



*Accountants Professional Indemnity
Proposal Form*

1. Your details

a) Full business details

Date established

b) Main office address

Postcode:

Other locations

Email Address

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Website

www.

c) Please list any predecessor business that requires cover

Name	Date commenced	Date ceased	Reason for cessation

d) During the past five years, other than declared above, has your name been changed or has any amalgamation or take over occurred or has there been a change of legal status?

Yes

No

If 'Yes' please give details below:

e) Please advise of any professional body or trade associations to which you belong:

2. Staff details

Please state the number of:

a) Principals/partners/directors/members

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b) Qualified Staff

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c) Others

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3. Principal / Director details

a) Please give details of all principals/partners/directors/members:

Name	Age	Qualifications	No of years in this capacity with you	No. of years industry experience

b) Has any principal, partner, director or member been involved in any other business in the past five years which has been declared bankrupt, insolvent or gone into liquidation? **Yes** **No**

If 'Yes' please give details of the business including name, address, trade and dates:

4. Business income

Please state:

a) Month of financial year end

b) Gross turnover/free income for the past year and an estimate for the current and forthcoming year for work undertaken in:

	Past year ending	Current year	Coming year
• UK	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
• Other EU*	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
• Other Europe*	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
• USA/Canada not subject to USA/Canada Law*	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
• USA/Canada subject to USA/Canada Law*	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
• Other overseas*	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
TOTAL	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

*Please provide details of work and countries involved:

5. Business activities

a) Please provide details of your activities and indicate the approximate percentage of turnover/fee income relating to each activity:

- AUDIT**

Public Companies

 %

Other Clients

 %

- TAXATION CONSULTANCY**

Public Companies, Non-Listed Companies and Firms

 %

Non-Listed Companies and Firms

 %

Personal Taxation Consultancy

 %

- PREPARATION OF ACCOUNTS & BOOK KEEPING (including compliance taxation work)**

Public Companies

 %

Other Clients

 %

- MANAGEMENT CONSULTANCY**

 %

- IT CONSULTANCY**

 %

- PAYROLL SERVICES**

 %

- COMPANY REGISTRAR OR COMPANY SECRETARIAL**

 %

- EXECUTORSHIPS, DIRECTORSHIPS OR TRUSTEESHIPS**

 %

- MERGERS, ACQUISITIONS, DISPOSALS, TAKE-OVERS AND OTHER CORPORATE FINANCE WORK**

 %

- FUND MANAGEMENT**

 %

- INSOLVENCY, LIQUIDATION AND RECEIVERSHIPS**

 %

- INSURANCE AGENCY***

 %

- FINANCIAL SERVICES***

 %

- MORTGAGE BROKING***

 %

- BUILDING SOCIETY AGENCY***

 %

- OTHER WORK (please provide details below)**

 %

100%

*Please complete the supplementary Financial Services Questionnaire

b) Do you anticipate any major changes in these activities in the forthcoming 12 months? Yes No

If 'Yes' please provide details:

c) In respect of the activities listed in question 5a) where no income has been disclosed have you undertaken any of these activities in the past? Yes No

If 'Yes' please provide details – if income relates to Non-Introductory Investment Business, please complete Financial Services Questionnaire:

d) Do you provide services to:

	Yes	No
• Other EU*	<input type="checkbox"/>	<input type="checkbox"/>
• UK	<input type="checkbox"/>	<input type="checkbox"/>
• Other EU*	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' please provide details:

e) Have you ever undertaken any film finance related activities? Yes No

If 'Yes' please provide details:

6. Clients

a) Please provide details of your largest and average fee for the last fully completed financial year:

- Largest

£

- Average

£

b) Please split your client base into the following:

Size of Fee

Number of Clients

- Less than £10,000

- £10,000 - £25,000

- £25,000 - £50,000

- Greater than £50,000*

**Please complete the following in respect of each client whose fees exceed £50,000 per annum*

Client Name	Industry Sector	Services Provided	Fee Received

c) Do you use any engagement letters?

Yes

No

If 'Yes' please can you confirm that they include:

Yes

No

- The scope of services to be performed?

- Any statement or assumptions upon which the engagement is based?

- The clients' responsibilities?

- Any limitations or restrictions in respect of any service performed?

- Does the client always sign the letter of engagement?

- Do you provide advice or services which fall outside the scope of the letter of engagement?

- Is there a written policy in place specifying procedures regarding conflicts of interest?

Please provide details of your actions should such a conflict be identified:

7. Your business

- | | Yes | No |
|---------------------------------------|--------------------------|--------------------------|
| a) Do you use any engagement letters? | <input type="checkbox"/> | <input type="checkbox"/> |

If 'Yes' please advise:

- The percentage of your gross fees to be paid to sub-contractors or consultants in the current financial year %
- The nature of work which they are used
- Details of selection and management criteria

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Do you ensure they have their own PI insurance in force? | <input type="checkbox"/> | <input type="checkbox"/> |

b) Does any principal, partner, director or member:

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Act on behalf of or undertake work for any firm, company or organisation in which you or any principal, partner, director or member has a financial interest? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Perform an executive role or hold a position whereby they are able to make major policy decisions on behalf of such firm, company or organisation? | <input type="checkbox"/> | <input type="checkbox"/> |

If 'Yes' please provide full details:

8. Risk management

a) Are you able to confirm that:

- | | Yes | No |
|---|--------------------------|--------------------------|
| • A diary system is used to ensure deadlines are met and critical dates are not missed? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Work undertaken by staff is regularly reviewed by a principal or qualified manager? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Working papers including records of all contracts, letters of engagement, client meetings and telephone calls are retained for at least 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| • A formal review of working procedures is undertaken at least annually? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Written procedures or checklists are used for professional/technical services provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| • All offices are under the day to day control and supervision of a principal and arrangements are in place for the office supervision in the event of a principal's absence? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Satisfactory written references are always obtained for new employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| • You employ a full time non-accountancy administrator? | <input type="checkbox"/> | <input type="checkbox"/> |

If 'No' to any of the above, please provide full details:

b) Are you accredited to or in the process of becoming accredited to BS EN ISO 9000 Quality Systems or subject to any other form of external assessment?

Yes

No

If 'Yes' please provide full details:

9. Dishonesty / Fidelity

a) Do you hold monies on behalf of any independent third parties?

Yes

No

If 'Yes'; please provide client name(s), details of responsible principal, details of where monies are secured, the amount involved and the length of time held by you:

b) Is any person allowed to sign cheques without a counter signature by a principal?

Yes

No

If 'Yes'; please provide details of circumstances, names of individuals involved and extent of cheque signing authority:

c) Is an independent monthly reconciliation of cash book entries, receipts, counterfoils, vouchers etc with your bank statements undertaken at least once a month?

Yes

No

If 'No'; please advise what reconciliation procedure exists and how often such reconciliation is undertaken:

d) Are all cheques and/or cash received by you paid in daily?

Yes

No

If 'No'; please advise how long it could take to pay such monies into your account:

10. Previous insurance

- a) Has any insurer ever declined, cancelled, refused to renew or required an increased rate or special conditions in respect of the insurance to which this proposal relates?

Yes

No

If 'Yes'; please give full details:

11. Current insurance

Please advise:

- a) Date of expiry of current Professional Indemnity Policy

D	D	M	M	Y	Y
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- b) Name of insurer

- c) Limit of indemnity

- d) Excess

- e) Premium

- f) Retroactive date

12. Requested cover

Limit of indemnity required:

Excess Required:

13. Claims and circumstances

- a) In respect of any of the liabilities to be covered by this insurance has any claim whether successful or not been made against and/or loss suffered by you, any predecessor or any present or former principal, partner, director or member either individually or otherwise? Yes No

If 'Yes'; please provide details to include year of incident, amounts involved, details of the circumstances and steps taken to prevent a recurrence of this situation:

- b) After full enquiry is any principal, partner, director, member or employee aware of any claim pending and/or any circumstance existing which might give rise to any claim by or against you, any predecessor or any present or former principal, partner, director or member? Yes No

If 'Yes'; please provide full details:

- c) Has any disciplinary action been taken by any outside professional or regulatory body against any principal, partner, director, member or employee? Yes No

If 'Yes'; please provide full details:

- d) In respect of dishonesty or malice:

- Have you suffered any loss from the dishonesty or malice of any partner, director, member, employee or self-employed subcontractor or consultant? Yes No
- After full enquiry, do you have any grounds for suspecting that any partner, director member, employee or self-employed subcontractor has acted dishonestly or maliciously? Yes No

If 'Yes'; please provide full details:

- e) After full enquiry is there any matter which might otherwise affect the consideration of this proposal for insurance? Yes No

If 'Yes'; please provide full details:

