

Accountants – Professional Indemnity Insurance Proposal Form

Important Notes –

Please read before completing this form:

- a) If you are unsure whether this proposal is suitable for your business or require assistance in its completion, please seek advice from your insurance adviser.
- b) A principal, partner director or member of the business must complete the proposal and make all the necessary enquiries of their fellow partners, directors, members and employees
- c) Whenever we ask questions in this proposal about you or your business we mean the principal, partners, directors, members or employees or any former principal, partners, directors, members or employees of any business or firm for which cover is required under this insurance. You should include details of any predecessor businesses where cover is required.
- d) Wherever we refer to partners, we include where applicable, members of the business (individuals forming a Limited Liability Partnership (LLP) are known as members).
- e) Please provide a copy of
 - any brochures, handouts and any other technical or marketing material in which you describe your professional services
 - your terms of business contracts
- f) Cover is provided on a “claims made” basis:
 - the insurance covers claims first made against you, and/or circumstances that may lead to a claim, notified to us during the period of insurance
 - claims or circumstances which might give rise to a claim must be notified to us in writing as soon as possible and during the period of insurance

Next Steps

- please answer every question fully. If you do not have enough space attach separate sheets with information which can be incorporated into your proposal
- please complete in ink using BLOCK CAPITALS, and tick boxes as appropriate
- answer the General Questions on pages 2 – 8
- sign and date the Declaration on page 9 and state your authority to sign e.g. Principal, Director, Partner

Proposal

1 GENERAL INFORMATION

a Name of Insured

b Address of Principal Office

c Postal Address

d Date of establishment

e Website address

f Please list all additional business entities (whether or not currently trading, including year of establishment and year of cessation if applicable)

g Please list addresses of all other offices currently trading

h Is/are the firm(s) or any principal, partner or director a member of a consortium, joint venture, single project partnership or group practice?

YES NO

If "YES", please supply details:

i Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)?

YES NO

If "YES", please supply details:

2 STAFF AND PARTNERS

a Please give details of Principals, Partners or Directors:

Name	Date of Birth	Relevant Qualifications	Year became Partner/Director

b Please give details of number of permanent staff in current business:

	Full Time	Part Time
Principals/Partners/Directors		
Professionally Qualified		
All Others		

c Please indicate the professional associations of which the Policyholder is a member:

AAT ACCA ICAEW CIMA ICAS CIPFA Other

If "Other" please provide details:

d Is cover required for the professional activities of any principal, partner or director prior to joining the business? YES NO

If "YES", please supply details:

3 ACTIVITIES

a Please state your total gross income for the last 5 years plus an estimate for the forthcoming year:

Year Ending	UK	USA/Canada	Elsewhere	Total
/ /	£	£	£	£
/ /	£	£	£	£
/ /	£	£	£	£
/ /	£	£	£	£
/ /	£	£	£	£
Estimate for forthcoming year				
/ /	£	£	£	£

If any income is derived from any office domiciled overseas for which coverage is required, please complete the income breakdown in the **Tax Form** at the back of the proposal form.

3 ACTIVITIES

continued

b Please confirm largest total fee from one client in the last year: £ **c** Average fee per client in the last year: £ **d** Please confirm the split of gross fees generated:

	Number of Clients	Total Fee Income
Less than £15,000	<input type="text"/>	£ <input type="text"/>
£15,000 - £40,000	<input type="text"/>	£ <input type="text"/>
Over £40,000	<input type="text"/>	£ <input type="text"/>

e Please give the percentage split of total gross fees received in the last complete financial year:

Audit/Company Tax:

i Quoted Companies	<input type="text"/>	%
ii Unquoted Companies	<input type="text"/>	%
iii Small Traders	<input type="text"/>	%
iv Banks / Financial	<input type="text"/>	%
Accountancy / Book Keeping / Payroll	<input type="text"/>	%
Personal Tax	<input type="text"/>	%
Management Consultancy	<input type="text"/>	%
Company Secretarial / Register	<input type="text"/>	%
Insolvencies / Liquidations	<input type="text"/>	%
Mergers / Acquisitions	<input type="text"/>	%
Executorships / Trusteeship	<input type="text"/>	%
Directorship	<input type="text"/>	%
Pensions* / Endowments* / Mortgages*	<input type="text"/>	%
Other Investments* (SCARP's, Split Cap's, etc)	<input type="text"/>	%
Insurance Commissions	<input type="text"/>	%
Other	<input type="text"/>	%
Total	<input type="text"/>	%

Please supply details of "Other" work:

*If any income is received, or has in the past been received, in respect of Pensions, Endowments, Mortgages or any financial investment advice, please complete an **Allianz Financial Services Supplementary Questionnaire**

e Please provide the percentage of gross fees allocated to each client base, rounded to the nearest whole percent:

Quoted Companies	<input type="text"/>	%
Banks, Financial Institutions, Lloyds Syndicates	<input type="text"/>	%
Insurance Companies, Underwriting Agencies or offshore companies	<input type="text"/>	%
Unquoted Companies	<input type="text"/>	%
Small Traders	<input type="text"/>	%

3 ACTIVITIES

continued

Trusts, Pension Schemes and Charitable Associations	<input type="text"/>	%
Individuals	<input type="text"/>	%
Other	<input type="text"/>	%
Total	<input type="text"/>	%

Please supply details of "Other" work:

f Does any one client generate 20% or more of your annual gross fees? YES NO

If "YES", please supply details:

g Do you provide or have you provided professional services to any entertainment or sporting professionals? YES NO

If "YES", please supply details:

h Do you envisage any material change in your activities in the forthcoming 12 months? YES NO

If "YES", please supply details:

4 RISK MANAGEMENT

a What is the management structure of the firm(s)?

Managing Partner Managing Executive
 Management Committee Executive Committee

Other (please specify)

4 RISK MANAGEMENT

continued

Has there been any material change in the management structure within the last three years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b If the firm(s) is managed by a committee, how often does the committee meet?	Regular <input type="checkbox"/>	Ad hoc <input type="checkbox"/>
c Does the firm employ a full time non-accountancy administrator?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e Does the firm(s) designate or employ an individual with the management responsibility for evaluating or dealing with complaints, actual or potential claims and other such matters?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f Does the firm have written risk management procedures? matters?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
g Are the risk management procedures regularly reviewed, circulated and/or discussed within the firm(s) and have all accountants been made aware of them? matters?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
h Does the firm(s) always use engagement letters?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "Yes", do the engagement letters outline:		
The scope of services to be performed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any statement / assumption upon which the engagement is based?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The responsibility of the client?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any limitations / restrictions in respect of any services performed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
i Does the client always sign the letter of engagement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
j Does the firm(s) provide advice or services which fall outside the scope of the letter of engagement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
k Does the firm(s) have a written policy specifying the conflict of interest procedures which include a cross check system and back-up?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
l In the event of a conflict of interest does the firm(s):		
Inform the client in writing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Advise the client to seek independent advice?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Continue to act for the client?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
m Does the firm(s) have a policy which requires prior approval in writing to serve as an Officer and/or a Director of a client / third party?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
n Does the firm(s) operate a diary system with a manual back-up?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "Yes",		
Are periodic checks made to ensure that the diary system is being strictly followed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the diary system provide for accountants being absent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
o Does the firm(s) have a file review system which requires randomly selected files to be audited by an accountant other than the accountant handling the file?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
p Does the file review process include partner to partner auditing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please provide any additional narrative that will assist our understanding of the file review system currently being used:

5 CLAIMS INFORMATION

continued

- d** After enquiry, are any of the partners, directors or principals aware of any pending claims and/or circumstances existing which may give rise to a Professional Indemnity claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal?

YES NO

If "YES", please supply details:

Date of Circumstance	Claimant	Details of Circumstance
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

6 PREVIOUS INSURANCE

- a** Has the firm(s) previously been insured for Professional Indemnity insurance?

YES NO

If "YES", please supply details:

Renewal Date	Limit of Liability	Premium	Retention (Excess)	Insurer
/ /	£	£	£	£
/ /	£	£	£	£
/ /	£	£	£	£
/ /	£	£	£	£
/ /	£	£	£	£

Retroactive Date: / / Number of years cover has been continually in force:

- b** In respect of Professional Indemnity insurance, has any Insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions?

YES NO

If "YES", please supply details:

7 LIMIT OF LIABILITY AND RETENTION (EXCESS) REQUIRED

Please select the Limit of Liability and Retention (Excess) you require:

- a** Limit of Liability

£100,000 £250,000 £500,000 £1,000,000 £2,000,000 £4,000,000 £5,000,000

Other £

- b** Retention (Excess)

£500 £1,000 £2,500 £5,000 £7,500 £10,000 Other £

- c** when do you want your insurance to start? (the policy is annually renewable) / /

Declaration

1 I/We declare that to the best of my/our knowledge and belief:

- A the above statements and particulars, whether written by me/us or by others on my/our behalf, are true and complete;
- B any statement or particulars which have been given separately by me/us or by others on my/our behalf are true and complete; and
- C I/We have not withheld any material fact*

2 I/We wish to modify the above statements in the following respects:

3 I/We agree that this proposal and declaration and any particulars given separately shall be the basis of the contract between the Insurer and myself/ourselves.

4 I/We agree to accept the Insurer's standard form of policy for this type of insurance.

5 I/We understand that the Insurer reserves the right to decline any proposal.

6 I/We understand that Insurers share information with each other, credit reference agencies and other information agencies with regard to credit agreements, policies and claims, primarily to help assess risks, handle claims and prevent fraud. I/We consent to this.

Authorised Signature

Date

Position in company

Important:

***Material facts are those facts which are likely to influence the Insurer in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt about whether a fact is material, you should disclose it, since failure to do so could invalidate your policy.**

Your Records

You should keep a record (including copies of letters) of all information you supply to the Insurer about this proposal.

Data Protection Act

We may use the personal and business details you have given us or which are supplied by third parties including any details of directors, officers, partners and employees to provide you with a quotation; deal with your policy; to search credit reference and fraud agencies who may keep a record of the search; to share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud; to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews which may be carried out by third parties acting on our behalf. You agreed when you applied for the policy that your directors, officers, partners, and employees have consented to our using their details in this way. We may need to collect data relating to Insured Persons, which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the insured persons to such information being processed by us and that this fact is made known to the insured persons.

If your policy provides Employers Liability cover information relating to your insurance policy will be provided to the Employers Liability Tracing Office (the "ELTO") and added to an electronic database, (the "Database") in a format set out by the Employer's Liability Insurance: Disclosure by Insurers Instrument 2010.

The Database assists individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK for employers carrying on, or who carried on, business in the UK and who are covered by the employers' liability insurance of their employers, (the "Claimants"):

- to identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and
- to identify the relevant employers' liability insurance policies.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers' liability insurance cover and any other persons or entities permitted by law.

The Database will be managed by the ELTO and further information can be found on the ELTO website www.elto.org.uk

By entering into this insurance policy you will be deemed to specifically consent to the use of your insurance policy data in this way and for these purposes.

We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you by telephone, email or post of products and services which we think may be of interest to you.

If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB to let us know. Your details will not be kept for longer than is necessary.

Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager at the address above.

Personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

