

**Accountants  
Professional Indemnity Insurance  
Proposal Form**

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1. a) Name(s) of the Firm(s) and Former Firm(s) requiring coverage:-

.....  
 .....  
 .....

b) Date(s) of commencement and cessation of the above Firm(s):-

.....  
 .....  
 .....

2. a) Principal Address:-

.....  
 .....  
 .....

b) All other locations by Town only (or country if overseas):-

.....  
 .....  
 .....

3. a)

Names of all Partners/Directors	Qualifications	Date Qualified	How long as Partner/Director of the Firm(s)

3. b) Is cover required for any Partner/Director for his liability prior to joining the Firm(s)?

**Yes**

**No**

If 'Yes' please give details:-

Name of Partner(s) or Director(s)	Name of Previous Firm(s)	Date of leaving previous Firm(s)

c) Please state total number of staff:-

Qualified	Other (ex Administrative)	Administrative	Contract Hire/Self Employed
.....	.....	.....	.....

d) Is cover required for any Consultant to whom work is sub-contracted?

**YES/NO**

If 'Yes' please provide such Consultant's name and qualifications

4. a) Financial Year End Date .... / .... / .....

b) i) Please state Gross Fee Income received for each of the last five completed Financial Years

Year	Business	Overseas Business

ii) Estimated Gross Fee Income for the Current Financial Year.

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c) Please state for the last completed completed Financial Year the Gross Fees paid to Consultants and/or sub-contractors .....

5. a) Please indicate as an approximate percentage of Gross Fee Income for the last completed Financial Year:-

(It is appreciated that there may be a considerably over-lap between the types of work)

Approximate Percentage of Gross Fee Income (if None, state 'None').
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- i) Audit, accountancy and Company Tax divided between:-

a) Quoted Companies	i) a)	<input type="text"/>
b) Unquoted companies	i) b)	<input type="text"/>
c) Others (inc, Farmers, Small Traders, etc)	i) c)	<input type="text"/>
ii) Personal Taxation	ii)	<input type="text"/>
iii) Management Consultancy	iii)	<input type="text"/>
iv) Secretarial & Share registration	iv)	<input type="text"/>
v) Executorship & Trusteeship	v)	<input type="text"/>
vi) Insolvencies, Liquidations, Receiverships	vi)	<input type="text"/>
vii) Insurance, Building Society & Stock Exchange commissions	vii)	<input type="text"/>
viii) Directorships	viii)	<input type="text"/>
ix) Computer Consultancy (Please note Computer Bureau Services Income should be shown separately as should Turnover received from the sale and/or supply of Hardware).	ix)	<input type="text"/>

x) Any Others (Please give details).

100%

5. b) Please give the following details for the last completed Financial Year:-

i) The Division of Gross Fee Income as follows:-

	<b>Number of Clients</b>	<b>Total Fees</b>
Less than € 20,000	_____	_____
€ 20,000 - € 50,000	_____	_____
Over € 50,000	_____	_____

ii) The average fee per client or group.

iii) The Division of Gross Fee Income between clients:-

a) Domestic

b) Other

iv) The largest total fee from any one client or group.

a) Name of client or group

b) Type of work it undertakes

c) Geographical Location

d) Services you undertake on its behalf

c) Does/do the Firm(s) or any Partner(s) /Director(s) undertake any services for the following:-

- |   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| i) Banks or other financial Institutions  | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| ii) Insurance Companies (including Captive Insurance Companies),<br>Lloyd's Syndicates or Funds | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| iii) Any "Offshore" Companies   | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |

If 'Yes' to any of the above please give client name(s), fee(s), location(s) and details of services provided.

- |  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| 6. a) Does any Partner, Director or Employee of the Firm(s) hold appointments as Director or Company Secretary of any other Company? | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
|--|-------------------------------------|------------------------------------|

			Fees received during last completed <u>Financial</u> <u>Year</u>
<u>Appointee</u>	<u>Company</u>	<u>Position Held</u>	

- |  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| b) Does/do the Firms(s) or any Partner(s) Director(s) undertake any work for any other Partnership, Company or Organisation in which the Firm(s) or such Partner(s) Director(s) has/have a financial association or interest? (Apart from shares held in Public Companies) | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
|--|-------------------------------------|------------------------------------|

If 'Yes' please give details.

c) Does/do the firm(s) or any Partner(s)/Director(s) exercise a controlling interest in any of the above Partnerships Companies or Organisations?

**Yes**

**No**

If 'Yes' please give details.

7. a) Is/are the Firm(s) or any Partner(s)/Directors(s) a member of a Joint Venture or Consortium or working in association with any other Partnership/ company or Organisation?

**Yes**

**No**

If 'Yes' please give details.

b) Has/have the Firm(s) or any Partner(s)/Director(s) previously been a member of a Joint Venture or Consortium or worked in association with any other Partnership company or Organisation,

**Yes**

**No**

If 'Yes' please give details.

8. In connection with overseas business please identify the Countries involved and whether English or overseas jurisdiction applies. Please advise the nature and the method of handling such business.

9. Does/do the Firm(s) provide services.

a) To any Companies with assets in USA or Canada?

**Yes**

**No**

b) To any subsidiaries of USA or Canadian based Companies located anywhere in the World.

**Yes**

**No**

If 'Yes' to either of these questions please give details.

10. Does/do the Firm(s) undertake any investment business:  **Yes**  **No**

If 'Yes' please give details and category of registration.

11. Please answer the following as applicable:-

a) Has/have the Firm(s) sustained any loss through the Fraud or Dishonest of any person? Does/do the Firm(s) know of any Fraud or Dishonesty at any time committed by any past or present Partner, Director or Employee.  **Yes**  **No**

If 'Yes' please give details and state the precautions taken to prevent a recurrence.

b) Does/do the Firm(s) always require satisfactory references when engaging Employees?  **Yes**  **No**

c) Is a Partner, Director or Employee of the Firm(s) allowed to sign cheques on his/her signature alone?  **Yes**  **No**

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

12. a) Please give details of existing Professional Indemnity Insurance:-

Expiry Date	Insurer	Limit	Excess
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- b) Has any Proposal for similar insurance made on behalf of the Firm(s) , any former Firm(s) or any Partner(s)/Director(s) ever been declined or has any such insurance ever been cancelled or renewal refused.

 **Yes** **No**

If 'Yes' please give details:-

- c) What is the amount of indemnity required?

- d) What is the amount of excess the Firm(s) would be prepared to bear in respect of each claim.

13. Is the Proposer aware AFTER FULL ENQUIRY

- a) Of any claim having been made against the Firm(s) or former Firm(s) or its/heir present and/or past Partners or Directors whilst in his/these Firm(s) or any former Firm(s).

 **Yes** **No**

- b) Of any circumstances which are likely to give rise to a claim against the Firm(s) or former Firm(s) or its/heir present and/or past partners or



Directors>

Yes

No

If 'Yes' to either of these questions please give full details including dates and amounts or potential amounts involved.

**PLEASE NOTE IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY. FAILURE TO DO SO  
COULD PREJUDICE YOUR RIGHTS.**

i/we declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this Proposal, together with any other information supplied by me/us, shall form the basis of any Contract of Insurance effected. I/We undertake to inform Underwriters of any material alteration to these facts occurring before or after Inception of the Contract of Insurance. Signing this proposal does not bind the Proposer or Underwriters to complete this insurance.

**Date:** .....

**FOR AND ON BEHALF OF:** .....

**(insert name of Firm(s))**

**Signature of Partner or Director:** .....

**A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR RECORDS**

**IMPORTANT**

**Disclosure of material facts or information.**

**It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Underwriters any material facts or information (including any material circumstances or change in circumstances) which might influence the judgement of Underwriters in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the Contract of Insurance voidable from inception at the option of Underwriters and enable them to repudiate liability thereunder. If you have any doubts as to what constitutes a material fact or circumstance, seek your Broker's advice.**