



Professional Indemnity Insurance Proposal Form
for Accountants



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1) Full trading names of all Firms to be insured under this arrangement:	
Name(s)	Date Established

2a) Website	
2b) Email Address	
2c) Telephone Number	

3) All addresses:

4) Full names of Directors/ Partners/ Principles & Consultants			
Name	Age	Qualifications	Date Qualified

5) Total Number of Staff			
Principals	Qualified Staff	Unqualified Staff	Others

6) 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

7) 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
If YES, please provide full details:

8) 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:

9) Current Professional Indemnity Policy					
Insurer	Broker	Limit of Indemnity	Excess	Premium	Renewal Date

10) Breakdown of turnover/fees:				Financial Year End:	
	20()	20()	20()	20()	Next Year
UK					
USA/Canada					
EU					
Elsewhere					
Total					

11) 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:			

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12) Breakdown of Your activities and percentage of income generated for each discipline:	
Audit, Accountancy and Company Tax for Unquoted Companies	%
Audit, Accountancy and Company Tax for Quoted Companies	%
Personal Taxation Consultancy	%
Other Pure Taxation Consultancy	%
Management Consultancy	%
Bookkeeping/Payroll	%
Secretarial and Share Registration	%
Executorships and Trusteeships	%
Insolvencies, Liquidations and Receiverships	%
General Insurance	%
Investment Business	%
Computer Consultancy	%
Directorships	%
Mergers, Acquisitions, Disposals (including Due Diligence work)	%
Other: Please describe:	%
Total: %	

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

14) Have You ever conducted any work for clients in the Entertainment/Sports Industry?		YES	NO
If You have answered YES, please give full details below:			

15) Have You ever been or are You now authorised for investment business?		YES	NO
If YES, please contact us for the Financial Services Questionnaire.			

16) 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				
Date of Claim/Loss	Details of Claim/Loss	Amount Paid	Date Settled	Outstanding Reserve

17) Are you aware of any of the following?		YES	NO
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?			
Any matter which might otherwise affect the consideration of this proposal?			
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?			
If the answer to any of the above is YES, please provide full details below:			

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18) Please select the Limit of Indemnity you require:		19) What Level of Excess Do You require?	
£250,000.00		£2,000,000.00	
£500,000.00		£3,000,000.00	
£1,000,000.00		£5,000,000.00	
Other Limit of Indemnity:			

20) Additional Information:

DECLARATION

I/We declare that the previous statements and particulars are true and I/We have not suppressed or mis-stated any material facts.

I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any subsequent contract of insurance.

Name of Principal Signing this form:

Signature of Principal:

Date: