

Professional Risks

Accountants Proposal Form



DOA takes your privacy very seriously. We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and financial management. This may involve sharing or obtaining information about you within our group of companies and other third parties such as insurers, sub brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators and fraud prevention agencies. We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our [Privacy Policy](https://www.doainsurance.co.uk/privacy-policy/). If you do not have access to the internet please contact us and we will send you a printed copy.

DOA Underwriting Ltd is an independent underwriting agency, wholesale broker and principal company for David Oliver T/as David Oliver Associates and DOA Special Facilities Ltd (DOA) and is Authorised and Regulated by the Financial Conduct Authority, FRN 772309.

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

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| 1. Please provide the following details (including all trading names and subsidiaries): |  |
| Name | Date of establishment |
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| Website address | |

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

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1. Please supply details of all principals, directors, partners:

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| Name | Qualifications | How long with the company |
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1. Please state total numbers of:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principals, directors, partners | | | Qualified staff | | Administration | Others | | | |
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| 1. Please state the name of any professional body or trade association of which you are a member: | | | | | | | | | |
| Professional body | | | | | | | | | |
| Trade association | | | | | | | | | |
| 1. 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 | |
| 1. 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 | |  | | | | | | |
| 1. 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: | | | | | | |  | |
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| 1. Do you use consultants / sub-contractors? | | | | | | | 🞏 Yes 🞏 No | |
| If **YES**: | | | | | | |  | |
| 1. What percentage of your fee income was paid to them in the last financial year? | | | | | | | % | |
| 1. What was the nature of the work undertaken? | | | | | |  | | |
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| 1. Do you require cover for them under this policy? | | | | | | 🞏 Yes 🞏 No | | |
| 1. 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: | | | | | |  | | |
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1. Please complete the following:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Financial year end date / / 20 | | | |  | | |  |  |
| 1. Total fee income | **Previous** | **Last complete** | **Current** | | | **Estimate** | |  |
| £ | £ | £ | | | £ | |
| 1. Estimated percentage split of your fee income for: | | | |  | | | |
| 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 | % | % | % | | | % | |
| 1. Do you enter into contracts that are not subject to UK law? | | | | | 🞏 Yes 🞏 No | | |
| If **YES**, please provide details of which countries and jurisdiction: | | | | |  | | |
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# Business activities

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| 1. Please state for the whole proposer/s: 2. Split of gross fees in the last complete financial year: | | | |  | | | | |
| Audit, accountancy and company tax for: | | | | | | |  | |
| 1. Quoted companies | | | | | | | % | |
| 1. SME (including sole traders) | | | | | | | % | |
| 1. 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 | | | | | | | |  |
|  | | | | | % | | | |
|  | | | | | % | | | |
|  | | | | | % | | | |
|  | | | | | **TOTAL 100%** | | | |
| 1. Please advise on the following: | | | | | | | | |
| Size of fee | <£10,000 | | £10,001 - £25,000 | | | £25,001+ | | |
| Number of clients |  | |  | | |  | | |
| 1. Please give details of your three largest clients in the last three years: | | | | | |  | | |
| Name and business of client | | Services provided | | | | Fee income | | |
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| 1. If there are activities in question 10a where you have declared no income for the last financial year: |  |
| 1. Have you undertaken any of these activities in the past? | 🞏 Yes 🞏 No |
| 1. 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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| 1. Have you at any time undertaken work of any description: |  |
| 1. For Lloyd’s of London or any Lloyd’s managing or members’ agents? | 🞏 Yes 🞏 No |
| 1. For insurance companies, banks or other financial institutions? | 🞏 Yes 🞏 No |
| 1. For solicitors? | 🞏 Yes 🞏 No |
| 1. For clients in the entertainment / sports industry? | 🞏 Yes 🞏 No |
| 1. For offshore companies, onshore funds or investments? | 🞏 Yes 🞏 No |
| If **YES** to any of the above, please provide details: |  |
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| 1. Probate and estate administration work: |  |
| 1. 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 |

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| 1. 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 | | | | |
| 1. 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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| 1. 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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| 1. Virus protection: | |  |  | | | |
| 1. Do you have virus protection software operating in place which is running, correctly configured and regularly or automatically updated? | |  | 🞏 Yes 🞏 No | | | |
| 1. 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

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| 1. 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 | | |
| 1. Above what amount do payments require at least a two-stage sign-off? | | | £ | | |
| 1. 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**:   1. 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 | | |
| 1. 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 | | |
| 1. What steps have you taken to ensure that the transaction has been completed successfully? | | |  | | |
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| 1. Do you always use a letter of engagement? | | | 🞏 Yes 🞏 No | | |
| If **NO**, please provide details as to why not: | | |  | | |
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| 1. Please confirm the letter of engagement outlines: | | |  | | |
| 1. The scope of services to be performed? | | | 🞏 Yes 🞏 No | | |
| 1. Any statement / assumptions upon which the letter of engagement is based? | | | 🞏 Yes 🞏 No | | |
| 1. The responsibilities of the client? | | | 🞏 Yes 🞏 No | | |
| 1. Any limitations / restrictions in respect of any services performed? | | | 🞏 Yes 🞏 No | | |
| 1. The client signs the letter of engagement? | | | 🞏 Yes 🞏 No | | |
| 1. 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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| 1. 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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| 1. 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: | | |  | | |
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| 1. 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: | | |  | | |
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| 1. Is there any other information that you consider material to the insurance required? | | | | 🞏 Yes 🞏 No | |
| If **YES**, please provide details: | | | |  | |
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| 1. 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

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| 1. In respect of any of the risks to which this proposal relates: | | | |  | | | | |
| 1. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners? | | | | 🞏 Yes 🞏 No | | | | |
| 1. 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 | | |
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| 1. What steps have been taken to prevent a recurrence? | | | |  | | | | |
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| 1. Are you, after full enquiry: | | | |  | | | | |
| 1. 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 | | | |
| 1. 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 | | | |
| 1. A shortcoming known to you, but not your client, which you cannot reasonably put right? | | | | |  | | | |
| 1. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved? | | | | |  | | | |
| 1. An escalating level of complaint from your client on a particular project? | | | | |  | | | |
| 1. A client withholding payment due to you after any complaint? | | | | |  | | | |
| If **YES** to any of the above, please provide details: | | | | |  | | | |
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| 1. 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: ­­­­­­­

Date:

Please use this page for additional information