



# Accountants

## Proposal Form

## IMPORTANT INFORMATION REGARDING COMPLETION OF THIS FORM

### Method of Completion

This proposal form may be completed in ink or electronically and signed and dated version sent to us prior to binding cover;

All questions must be answered (if necessary comment as “not applicable” or “none”).

### Presentation

If there is insufficient space in the proposal form, or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper;

CV's of your principals/directors should be supplied if you have not previously been insured, or if any principal has been in their current position fewer than three years;

Copies of your standard contract conditions, brochures or other marketing material should be supplied if this helps to describe the activities undertaken.

### Disclosure

It is essential that every Firm or Proposer when seeking a quotation to take out or renew any insurance make a fair representation of the risk they are seeking to insure. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so may have serious adverse consequences for coverage under the contract of insurance. If you have any doubt as to what constitutes a fair presentation please do not hesitate to ask for advice from your insurance advisor;

It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current insurers of such matters as appropriate.

# Accountants Proposal Form

## 1. NAME(S) OF FIRM

(Please include the names any predecessors for whom cover is required):

## 2. ADDRESSES OF THE PRINCIPAL OFFICE

(Please list all other locations by Town, or County if overseas, and identify the supervising Partner/Director at each location. Please provide an appendix sheet if required):

Principle Contact:	
Telephone Number:	
Fax Number:	
E-Mail:	
Web-site Address:	

## 3. DATE THE FIRM WAS ESTABLISHED

## 4. PARTNERS/DIRECTORS/SOLE PRACTITIONERS & CONSULTANTS

Names of:	Qualifications	Date Qualified	Number of Years as Partner/Director/Sole Practitioner with the Firm
a) Partners/Directors/Sole Practitioners			
b) Consultants			
a)			
b)			

**5. NUMBER OF STAFF**

(Not including the above):

Qualified Staff	Other (i.e. Admin Staff)	Self-employed/Contract Hire Persons	Total

**6. RECENT CHANGES**

During the last six years, has the name(s) of the Insured/Proposer changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors (i.e. departed, retired or deceased etc...)

Yes      No

If “Yes”, please give details below:

**7. ASSOCIATIONS**

Is the Firm(s) admitted to membership of any Association or Group?

Yes      No

If “Yes”, please give details of Association below:

**8. OTHER FINANCIAL INTERESTS**

Does the Firm or any Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such a partnership, company, organisation? (Apart from shares held in Public Companies)

Yes      No

If “Yes”, please state the name and nature of such organisation and outline the work undertaken by the Firm below:

**9. SUB CONTRACTORS**

Is cover required for any independent Accountant or other party to whom work is sub-contracted?

Yes      No

If “Yes”, please advise below:

Name	Qualifications	Fees Paid (annual)	Nature of Services they provide to you	Do they have their own PII cover?

#### 10. GROSS FEE INCOME

Please advise for the last three complete financial years:

Year	Average Fee	Largest Single Fee	Total Gross Fees
	£	£	£
	£	£	£
	£	£	£
Estimate Gross Fee Income for the Current Financial Year 20 ...			£
Date of Financial Year End			

#### 11. CLIENT PROFILE

Please divide your gross fees for the last complete financial year between:

Fee Range	Less than £15,000	£15,001 - £50,000	Over £50,000
No. of Clients			
Total Fees			

**12. a. OVERSEAS WORK**

Of your total gross fee income declared in Q10, if any such work has been carried out overseas (for clients outside the Republic of Ireland) during the last three years, please advise gross fee income and details below:

Year	USA/Canada	Other	Countries Involved
	£	£	
	£	£	
	£	£	

Types of work undertaken

**b. USA/Canada**

Do you provide services for companies with assets in the USA or Canada, or for any subsidiary of USA or Canadian companies located outside the USA or Canada?

Yes      No

If “Yes”, please give details below:

**13. ACTIVITY PROFILE**

For the last complete financial year, please give an approximate division of Gross Fees between the following activities: (It is appreciated that there may be considerable overlaps between types of work).

Audit, Accountancy and Company Tax, split between	
i. Quoted Companies	%
ii. Unquoted Companies	%
iii. Others (including Farmers, Small Traders etc)	%
Personal Taxation Only	%
Management Consultancy	%
Computer Consultancy – please advise details of work	%
Secretarial and Share Registration	%

Executorships and Trusteeships	%
Insolvencies, Liquidations and Receiverships	%
Insurance, Building Society, Stock Exchange Commissions	%
Investment Advice (including pensions, unit trusts, bonds, etc.)	%
Directorships	%
Corporate Finance	%
Mergers, Acquisitions & Disposals - (i) Quoted Companies	%
Mergers, Acquisitions & Disposals - (ii) Unquoted Companies	%
Bookkeeping/Payroll	%
VAT Returns	%
Other Work – please advise details	%
	100%

14. (a) Under **Q13 ACTIVITY PROFILE** above – for any activities where you answered “Nil” please give details if you have undertaken such work in the last six years

(b) Are any substantial changes in the percentages given under Q13 envisaged in the current financial year?

Yes      No

If “Yes”, please give details below:

**15. TRUSTEESHIPS**

Does any Partner/Director or Employee of the Firm act as a Trustee of any Trust?

Yes      No

If “Yes”, please give details below:

Appointee	Trust	Trust funds under management	Gross Fees earned for the last financial year

**16. a. INVESTMENT BUSINESS**

Is the firm authorised to conduct investment business?

Yes            No

If “Yes”, is the Proposer authorised to conduct such activity under a Designated Professional Body Licence or directly by the Financial Services Authority?

DPB            FSA

b. Has the Proposer ever executed or given advice on pension transfers/opt outs/ non-joiners, FSAVCs, endowment mortgages, income draw downs, split capital investment trusts or precipice bonds?

Yes            No

c. Has the Proposer undertaken in the last 6 years any Investment Management work, including but not limited to dealing in bonds, units, securities, tangibles or commodities, private client portfolio management or institutional fund management?

Yes            No

If Yes to **c.** or **d.**, please complete a Financial Services Supplementary questionnaire.

**17. SERVICES TO FINANCIAL CLIENTS**

a) Do you provide services to any of the following?

i. Banks and other financial institutions

Yes            No

ii. Insurance Companies, Lloyd’s Syndicates or Funds (including Captive Insurance Companies)

Yes            No

iii. Any Off-Shore Companies

Yes            No

If “Yes”, please advise Client name(s), fee(s) and details of services provided below:



- b) For any of the above mentioned clients, please advise details of any work, carried out in the Channel Islands, Isle of Man or other “Off-Shore” tax advantageous territories below:

**18. DO YOU HAVE ANY CLIENTS IN THE SPORTS OR ENTERTAINMENT INDUSTRY?**

Yes      No

If “Yes”, please provide details below of the identity of the client(s), the type of work involved and the annual fees earned from such work:

**19. FIDELITY**

- a) Does the firm always require satisfactory written references when engaging employees?

Yes      No

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

Yes      No

If “Yes”, please advise circumstances and state limit below:

- c) Do all cheques for more than £25,000 require two signatures?

Yes      No

- d) Independently of employees who receive or bank monies belonging to the firm or others, how often are check carried out on all cash book entries with paying-in books, receipts, counterfoils and vouchers and reconciled with bank statements?

Weekly                      Monthly                      Quarterly                      Irregularly

e) Are employees receiving cash and cheques, in the course of their duties, required to pay in daily?

Yes          No

f) Past losses

(i) Has the firm sustained any loss through fraud or dishonesty of any person?

Yes          No

(ii) Does the firm know of any fraud or dishonesty of any Present or former Partner/Director or employee?

Yes          No

If “Yes”, please advise details and explain the precautions taken to prevent recurrence below:

**20. CLAIMS AND CIRCUMSTANCES**

N.B. Details can be advised on p. 13

**PLEASE NOTE THAT IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY, AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.**

a) Claims

During the last ten years, have any claims, or circumstances which may have given rise to a claim, been made against the Firm(s) or predecessors in business or present or former Partners/Directors arising out of the activities of the Firm(s)?

Yes          No

If “Yes”, please advise full details including amounts involved and settlement dates, where appropriate, below:

Claims Paid	
Claims Outstanding	

b) Circumstances

Are any of the Partners/Directors, after enquiry, aware of any circumstances which may give rise to a claim against the Firm(s) or its predecessors in business or its/their present or former Partners/Directors?

Yes      No

If "Yes", please advise full details including amounts involved below:

**21. CURRENT INSURANCE AGREEMENTS**

Please advise:

Limit of Indemnity	Excess	Premium	Insurer(s)	Renewal Date
£	£	£		

**22. PREVIOUS INSURANCE**

Has similar insurance for this Firm(s) or any Partner/Director been declined, cancelled or had renewal refused?

Yes      No

If "Yes", please advise details below:

**23. QUOTATIONS REQUIRED**

Limit of Indemnity				
	£100,000	£250,000	£500,000	
£1,000,000	£2,000,000	£5,000,000	Other .....	
Excess				
	£500	£1,000	£2,500	
£5,000	£10,000	£25,000	Other.....	

**Important**

Your personal data may be processed and held by us in our capacity as data controllers in order for us to write and administer your policy and to assist in the claims handling process in accordance with applicable data protection laws. To read our data privacy policy in full and for more information about your data protection rights, please visit our website at: <https://www.barbicanprotect.com/cookies-privacy-policy/>.

**DECLARATION**

We hereby declare that to the best of our knowledge and belief the foregoing particulars and statements represent a fair presentation of the risk we are seeking to insure.

We hereby undertake to declare any material alterations or amendments to the foregoing particulars and statements which occur prior to the commencement of the contract of insurance.

Signed:

Date:

For and on behalf of:

PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS.

COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

Date Notified	Details of Claim or Circumstance	Reserve	Payments made (including defence costs)	Open/ Closed
	<p>Claimant:</p> <p>Cause/Alleged Cause:</p> <p>Current Status:</p>			
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