

SENIOR WRIGHT INDEMNITY LIMITED

Boundary House
7/17 Jewry Street
London EC3N 2EX
Phone: 020 7680 5789
Fax: 020 7680 5790

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR ACCOUNTANTS PROFESSIONAL INDEMNITY INSURANCE

1. Please ensure that this Proposal Form is completed in ink by either a Partner, Director, Principal or Officer of the Firm, leaving no questions unanswered.
2. A number of questions request; 'YES' or 'NO' answers. Please ✓ (tick) the box that DOES apply.
3. Should there be insufficient space to answer any questions please give full details on your Firm's own headed note paper. Please ensure that same is SIGNED, DATED and makes clear reference to the question(s) to which it/they refer to on the Proposal Form. If a supplement attaches to this Proposal Form, please ✓ here .
4. Depending upon the qualifications and/or experience of the Partner(s)/Director(s)/Principal(s) of the Firm, Underwriters reserve the right to request a Curriculum Vitae of any of the named above before considering their position.
5. Completion of this Proposal Form does not automatically bind the Firm or Underwriters to effect a Contract of Insurance.
6. Wherever the word 'Partner' appears herein, this is deemed to read 'Partner(s), Director(s) or Principal'
7. Wherever to word 'Employee' appears herein, this is deemed to read 'Any person who is or has been under a contract of service for or on behalf of the Firm'
8. Should the Firm require any advice in what may constitute material information or any information which is relevant to this Proposal Form then the Firm must seek advise before same is completed.

A division of Senior Wright Limited, Lloyd's Brokers. 7-17 Jewry Street, London, EC3N 2EX.

ACCOUNTANTS PROFESSIONAL INDEMNITY INSURANCE

- Please answer ALL questions fully. Any questions that are not relevant to the Applicant must be answered as 'Not Applicable'. If there is insufficient space to fully answer any question, please provide full details on Applicant's letter headed notepaper, which must be signed and dated.
- Please ensure that all questions are answered correctly and the person completing this Application Form has the authority granted to do so by the Applicant. Also the Application Form must be signed and dated by the same person.
- A sample of the Applicant's current letter headed notepaper must be included with this application form.

Section 1 The Applicant

1. Name(s) (including trading names) of all entities herein referred to as the "Applicant" to be insured:

2. (a) Main address of the Applicant:

Main Post code:

(b) Does the Applicant have any offices, other than the main office listed above, for which the Applicant is seeking cover? If **YES**, please list address/es below:

YES

NO

3. Website/e-mail address:

Tel:

Fax:

4. Date on which the Applicant commenced business:

___/___/___

5. Please provide all information requested for **every** qualified accountant in the firm including any managers, assistants, consultants or subcontractors for whom cover is required. (If insufficient space please continue on page 7 of the application form). **Please note for new start up firms, CV's and a business plan is required**

Mr/ Mrs	Accountant's Full Name (Surname and all Forenames)	Date of Birth	Status (Partner/Director/Consultant etc.)	Full/Part Time	ICA No.	ACCA No.	Qualifications

6. Please state total number of:

(c) Qualified Contract Staff:

(a) Principals/Partners/Directors:

(d) Unqualified Assistants:

(b) Professionally Qualified Staff:

(e) All other staff

7. Please list the professional/regulatory bodies, trade associations or societies to which the Applicant belong:

Section 2 – Predecessor Business(s)

1. (a) Has the name of the Applicant ever changed?

YES

NO

(b) Has any other practice or business amalgamated or merged with the Applicant?

YES

NO

(c) Has the Applicant ever purchased any other practice or business?

YES

NO

If **YES** to either (a), (b), or (c) please provide details:

2. Is cover required for liabilities arising from any predecessor in business?

YES

NO

If **YES** please provide the following details:

Name of firm(s):

Date established:

Date firm was succeeded:

Section 3 – Fee Split

1. (a) Please declare Applicant's gross fee income from professional services
- rendered**
- in:

	Past Financial Year (Financial year end ____/____)	Current Financial Year (Financial year end ____/____)	Estimate for Next Financial Year
United Kingdom	£	£	£
USA/Canada	\$	\$	\$
Elsewhere			

- (b) Please declare Applicant's:

Typical fee: £ _____ **(Past Financial Year)**Largest cumulative fee: £ _____ **(Past Financial Year)**

- (c) Please proportion Applicant's gross fee income rendered in
- Past Financial Year**
- into the fee bandings shown below:

Gross Fee Income Banding	No. of Clients within this banding	Total Gross Fees Rendered
i. £1 - £5,000		i. £
ii. £5,001 - £10,000		ii. £
iii. £10,001 - £25,000		iii. £
iv. £25,001 - £40,000		iv. £
v. Over £40,000		v. £

Section 4 – Area of Practice

1. (a) Please provide an accurate split of the Applicant's gross fee income declared as a percentage of professional services rendered in the
- Past Financial Year**
- :

Auditing	%	Executorships and Trusteeships	%
Accounting & Bookkeeping	%	Directorships	%
Company Tax for Public Limited Companies	%	General Insurance	%
Personal Taxation	%	Stock Exchange	%
Other Pure Taxation (corporation)	%	Investment business regulated under FSA (1986)	%
Insolvencies, Liquidations & Receiverships	%	Management Consultancy	%
Referrals	%	Computer Consultancy	%
Fund Management	%	Other Consultancy - Please provide full details	%
Mortgages	%	Non-FSA Investment Advice	%
Pensions	%	Payroll Services	%
Mergers, Acquisitions, Disposals	%	Other Work – Please provide full details	%
Secretarial and Share Registration	%	Total must = 100%	%

2. (a) Does the Applicant expect there to be any significant change to its professional services or to the business in the coming year **or** have had a significant change in the last 10 years? YES NO
- (b) Is there any other material information regarding the Applicant's professional services that have not been declared in this application form? YES NO

If **YES** to either (a), (b), please provide details:

3.	(a) Does the Applicant undertake or have undertaken investment advice?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(b) Does the Applicant require cover for any <u>work undertaken</u> outside of England, Wales, Scotland or Northern Ireland?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES to either 3 (a) or (b), please identify the type(s) of business undertaken, the Regulatory Body (ICA, FSA, other) and territory in which the professional service(s) has/have taken place:	If Regulated by the FSA – please request a FSA questionnaire for completion	
4.	(a) Has the Applicant ever undertaken work for Lloyd's of London or any Lloyd's Managing/Member's Agent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(b) Does the Applicant act as a trustee of any pension fund?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(c) Has the Applicant ever undertaken work for clients in the entertainment industry, such as pop stars, comedians, actors, singers etc?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES to either (a), (b) or (c), please provide full details:		
5.	Is the Applicant registered with the Mortgage Code Compliance Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	Other than the provision of general taxation services and associated consultancy, has the Firm provided or does the Firm intend to provide (in the next 12 months), any recommendation regarding or introduction to specialist tax relief schemes – for example, concerning film finance or investment in technology companies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section 5 – Client Base

1.	(a) Provide the percentages of gross fees allocated to each Client Base derived from the Applicant's Past Financial Year . (Round to the nearest whole percent)			
	Quoted Companies*	%	Unincorporated Small Businesses including Sole Traders and Farmers	%
	Lloyd's syndicates, Banks, Financial Institutions, Insurance Companies, Underwriting Agencies or Offshore Companies*	%	Trusts, Pension Schemes & Charitable Associations	%
			Individuals	%
	Unquoted Companies	%	Others*	%
	* If you provide services to any of these please provide full details.		Total must equal 100%	100%
	(b) Does any one client generate 20% or more of Applicant's annual gross fees income declared from Past Financial Year?	YES <input type="checkbox"/> NO <input type="checkbox"/>	(If YES please provide full details of the client and the work undertaken on separate page)	
	(c) Does the Applicant provide management services or investment advice to any entertainment clients or sporting professionals?	YES <input type="checkbox"/> NO <input type="checkbox"/>	(If YES please provide full details of the client and the work undertaken on separate page)	

Section 6 – Consultants/Sub-contractors

1	Does or has the Applicant use/used the services of outside consultants, sub-contractors or agents?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If NO , please proceed to Section 7. If YES , please answer i), ii), iii), iv) and v)		
	i) Does the Applicant require such consultants, sub-contractors or agents to maintain their own professional indemnity insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	ii) What limit of indemnity does the Applicant require them (1i) above) to hold?	£_____	
	iii) Does the Applicant regularly check that outside consultants, sub-contractors or agents maintain their own professional indemnity insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	iv) What percentage of the Applicant's Past Financial Year income relate to sub-contracted work?	_____%	
	v) In respect of work undertaken for and on behalf of the Applicant by outside consultants, sub-contractors or agents may Insurers maintain their legal rights of subrogation against such outside consultants, sub-contractors or agents?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If **NO**, please provide reason why Insurers subrogation rights are not to be maintained. Please note that Insurers legal rights are reserved unless specifically agreed and subrogation rights waived.

Section 7 – Associated Companies

1.	(a) Does the Principal or do any of the Partners or Directors of the Applicant have any association with or financial interest in any other practice, company or organisation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES , please provide details:			
(b)	Does the Applicant undertake work for any of the above?	Not Applicable <input type="checkbox"/>	YES <input type="checkbox"/>
If YES , please provide details:			

Section 8 – Risk Management

1.	(a) Are satisfactory written references obtained prior to the engagement of any new partner/employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(b) Are petty cash and cash in hand checked independently of the employees responsible at least monthly and additionally without warning every six months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(c) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(d) Are employees receiving cash and cheques in the course of their duties required to pay in daily?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(e) Do all cheques drawn for more than £25,000 require at least two signatures?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(f) Are all computer records backed-up daily?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO to (a) – (f) please give full details on separate sheet			
	(g) Has the any partner or member of staff ever suffered or reported loss through fraud or dishonesty?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES to (g) above give full details on separate sheet			
	(h) Has any accountant or other member of staff, either past or present, ever been subject to disciplinary proceedings by the ICA, ACCA or any equivalent professional organisation; or had a civil or criminal judgment against him or her?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES , please provide details including dates, circumstances, amounts involved and steps taken to prevent a recurrence.			
	(i) Only answer this question if the Applicant is a sole practitioner. (Not Applicable <input type="checkbox"/>) What procedures are in place to cover periods of absence from the business i.e. holiday, or illness?		

Section 9 – Current Cover

1.	Is the Applicant currently in the Assigned Risk Pool? If YES , please provide full details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Does the Applicant currently hold professional indemnity insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES, please state:		
	Name of Insurer:		
	Renewal/Effective date:	____/____/____	
	Limit of Indemnity:	£	
	Excess:	£	
	Premium:	£	

3. Has the Applicant or any predecessor or current partner/director or predecessor firm of any current partner / director ever been refused professional indemnity insurance or had special terms imposed by insurers, or had a professional indemnity insurance policy cancelled/voided? If YES , please provide full details	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Section 10 – Requested Cover		
1. (a) What limit of indemnity does the Applicant require quotations for?		
£100,000 <input type="checkbox"/>	£250,000 <input type="checkbox"/>	£500,000 <input type="checkbox"/>
£750,000 <input type="checkbox"/>	£1,000,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>
£5,000,000 <input type="checkbox"/>	Other - Please specify:	£
(b) What type of cover does the Applicant require?: (tick more than one box if required)		
i) Each and every claim <u>unlimited</u> in the policy period		<input type="checkbox"/>
ii) Each and every claim <u>aggregated 3 times</u> in the policy period		<input type="checkbox"/>
iii) Each and every claim <u>and in all</u> in the policy period		<input type="checkbox"/>
(c) What level of uninsured excess does the Applicant require quotations for? (tick more than one box if required)		
£Nil <input type="checkbox"/>	£250 <input type="checkbox"/>	£500 <input type="checkbox"/>
£750 <input type="checkbox"/>	£1,000 <input type="checkbox"/>	£1,500 <input type="checkbox"/>
£2,000 <input type="checkbox"/>	£2,500 <input type="checkbox"/>	£5,000 <input type="checkbox"/>
£10,000 <input type="checkbox"/>	Other – Please specify:	£
Section 11 – Claims/Circumstances		
1. (a) If an insurance similar to that now applied for has been or is now in effect would any loss or claim against the Applicant fall within the scope of such insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES , please provide details including dates, circumstances, and cost/estimated cost of claim or loss and steps taken to prevent a recurrence on final page of application form		
(b) Has the Applicant or any of the Applicant's predecessors in business declared in section 2, reported any circumstances, incidents or claims to its current or previous insurers in the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Are there any pending claims or circumstances that might reasonably be expected to give rise to any claim or loss against any persons proposed for insurance that would fall within the scope of this insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d) Has the Applicant received any letters of complaint about its professional services in the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(e) Are there currently any outstanding fee disputes which relate to complaints against the Applicant about its shortcomings/sub-standard work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES to (b), (c), (d) or (e) please provide details full details on final page of this application form, including estimated losses and full quantum's (if applicable)		
(f) Is the Applicant aware of any circumstances, incidents or claims which, after making full enquiry of all partners and employees of the firm, the Applicant has not reported to current or any prior insurers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES , please provide details full details on final page of application form		

