

## Accountants Proposal Form

### Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

### General information

**1. Please provide the following details (including all trading names and subsidiaries):**

Name	Date of establishment

Website address \_\_\_\_\_

**2. Address/es, including postcode/s, for all subsidiaries:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Please supply details of all principals, directors, partners:**

Name	Qualifications	How long with the company

**4. Please state total numbers of:**

Principals, directors, partners	Qualified staff	Administration	Others

**5. Please state the name of any professional body or trade association of which you are a member:**

Professional body \_\_\_\_\_

Trade association \_\_\_\_\_

**6. Is cover required for the previous business activities of any principals, directors, partners?**  Yes  No

If **YES**, please provide:

Name:	
Name of previous firm:	
Last year's fees:	
Reason for leaving:	
Position in firm:	

Is there separate insurance covering the activities of this firm for the period stated above?  Yes  No

**7. Do you currently have a professional indemnity policy in place?**  Yes  No

If **YES**, please provide:

Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	
Retroactive date	

**8. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation?**  Yes  No

If **YES**, please provide details of the nature of the association, together with the name of the business and activities undertaken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Do you use consultants / sub-contractors?

Yes

No

If YES:

a. What percentage of your fee income was paid to them in the last financial year?

%

b. What was the nature of the work undertaken?

c. Do you require cover for them under this policy?

Yes

No

d. Do you require them to carry professional indemnity insurance to a similar limit?

Yes

No

If NO to 9d, please provide details as to why not:

10. Please complete the following:

a. Financial year end date

/ / 20

	Previous	Last complete	Current	Estimate
b. Total fee income	£	£	£	£

c. Estimated percentage split of your fee income for:

	Previous	Last complete	Current	Estimate
Work carried out for UK clients	%	%	%	%
Work carried out for US / Canadian clients not subject to US / Canadian law	%	%	%	%
Work carried out for US / Canadian clients subject to US / Canadian law	%	%	%	%
Work carried out for clients anywhere else in the world – please give details of where	%	%	%	%

d. Do you enter into contracts that are not subject to UK law?

Yes

No

If YES, please provide details of which countries and jurisdiction:

# Business activities

## 11. Please state for the whole proposer/s:

a. Split of gross fees in the last complete financial year:

Audit, accountancy and company tax for:

i. Quoted companies	%
ii. SME (including sole traders)	%
iii. Other clients	%
Bookkeeping / payroll	%
Personal taxation only	%
Other pure tax work	%
Fees, introductory or otherwise, from tax planning / mitigation schemes	%
Management consultancy	%
Computer consultancy	%
Secretarial and share registration	%
Executorships and trusteeships	%
Insolvencies, liquidations and receiverships	%
Mergers, acquisitions, disposals	%
Commissions from general insurance, stock exchange and investment business regulated under the FCA	%
Directorships	%
Probate / estate administration	%
Other work - please give details	
	%
	%
	%
<b>TOTAL 100%</b>	

b. Please advise on the following:

Size of fee	<£10,000	£10,001 - £25,000	£25,001+
Number of clients			

c. Please give details of your three largest clients in the last three years:

Name and business of client	Services provided	Fee income

**12. If there are activities in question 10a where you have declared no income for the last financial year:**

- a. Have you undertaken any of these activities in the past?  Yes  No
- b. Do you intend to undertake any of these activities in the future?  Yes  No

If **YES** to any of the above, please provide details, including nature of activities and income:

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**13. Have you at any time undertaken work of any description:**

- a. For Lloyd's of London or any Lloyd's managing or members' agents?  Yes  No
- b. For insurance companies, banks or other financial institutions?  Yes  No
- c. For solicitors?  Yes  No
- d. For clients in the entertainment / sports industry?  Yes  No
- e. For offshore companies, onshore funds or investments?  Yes  No

If **YES** to any of the above, please provide details:

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**14. Probate and estate administration work:**

- a. Has any person for whom insurance is now sought become an authorised individual, or intend to become an authorised individual, for the purposes of carrying out probate and estate administration work?  Yes  No

- b. Are you becoming or intending to become an authorised or licensed firm for the purposes of carrying out such work?  Yes  No

If **YES**, which?  Authorised  Licensed

- c. Do you intend to offer associated services such as will writing?  Yes  No

If **YES** to any of the above, please provide details of the authorised individuals, the training undertaken, any additional planned recruitment and the estimated fee income to be earned from all such work:

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- 15. Are you authorised for investment business under the Financial Services Act?**  Yes  No

If **YES**, please identify regulator and type(s) of business for which authorised:

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**16. Virus protection:**

- a. Do you have virus protection software operating in place which is running, correctly configured and regularly or automatically updated?  Yes  No
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- b. Do you have a firewall, or similar, configured device to control access to your computer system?  Yes  No

If **NO**, please give details:

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## Risk Management

17. Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods?  Yes  No

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18. Above what amount do payments require at least a two-stage sign-off? £

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19. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts?  Yes  No

If YES:

a. Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution?  Yes  No

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b. Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions?  Yes  No

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c. What steps have you taken to ensure that the transaction has been completed successfully?

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20. Do you always use a letter of engagement?  Yes  No

If NO, please provide details as to why not:

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21. Please confirm the letter of engagement outlines:

a. The scope of services to be performed?  Yes  No

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b. Any statement / assumptions upon which the letter of engagement is based?  Yes  No

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c. The responsibilities of the client?  Yes  No

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d. Any limitations / restrictions in respect of any services performed?  Yes  No

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e. The client signs the letter of engagement?  Yes  No

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f. You do not provide advice or services which fall outside the scope of the letter of engagement?  Yes  No

If NO to any of the above, please provide details:

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**22. Do you commit clients to contracts with third parties?**  Yes  No

If **YES**, do you always obtain clients written acceptance of the terms of contracts before committing them?  Yes  No

If **NO**, please explain why not:  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**23. Has any person for whom insurance is now sought ever been the subject of a disciplinary proceeding taken by any regulatory body, professional organisation or trade association?**  Yes  No

If **YES**, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**24. Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied?**  Yes  No

If **YES**, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**25. Is there any other information that you consider material to the insurance required?**  Yes  No

If **YES**, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**26. For what limits of indemnity are quotations required?**

- £250,000
- £500,000
- £1,000,000
- £2,000,000
- £5,000,000
- £10,000,000
- Other £ \_\_\_\_\_



# Claims

**27. In respect of any of the risks to which this proposal relates:**

- a. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners?  Yes  No

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- b. Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?  Yes  No

If **YES** to any of the above, please provide details:

Date of claim / loss	Brief details of each claim / loss	Cost of claim / loss	Estimated cost of claim / loss outstanding

- c. What steps have been taken to prevent a recurrence?

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**28. Are you, after full enquiry:**

- a. Aware of any circumstance which is likely to give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners?  Yes  No

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- b. Aware of any shortcoming in your work for a client who is likely to give rise to a claim against you? This includes:  Yes  No
  - i. A shortcoming known to you, but not your client, which you cannot reasonably put right?
  - ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?
  - iii. An escalating level of complaint from your client on a particular project?
  - iv. A client withholding payment due to you after any complaint?

If **YES** to any of the above, please provide details:

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**29. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?**

Yes

No

If **YES**, please provide details:

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## Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

## Declaration

On behalf of the Proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. 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 the Insurer.

Signature of principal / director / partner:

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Date:

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Please use this page for additional information