



MANCHESTER
UNDERWRITING MANAGEMENT

Accountants Proposal Form

IMPORTANT:

In this application:

“**You / Your**” refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.

“**Firm**” means any business, whether a sole trader, partnership or company, limited in liability or otherwise.

“**Principal**” means any Director, Partner, Member or Sole Trader.

Answers should relate to all work for which cover is required - past, present and future.

You MUST complete all sections of this Application Form. The Application Form must be signed and dated once completed.

This Application Form is for a contract of insurance and **You**, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.

All material facts must be disclosed truthfully, to the best of **Your** knowledge and belief at the time of disclosure. **You** must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Application Form, together with any other information given, will be used by underwriters in their assessment of this application.

Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.

Full details for coverage provided can be found in our Policy Wordings and Summaries, which are available on request.

1) Please provide full trading names of all **Firms to be insured under this arrangement (**You/Your**):**

Name(s)	Date Established

2) Please provide **Your website address:**

3) Please provide all addresses:

4) If cover is required for **Your previous business (predecessor practices), please provide full details below:**

Name(s)	Start Date	End Date	Reason for winding up/leaving

5) If any of the **Principals require cover for any previous professional business activity not covered elsewhere, please provide details below:**

Name of Principal to be covered			
Name of previous Firm			
Period at previous Firm	From:	From:	From:
	To:	To:	To:
Fees for last 3 years of trading	Year	Total	Year
Position held at previous Firm			
Reason for leaving			

6) Do **You have any association with or financial interest in any other **Firm**? Yes No**

If YES, please provide full details below of the nature of the association and the name and business of the third party:

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7) Please supply details of all Principals:

Name	Age	Qualifications	Date Qualified	Date of Engagement

8) Please supply details of total numbers of staff:


Principals	Qualified Staff	Unqualified Staff	Others

9) Has any Principal ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified Yes No

If YES, please provide full details below:

10) Please provide full details if any Principal has been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily:

11) Please provide details of Your current Professional Indemnity insurance arrangements below:

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
If You currently have Professional Indemnity coverage in force, please advise the retroactive date, if any: 	
Date	

12) Please provide a breakdown of turnover/fees generated:

Year End Date (month applicable)

Year End						N/Y Estimate
Work in UK						
Work in EU						
Work in USA/Canada						
Work elsewhere						
Total						

13) Please provide details of Your 3 largest clients by annual Fees:	Largest Fee:	Second Largest Fee:	Third Largest Fee:
Last trading year:			
Current trading year:			
Name of client:			
Nature of clients business:			

14) Please provide a breakdown of activities and percentage of income generated for each discipline:	
Audit, Accountancy and Company Tax for Unquoted Companies	<input type="text"/> %
Audit, Accountancy and Company Tax for Quoted Companies	<input type="text"/> %
Personal Taxation Consultancy	<input type="text"/> %
Other Pure Taxation Consultancy	<input type="text"/> %
Management Consultancy	<input type="text"/> %
Bookkeeping/Payroll	<input type="text"/> %
Secretarial and Share Registration	<input type="text"/> %
Executorships and Trusteeships	<input type="text"/> %
Insolvencies, Liquidations and Receiverships	<input type="text"/> %
General Insurance	<input type="text"/> %
Investment Business	<input type="text"/> %
Computer Consultancy	<input type="text"/> %
Directorships	<input type="text"/> %
Mergers, Acquisitions, Disposals (including Due Diligence work)	<input type="text"/> %
Other (please provide full details below)	<input type="text"/> %
Total	%



15) Have You ever undertaken audit work for any public listed company, unquoted company or small trader?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, during the past 5 years have You ever:			
i) issued a qualified audit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii) restated any financial statement prepared by the Firm?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii) been dismissed or replaced as auditors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) provided additional professional services in relation to the offering, sale or issuance of any security to any client?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If You have answered YES to (i) to (iv), please give full details below:			

16) Do **You** anticipate professional activities/services provided will change over the forthcoming twelve months?

Yes No

If YES, please provide full details below:

17) Has the **Firm** ever undertaken audit work for any Public Limited Company or a subsidiary of a Public Limited Company? If YES, was the company listed on one of the following stock exchanges?

Yes No

i) London Stock Exchange (top 300)

Yes No

ii) London Stock Exchange (outside top 300)

Yes No

iii) Alternative Investment Market

Yes No

iv) Any overseas exchange

Yes No

If **You** have answered YES to (i)-(iv), please provide full details below:

18) Have **You** ever conducted any work for Lloyd's of London, or any Lloyd's managing or members agent, or Syndicate?

Yes No

Have **You** ever undertaken work for Banks, Lloyd's of London members agents, syndicate or other financial institutions?

Yes No

Have **You** ever undertaken work for any off-shore company?

Yes No

Do **You** act on or have **You** ever provided services for clients in the entertainment/sports industry?

Yes No

In the past year, have **You** generated more than 20% of **Your** total fee income for that period from one client

Yes No

If **You** have answered YES to any of the above, please provide full details below:

19) Have **You** ever been or are **You** now authorised for investment business? If YES, please complete the Financial Services Questionnaire.

Yes No

20) Can You confirm that You are not aware of any claims or losses, whether paid, made or pending, relating to fraud or dishonesty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(i) Do all cheques drawn for over £5,000 require at least two signatures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Is cash in hand and petty cash checked independently of the person responsible at least monthly and additionally without warning at least every six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) Are persons responsible for cash and cheques required to pay these daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv) Are bank statements, receipts, counterfoils and other supporting documents checked at a minimum monthly against cash book entries, and by others not responsible daily for looking after the same?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(v) Are references obtained from former employers for at least the three years prior to the engagement of any person responsible for money, goods or accounting procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If You have answered NO to any of the above, please give full details below:	

21) Do You engage the services of sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide answers to the following, otherwise skip to the next question.	
What percentage of fees/turnover was paid to sub-contractors during the last financial year?	%
Do You always require Your sub-contractors to hold their own Professional Indemnity coverage and verify that it is in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES please confirm the minimum Limit You require them to maintain:	

22) Please select the Limit of Liability You require quotations for.			
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
Other Limit of Liability			

23) What Level of Excess do You require?	
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24) Has any claim been made or loss suffered by You , whether insured or not, in respect of any of the risks to which this proposal for insurance relates? If YES, please provide details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of Claim/ Loss	Details of Claim/Loss	Amount Paid	Date Settled	Outstanding Reserve

25) Are **You aware of any of the following?**

Any circumstances which might lead to a claim against **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? Yes No

Any matter which might otherwise affect the consideration of this proposal? Yes No

Has any application for similar insurance made on **Your** behalf or on behalf of any past or present **Principal** ever been declined, refused renewal, cancelled or accepted only on special terms? Yes No

If YES to any of the above, please provide full details here:

DECLARATION

I/we declare that, after full enquiry, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this application together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.

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 Underwriters.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Manchester Underwriting Management Ltd. may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act.

If you do not wish these details to be used for marketing please inform Manchester Underwriting Management Ltd. in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact Manchester Underwriting Management Ltd.

Name of Principal Signing this form:

Signature of Principal:

Date: