

**PROPOSAL FORM**  
**PROFESSIONAL INDEMNITY INSURANCE**  
**ACCOUNTANTS**



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**PROFESSIONAL INDEMNITY INSURANCE**

This proposal form must be completed in ink by a Partner, Principal or Director of the Firm or Company.

All questions must be answered to enable a quotation to be given. The completion and signature of this proposal does not bind the Proposer or Underwriters to complete a Contract of Insurance.

If there is insufficient space to answer questions, please continue on your headed notepaper and attach it to this form.

**PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS TO ASSIST THE UNDERWRITERS' CONSIDERATION OF THE PROPOSAL**

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1. (a) Name of Individual or Firm(s) **and** date established (including Subsidiary Firms requiring cover):

(b) Address(es) of the Proposer (specifying which Partner/Principal/Director is responsible at each location):

(c) Name(s) of any Previous Firm(s) requiring cover and the date(s) on which trading ceased:

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2 Please advise the following (including when a sole Practitioner):

(a)	<b>Name of all Partners, Principals, Directors</b>	<b>Age and Qualifications</b>	<b>Date Qualified</b>	<b>No. of Years in this capacity (at this Firm)</b>
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If less than 5 years experience in this occupation, give details of previous occupations.

(b)	<b>Name of all Consultants</b>	<b>Age and Qualifications</b>	<b>Date Qualified</b>	<b>No. of Years in this capacity (at</b>
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**this Firm)**

If less than 5 years experience in this occupation, give details of previous occupations

- (c) Please list those past Partners, Principals, Directors of the Firm for whom cover is required.

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3. (a) Is the Firm admitted to membership of any Association? If **YES**, please give details.

- (b) Has any person in the Firm been subject to disciplinary proceedings by the Institute or any relevant body? If **YES**, please give details.

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4. Please state the total number of:-

- (a) Partners, Principals or Directors  
(b) Qualified staff  
(c) Other Technical staff (excluding Administrative staff)  
(d) Administrative and all other staff

**TOTAL**

\_\_\_\_\_

\_\_\_\_\_

5. Are you a Sole Practitioner? If so,

- (a) Is this a part-time occupation? If **YES**, give brief details of your present full time occupation.

- (b) What arrangements have you made for the running of the Firm in the event of sickness or holidays?

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6. (a) Have any major changes in the Proposer's activities/structure taken place in the past twelve months? If **YES**, please give full details.

(b) Are any major changes in the Proposer's activities/structure/fee growth expected in the next twelve months? If **YES**, please give details.

(c) Is cover required for any previous activity, now ceased, which is different from that declared within this Proposal form? If **YES**, please give details.

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7 Please advise for each of the last four Financial years (and an estimate for the forthcoming year):

	<b>19</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>EST</b>
(a) Total Gross Fees	€	€	€	€	€
(b) Largest Total Fee from any one Client or Group	€	€	€	€	€
(c) Average Fee per Client or Group	€	€	€	€	€

PLEASE STATE FINANCIAL YEAR END (MONTH/DAY):

(d) Split your Fees for the last completed Financial Year:

	<b>No. Of Clients</b>	<b>Total Fees</b>
Less than €15,000		
€15,000 - €40,000		
Over €40,000		

- (e) If more than 15% of your Gross Fees is received from any one Client or Group please specify the name, its activities, location, amount of Fees/Commission and type of work you undertake:

8. Please indicate the approximate percentage for each of the following categories in the last two years:

(a)	Audit, Accountancy, & Company Tax	.....%	.....%
	Split as:		
(i)	Quoted Companies	.....%	.....%
(ii)	Unquoted Companies	.....%	.....%
(iii)	Other, including Farmers, Small Traders, etc.	.....%	.....%
(b)	Taxation only	.....%	.....%
(c)	Management Consultancy	.....%	.....%
(d)	Consultancy only	.....%	.....%
(e)	Secretarial & Share Registration	.....%	.....%
(f)	Executorship & Trusteeship	.....%	.....%
(g)	Insolvencies, Liquidations and Receiverships	.....%	.....%
(h)	Insurance, Building Society, Stock Exchange or Investment Commissions	.....%	.....%
(i)	Directorships	.....%	.....%
(j)	Computer Consultancy - give full details	.....%	.....%
(k)	Mergers, Acquisitions, Disposals	.....%	.....%
(l)	Any Others - give full details	.....%	.....%
		100%	100%
(m)	Are any substantial changes in the above percentages envisaged during the forthcoming year? If YES, please give full details		

9. Please state the Gross Fees received for each of the last three financial years and an estimate for the next financial year in respect of Fees billed to clients based in the following territories:-

Year	UK	Overseas excluding USA/Canada but include Channel Islands and Isle of Man	USA/Canada
19			
19			
19			
Next			

10. (a) Please advise details of any services provided under the Provision of the Financial Services Act 1986:

(b) Please advise details of income received (if any) from the following:

- |       |   |   |
|-------|---|---|
| (i)   | Private Client Portfolio Management (state whether discretionary) | € |
| (ii)  | Institutional Fund Management                                     | € |
| (iii) | Dealing in Securities (state percentage of foreign securities)    | € |
| (iv)  | Off-shore investments (please give details)                       | € |

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11. Do you act as Auditors to any of the undermentioned? If so, please provide Client Name(s), Fee(s) and details of any other services provided:

(a) Banks or other Financial Institutions

(b) Insurance Companies, Lloyd's Syndicates or Funds (including Captive Insurance Companies)

(c) Any "Off-shore" Companies

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12. Does any Partner, Principal, Director or Employee of the Firm(s) hold appointments as Director or Company Secretary of any Company? If **YES**, please provide the following:

<u>Appointee</u>	<u>Company</u>	<u>Position Held</u>	<u>Fees received during last Financial Year</u>
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13. Does any Partner, Principal, Director or Employee of the Firm(s) act as Trustee of any Trust? If **YES**, please give details:

Appointee

Company

Trust Funds Under Fees earned last  
Management Financial Year

**ASSOCIATED COMPANIES QUESTIONNAIRE SECTION**

1. Does the Proposer undertake work for any Partnership, Company or Organisation in which he/she or any Partner, Principal, Director or Employee holds a position whereby he/she is able to make major decisions on behalf of such Partnership, Company or Organisation? **YES/NO**

If **YES** please give details:-

2. Is the individual Firm or any Partner, Principal or Director connected or associated (financially or otherwise) with any other Practice, Company or Organisation? **YES/NO**

If **YES** please give details:-

3. Has the Proposer or any Partner, Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsorily? **YES/NO**

If **YES** please give details:-

4. Has any Partner, Principal or Director been made personally bankrupt? **YES/NO**

If **YES** please give details:-

5. What percentage of income is derived from Associated Companies as detailed above?

6. Is cover required for the work for Associated Companies? (Cover is restricted to claims made by independent Third Parties) **YES/NO**

7. What percentage of the Proposer's income is paid to sub contractors?

8. Please give details of the work undertaken by sub-contractors

## PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS

1. Is the Proposer currently insured or been insured previously for Professional Indemnity? If **YES** please give the following details:-

- (a) Name of Insurers
  - (b) Indemnity Limit (State whether Aggregate or Any One Claim)
  - (c) Excess
  - (d) Date of expiry of coverage
  - (e) Number of consecutive years that the Proposer has been insured
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2. Has any Insurer ever:-

- (a) Declined to offer Insurance for the Proposer or any Partner, Principal or Director?
- (b) Imposed any special terms for the Proposer or any Partner, Principal or Director?
- (c) Cancelled or voided an Insurance for the Proposer or any Partner, Principal or Director?

If **YES** to any of the above please give details.

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3. (a) What Limit of Indemnity is now required?

€100,000 / €250,000 / €500,000 / €1,000,000 / OTHER - PLEASE STATE

(b) What self insured excess (each and every claim) is the Proposer prepared to carry?

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4. (a) Does the Proposer always obtain satisfactory written references when engaging senior employees? **YES/NO**

- (b) Is any Partner, Principal, Director or Employee allowed to sign cheques on his/her signature alone? **YES/NO**

If **YES** please describe circumstances and cheque limit.

- (c) Are Employees who receive cash/cheques in the course of their duties required to pay in daily? **YES/NO**

If **NO** please give details

- (d) How often are checks carried out on all entries in the Cash Book with all paying in books, receipts, counterfoils and vouchers being reconciled with Bank Statements, including the balance of cash and unpresented cheques, independently of Employees receiving or banking monies belonging to the Proposer as well as in trust on behalf of others?

WEEKLY/MONTHLY/QUARTERLY/OTHER

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**CLAIMS - PLEASE NOTE IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY - FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS - IF SPACE IS INSUFFICIENT PLEASE CONTINUE ON YOUR OWN HEADED PAPER TO GIVE FULL DETAILS**

1. **FIDELITY:-**

- (a) Has the Proposer sustained any loss through the fraud or dishonesty of any person? **YES/NO**
- (b) Does the Proposer know of any fraud or dishonesty at any time of any past or present Partner, Principal, Director or Employee? **YES/NO**

If **YES** to either of the above, please give full details and state the steps taken to prevent recurrence.

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2. **PROFESSIONAL INDEMNITY:-**

- (a) Has any claim, whether successful or not, ever been made against the Proposer or its predecessors in business or any past or present Partner, Principal, Director or Employee? **YES/NO**

If **YES** a full answer should be given including dates, amounts involved, brief details of the nature of the claim and whether the claim is paid or still outstanding.

- (b) Are you or any of the Partners, Principals, Directors or Employees **AFTER FULL ENQUIRY**, aware of any circumstances which may give rise to a claim against the Proposer, its predecessors in business or any past or present Partner, Principal, Director or Employee? **YES/NO**

If **YES** a full answer as in (a) above should be given.

