



Accountants, bookkeepers & auditors

Application form
United Kingdom



INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

SECTION 1: COMPANY DETAILS

- 1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company:	
Contact name:	
Address:	
Postcode:	Email address:
Telephone:	Website:

- 1.2 Please state when your company was established:

Please answer question 1.3 only if you require Employers' Liability cover.

- 1.3 a) Please state your Employer Reference No. (ERN):

- b) Do you have any subsidiaries in the UK?

 Yes No

If 'yes', please complete the Supplementary Information section at the back of this application form.

- 1.4 a) How many directors / officers / partners are there in the Company?

- b) Please show the details of all partners / directors:

Name	Years in position	Years experience	Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c) Please state the number of employees:

Professional:

Other:

1.5 Please state your fees received in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic turnover:	<input type="text"/>	<input type="text"/>	<input type="text"/>
USA turnover:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other territory turnover:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total turnover:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Profit / (Loss):	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of financial year end:

Currency:

SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities.
If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total turnover by activity.
The total of all activities listed here should equal 100%.

Accountant (tax work):	<input type="text"/> %	Accountant (private company audit):	<input type="text"/> %
Accountant (public company audit):	<input type="text"/> %	Accountant (insolvency):	<input type="text"/> %
Accountant (all other work):	<input type="text"/> %	Benefit plan administrator:	<input type="text"/> %
Bookkeeping:	<input type="text"/> %	Company secretary:	<input type="text"/> %
Consultancy:	<input type="text"/> %	Credit bureau:	<input type="text"/> %
Credit investigation:	<input type="text"/> %	Custodian for securities or money:	<input type="text"/> %
Directorship:	<input type="text"/> %	Executorship and trusteeship:	<input type="text"/> %

Financial printing:	<input type="text"/> %	Independent Financial Adviser:	<input type="text"/> %
Insolvencies, liquidations or receiverships:	<input type="text"/> %	Loan administration:	<input type="text"/> %
Mergers, acquisitions or disposals:	<input type="text"/> %	Premium finance company:	<input type="text"/> %
Structured settlement broker:	<input type="text"/> %	Trustee:	<input type="text"/> %
Tax consultant:	<input type="text"/> %	Other (please specify below):	<input type="text"/> %

Description of 'other' work:

<input type="text"/>	%
<input type="text"/>	%
<input type="text"/>	%
<input type="text"/>	%

2.3 Have you ever undertaken work for any:

- a) financial institution, stockbroker, payment processor, investment adviser or personal financial planner? Yes No
- b) sports or entertainment client? Yes No

If 'yes' to a) or b) above, please provide details:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

2.4 Please state your largest fee from a single client:

2.5 Do you belong to any association related to these activities?

 Yes No

If 'yes', please list these associations below:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Only complete question 2.6 if you also require a quote for Employers' or Public Liability.

2.6 Please state your total estimated payroll for the next financial year:

SECTION 3: CONTRACT INFORMATION

3.1 Please give details of the 5 largest contracts you have carried out in the past 3 years:

Name of client	Business of client	Nature of your work undertaken for this contract	Your annual income from this contract	Start Date	Completion date
<hr/>	<hr/>	<hr/>	<hr/>	MM / YY	MM / YY
<hr/>	<hr/>	<hr/>	<hr/>	MM / YY	MM / YY
<hr/>	<hr/>	<hr/>	<hr/>	MM / YY	MM / YY
<hr/>	<hr/>	<hr/>	<hr/>	MM / YY	MM / YY
<hr/>	<hr/>	<hr/>	<hr/>	MM / YY	MM / YY

3.2 Approximately how many customers do you have?

3.3 Do you carry out work only under a written contract signed by every client?

 Yes No

Please supply a copy of your standard form of contract, or typical examples of contracts used.

If 'no', explain in what circumstances, and why:

- 3.4 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract? Yes No

If 'yes', explain what percentage of your contracts this is applicable to and what these are capped at:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

- 3.5 Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature? Yes No

SECTION 4: COMMERCIAL PROPERTY AND BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

- 4.1 Please state the address of the premises to be insured (if different from the address given earlier):

<p>PREMISES 1</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Postcode: _____</p> <p>PREMISES 2</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Postcode: _____</p>

Please continue on a separate sheet if more than 2 premises are to be insured.

- 4.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy.

<p>Name of party: _____</p> <p>Interest of party: _____</p> <p>Address: _____</p> <p>_____</p> <p>Postcode: _____</p>

4.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No
- b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No
- c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No
- d) In a good state of repair and occupied solely as offices? Yes No
- e) Self contained with a lockable entrance door? Yes No
- f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

- g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No
- h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No
- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No
- j) Fitted with sprinklers, either fully or partially? Yes No

NOTE: Assuming you have answered 'yes' to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then please give further details:

4.4 Please detail the amounts to be insured below for each premises.

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main building:	_____	_____
Landlord's fixtures & fittings and tenant improvements:	_____	_____
Personal computers, printers and ancillary computer equipment at the office:	_____	_____
All other contents at the office:	_____	_____
Portable computers and associated equipment at home / away from the office:	_____	_____
All other contents at home / away from the office:	_____	_____

4.5 Please state, in respect of portable computers and associated equipment at home / away from the office, the maximum value of any one item (not the total value of all items):

4.6 Please detail the amounts to be insured below for Business Interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our Business Interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for Business Interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption cover (Flexible First Loss):	_____	_____

SECTION 5: CLAIMS EXPERIENCE & INSURANCE HISTORY

5.1 Please provide details of your current Professional Indemnity insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY _____	MM / YY _____	_____	_____	_____	_____
Required:	MM / YY _____	MM / YY _____	_____	_____	N/A	N/A

5.2 Please provide details of your current General Liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY				
Required:	MM / YY			N/A	N/A

5.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above:

Yes No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

SECTION 6: DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed:	Full name:
Position held:	Date: DD / MM / YY

SECTION 7: SUPPLEMENTARY INFORMATION

SUBSIDIARY 1	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 2	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 3	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 4	
Company name:	ERN:
Address:	
Postcode:	

If you have more than 4 subsidiaries please continue your response in the Additional Information section.

ADDITIONAL INFORMATION: