



## 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.

“**Senior Management**” includes all individuals who play significant roles in the making of decisions about how **Your** activities are to be managed or organised.

“**Fair Presentation**” means a presentation that:

- Clearly discloses every material circumstance that is known or ought to be known by **Your Senior Management** and those persons responsible for **Your** insurance or which is sufficient to prompt the insurer/s to ask appropriate questions. A circumstance is material if it would influence an insurer’s judgement in determining whether to take the risk and, if so, on what terms.
- Discloses information in a manner that is reasonably clear and accessible; “data dumping” of large quantities of information with important matters hard to identify amongst the volume would not fulfil this requirement.
- Contains statements and facts that are true, accurate and given after undertaking a reasonable search, including consulting with **Senior Management** and those persons responsible for **Your** insurance.

“**MUM**” means Pen Underwriting Limited trading as Manchester Underwriting Management (“**MUM**”).

**You** owe a duty of disclosure to **Your** insurer/s. This includes a duty to make a **Fair Presentation** of the risk. **You** must disclose all material circumstances known to **Your Senior Management** and those persons responsible for **Your** insurance.

**Your** presentation and the answers to the questions in this form should relate to all work and for all firms for which cover is required - past, present and future. **You** should complete all sections of this form. Where a question is not relevant to **Your** business, please respond ‘N/A’. The Application Form must be signed and dated by a **Principal** once completed. If you are in any doubt as to whether to disclose something then it is normally better to disclose it but **You** should consult your broker if **You** have any questions as to the presentation.

**You** must also disclose any changes to the presentation that occur prior to commencement of insurance, when it is renewed and at any time that it is varied.

Failure to make a **Fair Presentation** may lead to:

- The voidance of any insurance effected, resulting in no claims being met; or
- Different terms being imposed, which might mean an increased premium, excess or reduced cover; or
- The reduction of the amount of a claim payment.

### How does MUM maintain Your privacy?

**MUM** is the data controller of any personal data **You** provide to **MUM**. **MUM** collects and processes personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop its products and services and to comply with its legal and regulatory obligations. This may involve sharing information with and obtaining information from **MUM's** group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, regulators or fraud prevention agencies.

**MUM** may record telephone calls to help it to monitor and improve the service provided as well as for regulatory purposes.

Please see **MUM's** Privacy Notice for further information on how **Your** personal data is used, shared, disclosed and retained, **Your** rights in relation to **Your** personal data and how to contact **MUM's** Data Protection Officer. **MUM's** Privacy Notice can be found at <https://www.penunderwriting.co.uk/Privacy-Policy>. **MUM** may make important updates to its Privacy Notice from time to time and these may in turn affect the way **MUM** uses and handles **Your** data. Please ensure **You** review **MUM's** Privacy Notice periodically to ensure **You** are aware of any changes.

If **You** are providing data in the course of **Your** business, or as a charity, for charitable purposes and providing information on other individuals to **MUM**, for example **Your** employees and/or any other party that would be covered under the insurance or services that **MUM** may provide to **You**, **You** shall ensure that individuals whose personal data **You** are providing to **MUM** have been provided with fair processing notices that are sufficient in scope and purpose, and that **You** have obtained all appropriate consents, where required, or are otherwise authorised, to transfer the personal data to **MUM** and enable **MUM** to use the personal data and process the personal data for the purposes of this agreement and as set forth in **MUM's** Privacy Notice. **You** must not share personal data with **MUM** that is not necessary for **MUM** to offer, provide or administer its services.

**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 <b>Principal</b> to be covered						
Name of previous <b>Firm</b>						
Period at previous <b>Firm</b>	From:		From:		From:	
	To:		To:		To:	
Fees for last 3 years of trading	Year	Total	Year	Total	Year	Total
Position held at previous <b>Firm</b>						
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 for each of the last 5 financial years and an estimate for the current/next Financial Year.**

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

13) Please provide details of <b>Your 3</b> 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 <b>You</b> 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 <b>You</b> 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 <b>You</b> 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 <b>You</b> confirm that <b>You</b> 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 <b>You</b> have answered NO to any of the above, please give full details below:	

21) Do <b>You</b> 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 <b>You</b> always require <b>Your</b> 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 <b>You</b> require them to maintain:	

22) Please select the Limit of Liability <b>You</b> require quotations for.			
£250,000	<input type="checkbox"/>	£2,000,000	<input type="checkbox"/>
£500,000	<input type="checkbox"/>	£3,000,000	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>	£5,000,000	<input type="checkbox"/>
Other Limit of Liability			

23) What Level of Excess do <b>You</b> require?	
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24) Has any claim been made or loss suffered by <b>You</b> , whether insured or not, in respect of any of the risks to which this proposal for insurance relates? If YES, please provide details below:					Yes	No
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, being a signatory to this form, declare that the information in this form, together with any other information supplied, is a **Fair Presentation**. If the proposer is an organisation such as a company or Limited Liability Partnership, I make the declaration for and on behalf of the organisation (and I declare that I am duly authorised to do so).

If there is any material alteration to the facts and information which I have provided or any new material matter arises before the completion of the contract of insurance, I undertake to inform Underwriters.

**SIGNATURE**

Signed:

Printed Name:

Date: