



Professional Indemnity

Proposal Form Accountants



ACCOUNTANTS

Company name:

Contact details:

Address:	Contact Name:
	Telephone:
	Fax:
	Email:
Post code:	Website:

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

Additional insured name and address:

Postcode

NOTE: Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy

Additional liabilities:

Is cover required for anything other than work undertaken by the firm(s) identified on the Professional Indemnity Insurance proposal form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

YES NO

If YES, please provide details:

Date business established:

Total income:

	Last complete financial year	Current year	Estimate next year
UK law contracts	£	£	£
EU law contracts	£	£	£
US law contracts	£	£	£
Other law contracts	£	£	£

During the last financial year (estimate if new start-up)

Largest fee from any one client	Average fee from any one client
£	£

Partners and directors:

Name	Qualifications	No. of years experience

Where a partner or director has been in their profession for less than five years, please send us their brief CV along with this proposal form.

Staff:

Total number of employees including partners/directors listed above

What is the firms total wage roll? £

Consultants:

Please give the following details for consultants under a contract of service with you:

Name	Qualifications	No. of years experience

Sub-contractors:

Do you use independent sub-contractors? YES NO

If YES:

a) What approximate percentage of annual fee income is paid to sub-contractors? %

b) What activities do they undertake?

c) Do you ensure they have relevant qualifications? YES NO

d) Do you ensure they have their own PI insurance? YES NO

Your business activity

Please split your last completed financial year's income approximately between the following professional disciplines: If this proposal form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year.

- a) Audit/accountancy:
 - (i) Quoted companies %
 - (ii) Unquoted companies %
 - (iii) Other, including farmers, small traders etc. %
- b) Taxation
 - (i) company %
 - (ii) personal %
- c) Book keeping/wageroll %
- d) Computer consultancy %
If over 30% please complete the Hiscox IT Proposal Form in addition to this.
- e) Introducer commissions earned from third-party arrangers of insurance, financial services and investments %
- f) Secretarial & share registration %
- g) Executorship & trusteeship %

approximate of value of largest fund £
- h) Directorships %
- i) Insolvencies, liquidations & receivership %
- j) Mergers, acquisitions, disposals %
- k) Management consultancy %
If over 50%, please complete the Business & Management Consultants Form in addition to this.
- l) Any others - give full details %

Have you ever undertaken work in any of the following areas:

- a) for banks or other financial institutions? YES NO
- b) for insurance companies, Lloyd's Syndicates/Names, Lloyd's Managing or Members Agents? YES NO
- c) with any off shore companies YES NO
- d) off shore funds/investments (including Isle of Man & Channel Islands)? YES NO
- e) for solicitors? YES NO
- f) Investment business as defined by the Financial Services Act 1986 and its subsequent amendments and replacements? YES NO
- g) advice in respect of Split Capital Investment Trusts? YES NO
- h) advice in respect of corporate finance YES NO

If the answer to any of the above if YES, please give full details in the box below:

- i) for clients in the "entertainment" industry? YES NO
- If YES, please state nature of services provided annual fees received for such work, name and profession the client(s).

Regulatory controls

- Has any person for whom insurance is now sought ever been the subject of disciplinary proceedings by the ICA or any other professional organisation? YES NO
- If YES, please give details:

- Have you ever bought Professional Indemnity Insurance in the past? YES NO
- If YES, please provide details:

Name of Insurer	Limit of indemnity	Excess	Premium	Renewal Date	No. of years continuously held

Please advise the limit of Indemnity now required together with your preferred excess.

Option	Limit	Excess
A	£	£
B	£	£

You must complete this section.

In relation to your professional business activities, are you after reasonable enquiry aware of:
Any shortcoming in your work which may lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right.
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project.

YES NO

A client withholding payment due to you after any complaint.

YES NO

Any loss from the dishonesty or malice of any employee or self-employed freelancer.

YES NO

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer.

YES NO

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee.

YES NO

If you answered YES to any of the above, please provide full details:

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Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt?

YES NO

2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt?

YES NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

3. Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)?

YES NO

4. Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

YES NO

If the answer to 3. and/or 4. above is YES, please give full details below:

Date	Details



DECLARATION

You must complete this section.

Please read the declaration carefully and sign at the bottom.

MATERIAL INFORMATION

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

DATA PROTECTION

By signing this Proposal Form you consent to Collegiate Management Services Limited using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DECLARATION

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Collegiate Management Services Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

Name _____
(in capitals)

A copy of this proposal should be retained for your records.