

PROFESSIONAL INDEMNITY

PROPOSAL FORM

accountants

PLEASE READ THE FOLLOWING BEFORE

COMPLETING THIS PROPOSAL FORM:

TO PRESENT A CLEAR AND UNAMBIGUOUS PICTURE AND TO ENSURE THAT UNDERWRITERS UNDERSTAND THE NATURE OF YOUR RISK:

- * ALL QUESTIONS SHOULD BE COMPLETED IN INK.**

- * WHERE A QUESTION IS NOT APPLICABLE TO YOUR PARTICULAR CIRCUMSTANCES, PLEASE WRITE 'N/A'.**

- * PLEASE TICK THE YES OR NO BOXES.**

- * IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS PLEASE USE AN ADDITIONAL SHEET AND ATTACH IT TO THIS PROPOSAL FORM.**

- * COMPLETING AND SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR INSURERS TO COMPLETE THIS INSURANCE.**

- * IF THIS PROPOSAL RELATES TO A NEW BUSINESS OR VENTURE, PLEASE COMPLETE THE QUESTIONS AS FAR AS POSSIBLE, GIVING ESTIMATED OR ANTICIPATED INFORMATION.**

PROFESSIONAL INDEMNITY INSURANCE

An Individual or a Partner, Principal or Director of the Firm must complete the proposal form in ink. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer or Insurers to complete a contract of insurance.

If there is insufficient space to answer any question, please continue on your headed notepaper and attach it to this form.

Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS TO ASSIST UNDERWRITERS' CONSIDERATION OF THE PROPOSAL

1a) Name of Individual or Firm(s) (including any subsidiary requiring cover):

b) Date established:

c) Address(es) (specifying who is responsible, if there is more than one location):

d) Website:

e-mail address:

e) Name(s) of any previous Firm(s) requiring cover and the date(s) on which they ceased trading:

2a) Name of Individual,
Partner, Principal
or Director

Age and
Qualifications

Date Qualified

Number of years
Practical Experience

PLEASE ATTACH DETAILED C.V.'S, IF NO RELEVANT QUALIFICATIONS ARE HELD

b) Names of Consultants (under a contract to provide services)	Age and Qualifications	Date Qualified	Number of years practical experience
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PLEASE ATTACH DETAILED C.V.'S, IF NO RELEVANT QUALIFICATIONS ARE HELD

c) Do you require cover for past Partners, Principals or Directors? **YES/NO**
 If yes, please provide details

3a) Is any Individual or the Firm admitted to any Association or Trade Body? **YES/NO**
 If yes, please give details.

b) Has any person been the subject of disciplinary proceedings by any professional body? **YES/NO**
 If yes, please give details.

4 Please state the total number of Partners, Principals or Directors:

Qualified Staff:

Self-Employed/Contract Hire:

Administrative and Other Staff:

5a) If you are a sole practitioner, please give details of arrangements made in the event of sickness or holiday.

b) Please advise the name and address of your nominated alternate

c) Is this a Part-time occupation?

YES/NO

If yes, please give brief details of your present full-time work.

6 Please apportion the approximate percentage of work carried out in each instance:

Audit, Accountancy and Company Tax	
i) Quoted Companies	%
ii) Unquoted Companies	%
iii) Others (including Farmers, Small Traders etc)	%
Personal Taxation	%
Management Consultancy	%
Other Consultancy (please give full details)	%
Company Secretarial/ Share Registration	%
Executorships and Trusteeships (please give details)	%
Insolvencies, Liquidations and Receiverships	%
Insurance, Pensions, Building Society or Stock Exchange Commissions	%
Directorships	%
Information Technology/Computer Consultancy (please give details)	%
Corporate Finance, Mergers, Acquisitions and Disposals (please give details)	%
Entertainment Industry (please give details)	%
Other Work (please give full details)	%

PLEASE COMPLETE PENSION QUESTIONNAIRE, IF WORK HAS BEEN UNDERTAKEN

7a) Please state the gross fees received for each of the last three financial years billed to clients and an estimate for the next twelve months.

Year	U.K.	Worldwide ex USA/Canada	USA/Canada
20	Fees		
20	Fees		
20	Fees		
Estimate			
20	Fees		
Financial Year ends:		(Month)	

b) Please advise your average fee earned, per client

c) Please advise your largest fee earned, per client

d) What percentage of fees is paid to sub-contractors or consultants? %

8 Please confirm the division of gross fees for the last complete financial year:

Fee Range	No. of Clients	Total Fees
Less than £15,000		£
£15,000 - £40,000		£
Over £40,000		£

9a) Please list the three largest contracts undertaken in the last three years:

i)

ii)

iii)

b) What is the largest annual income earned from a single client in the last twelve months?

In the case of Overseas contracts, please list the countries involved and whether U K or local law Applies. Also, please give brief details of the contract(s) and size.

10a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months? **YES/NO**
If yes, please give details.

b) Is cover required for any activity, now ceased, which is different from those declared, within this proposal form? **YES/NO**
If yes, please give details.

c) Have you carried out any activities other than those disclosed in this Proposal? **YES/NO**
If yes, please give details

11 Do you use standard Contract Conditions/Letter of Appointment? **YES/NO**
If yes, please attach a copy

If no, please detail how you define your duties to your client

12a) Do you act as Auditors to any of the following?

i) Banks of other Financial Institutions **YES/NO**

ii) Insurance Companies or Funds (including Captive Insurance Companies) **YES/NO**

iii) Any other 'Offshore' Companies **YES/NO**

If yes, please list the clients, fees and nature of the work

b) Do you undertake any work for any individual or company based in the Channel Islands or the Isle of Man **YES/NO**

If yes, please provide details of clients, fees and the nature of the work

c) Does any Partner, Principal, Director or Employee hold any appointment as a Director or Company Secretary or act as a Trustee of any Trust, situated/registered in the Channel Islands or Isle of Man? **YES/NO**

If yes, please provide full details

13 Is the Firm admitted to membership of any association or accredited to or in the process of becoming accredited to the ISO9000 series of quality control, or subject to any other form of external assessment? **YES/NO**

If yes, please give details

14 Are all certified statements of conditions, balance sheets and reports signed personally by a partner or director? **YES/NO**

If no, please give details

15 Please provide details of the system that you operate, to ensure that taxation deadlines are met.

16a) Do you have written work procedures or checklists in respect of service provided? **YES/NO**

b) How often are working procedures reviewed, to ensure their continuing suitability and what form do those reviews take?

c) Please describe your procedures prior to sending a Letter of Engagement, to ensure that your prospective client's requirements are clearly identified and can be attained.

17 What records do you keep of telephone conversations and attendance at meetings?

18 What steps are taken to review work undertaken by staff?

18a) When Consultants or Self-employed persons are engaged, are they appointed directly by you or paid by the client?

b) Have you and will you ensure that such person or firms have entered into a binding contract, accepting full responsibility for their own Professional neglect, error or omission and that they carry and maintain in force Professional Indemnity insurance? **YES/NO**

19a) If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

b) Do you undertake work for or are you associated, either by shareholding or official position, with any company/organisation, where you are in a position to make major decisions? **YES/NO**
If yes, please give details.

c) Have any of the Partners, Principals, Directors or Employees been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily? **YES/NO**
If yes, please give details

20 Do you currently have Professional Indemnity insurance?

YES/NO

If yes, please give details.

Expiry Date:

Limit:

Excess:

Insurer:

21 Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms?

YES/NO

If yes, please give details.

22 Please state: limit of indemnity required

: self insured excess

23a) Do you always require satisfactory written references when engaging employees?

YES/NO

b) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature?

YES/NO

If yes, please give details

c) How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

d) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

24 Have you EVER had any claims made against you or know of any circumstances that could or would have resulted in a claim, if cover had been in force? YES/NO
If yes, please give full details.

IMPORTANT NOTICE CONCERNING DUTY OF FAIR PRESENTATION

It is your duty to disclose all material facts/circumstances, which are known to you (or which after enquiry should be known to you) and which is material to the risk. A material fact/circumstance is one, which may influence an Underwriter’s judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts/circumstances previously advised to Insurers will be material and such changes should be highlighted. If you are in any doubt as whether a fact/circumstance is material or not, you should disclose it.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Insurers to void the policy.

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not misstated 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 Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

However, the duty to disclose material facts continues after completion of this proposal and throughout any period of insurance (and any extensions thereto), upon which this proposal form was used as the basis of the contract of insurance.

Date (day) (month) (year)

Signature: (Individual, Partner, Principal or Director)

Position:

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

INVESTMENT ADVICE QUESTIONNAIRE

TO BE ANSWERED BY A PROPOSER WHO PROVIDES FINANCIAL SERVICES ADVICE

1 Is the Individual or Firm authorized by the Institute of Chartered Accountants in England and Wales, the Institute of Chartered Accountants of Scotland, the Chartered Association of Certified Accountants and/or any similar regulatory authority as a recognized professional body to conduct Investment business?

YES/NO

If yes, please advise category

2 Please provide a brief outline of the services you provide, which fall under the Financial Services Act 1986

3 Please advise gross fee income, if any, from any of the following:

Private client portfolio management:

Discretionary £

Non-discretionary £

Institutional fund management £

Securities handling:

United Kingdom £

Foreign £

Off-shore investments £
(please provide full details)

4 Has the Firm **ever** given advice to clients on Endowment Mortgages or Pensions?

YES/NO

**PLEASE REQUEST THE SEPARATE ENDOWMENT MORTGAGES
AND PENSIONS QUESTIONNAIRES TO COMPLETE**

PENSION TRUSTEES QUESTIONNAIRE

TO BE COMPLETED BY ANY PROPOSER ACTING AS A TRUSTEE FOR A CLIENT'S PENSION FUND

1 Names of such funds

2 The total value of each fund, for which the Proposer acts as trustee, at the end of their last financial year

3 Is advice taken partly or in whole from outside investments advisers or are all investment decisions made by the trustees themselves?

4 Do the trustees receive an additional remuneration from their clients, as trustees, apart from their normal brokerage, commission or fees, derived from placing and servicing the client's business? **YES/NO**
If yes, please give details.

5 Do you act purely as trustee for insured funds

YES/NO

6 Have you **ever** acted as sole trustee of any fund?
If yes, please provide full details

YES/NO

7a) Have any mergers, take-overs or significant re-organisation taken place for any of the clients, for whom you are acting as Pension Fund trustee, which could affect the scheme?
If yes, please give details

YES/NO

b) Do any of the schemes for which you act as Pension Fund trustee accept liability for benefits for the majority of members of any previous pension arrangement?
If yes, please give full details

YES/NO

ENTERTAINMENT CLIENTS QUESTIONNAIRE

TO BE COMPLETED BY ANY PROPOSER ACTING FOR CLIENTS
IN THE ENTERTAINMENT INDUSTRY

1 Names of such clients (individually):

2 Work undertaken for them (individually):

3 Length of time you have been acting for such clients (individually):

4 Has any work undertaken for these clients (individually) been any different to or will you, in the future, be undertaking any work different from that declared above? **YES/NO**
If yes, please give details (individually)