit, Accountancy and Company Tax for Unquoted Companies	%
Audit, Accountancy and Company Tax for Quoted Companies	%
Personal Taxation Consultancy	%
Other Pure Taxation Consultancy	%
Management Consultancy	%
Bookkeeping/Payroll	%
Secretarial and Share Registration	%
Executorships and Trusteeships	%
Insolvencies, Liquidations and Receiverships	%
General Insurance	%
Investment Business	%
Computer Consultancy	%
Directorships	%
Mergers, Acquisitions, Disposals (including Due Diligence work)	%
Other (please provide full details below)	%
Total	%

15) Have You ever undertaken audit work for any public listed company, unquoted company or small trader? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, during the past 5 years have You ever:	
i) issued a qualified audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) restated any financial statement prepared by the Firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) been dismissed or replaced as auditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv) provided additional professional services in relation to the offering, sale or issuance of any security to any client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If You have answered YES to (i) to (iv), please give full details below:	

16) Do **You** anticipate professional activities/services provided will change over the forthcoming twelve months? Yes No

If YES, please provide full details below:

17) Has the **Firm** ever undertaken audit work for any Public Limited Company or a subsidiary of a Public Limited Company? Yes No

If **You** have answered YES, please provide full details below:

18) Have **You** ever conducted any work or given advice or services:

- | | |
|---|--|
| (i) preparing Solicitors Accounts in accordance with the SRA rules and regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (ii) providing tax efficient or tax mitigation schemes/planning? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (iii) for any off-shore company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (iv) for clients in the entertainment/sports industry? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (v) to one client that has generated more than 20% of Your total fee income in any one year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If **You** have answered YES to any of the above, please provide full details below:

19) Have **You** ever been or are **You** now authorised for investment business? If YES, please complete the Financial Services Questionnaire. Yes No

20) Can You confirm that You are not aware of any claims or losses, whether paid, made or pending, relating to fraud or dishonesty?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Do all cheques drawn for over £5,000 require at least two signatures?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) Is cash in hand and petty cash checked independently of the person responsible at least monthly and additionally without warning at least every six months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) Are persons responsible for cash and cheques required to pay these daily?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iv) Are bank statements, receipts, counterfoils and other supporting documents checked at a minimum monthly against cash book entries, and by others not responsible daily for looking after the same?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(v) Are references obtained from former employers for at least the three years prior to the engagement of any person responsible for money, goods or accounting procedures?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If You have answered NO to any of the above, please give full details below:			

21) Do You engage the services of sub-contractors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide answers to the following, otherwise skip to the next question.			
What percentage of fees/turnover was paid to sub-contractors during the last financial year?			%
Do You always require Your sub-contractors to hold their own Professional Indemnity coverage and verify that it is in force?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES please confirm the minimum Limit You require them to maintain:			

22) Please select the Limit of Liability You require quotations for.			
	<input type="checkbox"/>		<input type="checkbox"/>
£500,000	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
Other Limit of Liability			

23) What Level of Excess do You require?	
---	--

24) Has any claim been made or loss suffered by You , whether insured or not, in respect of any of the risks to which this proposal for insurance relates? If YES, please provide details below: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Claim/ Loss	Details of Claim/Loss	Amount Paid	Date Settled	Outstanding Reserve

25) Are You aware of any of the following?	
Any circumstances which might lead to a claim against You , whether insured or not, in respect of any of the risks to which this proposal for insurance relates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any matter which might otherwise affect the consideration of this proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any application for similar insurance made on Your behalf or on behalf of any past or present Principal ever been declined, refused renewal, cancelled or accepted only on special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the above, please provide full details here:	

Fair Presentation of Risk in Accordance with the Insurance Act 2015

The Partner, Principal or Director of the Firm/Company, must make a fair presentation of the risk to us - in accordance with Section 3 of the Insurance Act 2015. Such fair representation must be reasonably clear and accessible, each representation of fact substantially correct, and every material representation of expectation or belief, made in good faith. In this regard, fair presentation covers every material circumstance which the Partner, Principal or Director of the Firm/Company knows (or ought to know) generally, including any of the Senior Management. For the sake of completeness, this also includes any information held within the Firm / Company's organisation. If any subsidiaries, affiliates or other parties are to be insured under this application, we expect that the relevant information has been sourced and provided herein.

For the purposes of this Fair Presentation the Senior Management means, in accordance with the Insurance Act 2015: those individuals that play significant roles in the making of decisions about how the Insured's activities / services / clients are to be managed. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its 'Senior Management' and those persons responsible for the Insured's insurances. I / we the undersigned, agree that this submission together with any additional detail supplied, represents a fair presentation of the risk known to the Senior Management of the Firm/Company noted below.

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

Short Form Privacy Notice

In order for us and the insurers to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have. In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim. The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors. More information about our use of personal data is set out in our Privacy Notice on our website, www.privacy-notice.co.uk We recommend that you review this notice

Name of Principal Signing this form:

Signature of Principal:

Date*:

** If electronically signing this form a date need not be entered - this is only if the form is being completed by hand - (a digital signature automatically includes a time and date stamp and secures the application)*