



Langton London

Insurance Brokers Ltd

**Accountants
Professional Indemnity Insurance
Proposal Form**

Accountants Professional Indemnity Insurance Proposal Form

Instructions

- This proposal form must be completed by a Principal, Director, Partner or Company Secretary of the Proposer.
- If there is insufficient space to provide answers, please supply additional information on a separate sheet of the Proposer's company headed paper.
- All questions must be answered.
- Completion of this proposal form does not bind the Proposer to complete the insurance, however, should the insurance be accepted, this proposal form shall form the basis of the Contract. Please keep a record of all information supplied to us.

Disclosure

- It is your responsibility, throughout the lifetime of a policy and at renewal, to provide us and your insurers with complete and accurate information. You should check carefully the details on the proposal form that have been completed on your behalf to ensure that they are correct.
- With regard to the insurance cover we arrange for you it is essential that all the facts should be disclosed. You must take reasonable care to provide complete, accurate and honest answers to the questions we ask when you take out, make changes to or renew your policy. This will include all information that is likely to affect both the assessment and acceptance of risks being insured, whether or not a specific question has been included in this Proposal form. Failure to provide full and accurate information may invalidate your cover, thus any potential claim may be declined. If you are unsure whether you should disclose it or if you are in any doubt, do not hesitate to ask us.

1. Name of Proposer (Director/Partner) of whom correspondence should be sent to

2. Name of Company/Firm and any subsidiaries to be included in the Policy

3. Principal Address

4. Telephone

Fax

Email

Website

5. Date current company established

6. Do you have any offices, other than the main office listed, for which you are seeking cover?

Yes

No

If Yes, please list addresses (on separate sheet if necessary)

7. Please specify which Professional organisation regulates your firm:

ICAS

ICAI

ICAEW

ACCA

Other - please specify:

8. Date of commencement and cessation of former companies/firms

9. Reason for cessation of former companies/firms

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

Yes

No

If Yes, please provide details:

Name of Firm	For which Partners?	Title of previous business	Date Partner left business	Limit of Indemnity required (if less than stated in Q39)	Date Established	Date Firm was succeeded
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Profession/Activities of Company

12. Is the Firm a member of any Professional or Trade Association?

Yes

No

If Yes, please give details:

13. Please provide full details of Professionally Qualified Directors/Partners/staff for which cover is required (including details of any sole practitioner). If you are a newly established firm, please enclose a Curriculum Vitae for every Partner or Director together with a business plan for the firm **(Please complete on a separate sheet if necessary).**

Title	Accountant's Full Name	Accountant Status (Partner/Assistant Manager/Consultant/Subcontractor)	Date of Birth	Qualifications	Full/Part Time	Membership no. ICA	Membership no. ACCA	Membership Other e.g. AAT, ATT experience
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

14. Sole Practitioner.

What arrangements are made when you cannot attend to your business?

15. Staff numbers (excluding Partners/Directors):

Professionally Qualified

Unqualified Assistants

All Others

16. Is cover required for any independent Accountant of whom work is sub-contracted?

Yes No

If Yes, please advise:

Name	Qualifications	Fees paid (last financial year)	Does Accountant have own Professional Indemnity cover?

17. State for the whole company/firm total gross fee income for the last 5 financial years

	UK	USA/Canada	Elsewhere
Year:	£	£	£
Year:	£	£	£
Year:	£	£	£
Year:	£	£	£
Year:	£	£	£

18. Estimate of forthcoming gross fee income

	UK	USA/Canada	Elsewhere
Year:	£	£	£

19. Please state the firm's largest cumulative amount of fees charged to a single client for the accounted year that immediately precedes the start of the policy or, if you are a new firm, estimated largest cumulative fee for the forthcoming accounting year:

£

20. Does any client generate 20% or greater of your annual gross fees?

Yes No

If Yes, please provide details (and on a separate sheet if necessary):

Name of Client (Optional)	Nature of Business	Services Provided	Please state average client fee
			£
			£

21. Financial Year End:

22. If you operate from more than one address, state the proportion of fees in relation to each individual office (where an office is not subject to full supervision by a Partner/Director advise details of office management):

Office	Fees

23. Does your firm require cover for any work undertaken outside of England/Wales?

Yes No

If Yes, please provide full details:

24. Provide the percentage of Gross Fees allocated to each Area of Practice, rounded to the nearest whole percent.

Auditing	<input type="text"/> %	Mortgage Advice	<input type="text"/> %
Accountancy and Bookkeeping	<input type="text"/> %	Pensions Advice	<input type="text"/> %
Personal Taxation	<input type="text"/> %	Management Consultancy	<input type="text"/> %
Company Taxation	<input type="text"/> %	IT Consultancy	<input type="text"/> %
Insolvencies, Liquidation and Receiverships	<input type="text"/> %	Directorships	<input type="text"/> %
Mergers, Acquisitions and Disposal	<input type="text"/> %	Executorships & Trusteeships	<input type="text"/> %
Brokerage/Commission for Referrals	<input type="text"/> %	Company Secretarial & Share Registration	<input type="text"/> %
Investment Advice	<input type="text"/> %	Payroll Services	<input type="text"/> %
Fund Management	<input type="text"/> %	*Other	<input type="text"/> %
		Total must equal 100%	100%

*If Other, please provide full details (and on a separate sheet if necessary):

25. For any of the types of work (on the previous page) where you have answered Nil, please provide details if you have been engaged in such activities in the last five years:

26. Do you envisage any changes in the activities as described above in the next 12 months?

Yes No If Yes, please provide details:

27. Provide the percentage of Gross Fees to each Client Base.

Client Base % Rounded to the nearest or whole percent.

*Quoted Companies	<input type="text"/>	%
Banks, Financial Institutions, Lloyds Syndicates, Insurance Companies, Underwriting Agencies or Offshore Companies*	<input type="text"/>	%
Unquoted Companies	<input type="text"/>	%
Unincorporated Small Businesses including Sole Traders and Farmers	<input type="text"/>	%
Trusts, Pension Schemes and Charitable Associations	<input type="text"/>	%
Individuals	<input type="text"/>	%
*Others	<input type="text"/>	%
TOTAL MUST EQUAL 100%	<input type="text"/>	100 %

*If you provide services to these categories, please provide details:

28. Do you perform work for:

- i) British Companies with American Subsidiaries or with assets overseas? Yes No
- ii) USA based Companies Yes No
- iii) Subsidiaries of USA Companies Yes No

If Yes to any of the above, please provide full details:

29. i) Does any Partner or Employee of the Company/Firm hold any appointment(s) as Director or Company Secretary of any Company(ies) situated in the Channel Islands or the Isle of Man?

Yes No If Yes, please provide full details:

Appointee	Company	Position Held	Fees Earned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ii) Does any Partner or Employee of the Company/Firm act as Trustee of any Trust(s) administered in the Channel Islands or the Isle of Man?

Yes No If Yes, please provide full details:

Appointee	Trust	Trust Funds	Fees Earned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

30. Do you act as Auditors to any of the following?

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| a) Banks and Other Financial Institutions | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Insurance Companies, Lloyds Syndicates or Funds (including captive Insurance Companies) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Any 'Off-Shore' Companies | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Entertainment clients | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If Yes to any of the above, please provide full details:

Name of Client	Fee	Services Provided
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

31. Do you provide, or have you provided, management services or investment advice to any entertainment clients or sporting professionals?

- Yes No If Yes, please provide full details:

32. Does the Company/Firm or any Partner/Director or employee on behalf of the Company/Firm, act as a Trustee for any Pension Fund, Travel Insurance Scheme or the like?

- Yes No If Yes, please provide full details:

33. Does the Company/Firm or any Partner/Director act on behalf of, or undertake work for any firm, company or organisation in which the Company/Firm or any Partner/Director has a financial interest?

- Yes No If Yes, please provide full details, including fees earned:

34. Does the Company/Firm or any Partner/Director have any association with or financial interest in any other firm, company, or organisation? (other than as shareholders/stockholders in a publicly quoted company):

- Yes No If Yes, please provide full details of the nature of the associations together with the name of the business:

35. To the best of your knowledge, has any Accountant or other member of staff either past or present, ever been the subject of disciplinary proceedings by the ICAEW, ICAS, ICAI, ACCA or any equivalent professional organisation; or had a civil or criminal judgement against him or her?

- Yes No If Yes, please provide full details:

36. Is your firm registered with the Mortgage Code Compliance Board? Yes No

37. Does the firm undertake, or has the firm undertaken, investment advice? Yes No

If Yes, who is/was the work regulated by? ICA FCA Other

If your firm is/was regulated by the FCA, you will need to complete an FS questionnaire. Please contact Hera Indemnity on 020 7062 4020.

i) Does the Company/Firm always obtain satisfactory written references direct from former employees of the three years immediately preceding the engagement of any Employee, Director, Partner or Principal responsible for the money accounts or goods?

Yes No

ii) Has any Partner or member of staff been involved in any instances of fraud or dishonesty?

Yes No If Yes, Please provide full details:

iii) Do all cheques drawn for more than £25,000 require two signatures? Yes No

iv) Is cash in hand and petty cash checked independently of the employee responsible?

a) At least monthly? Yes No

b) Additionally, without warning, at least every six months? Yes No

v) 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 No

vi) Please confirm that your annual Accounts have been prepared and/or certified by an independent Accountant or Auditor:

Yes No

vii) Please confirm that the responsibilities for: a) Authorisation of transactions b) Processing of transactions c) Completing of transactions will be carried out by entirely separate Employees/Principals/Directors

Yes No

38. Is it the Company/Firms policy to obtain letters of engagement from all clients? Yes No
If Yes, please attach specimen, if No, please provide brief details as to why not:

39. Do you currently hold a Professional Indemnity policy? Yes No If Yes, please provide brief details:

Limit £	Excess £	Premium £	Insurer	Broker (if any)	Is Aggregate Excess Required?	Renewal Date/Requested Effective Date
<input style="width: 100px; height: 50px;" type="text"/>	<input style="width: 100px; height: 50px;" type="text"/>	<input style="width: 100px; height: 50px;" type="text"/>	<input style="width: 100px; height: 50px;" type="text"/>	<input style="width: 100px; height: 50px;" type="text"/>	<input style="width: 100px; height: 50px;" type="text"/>	<input style="width: 100px; height: 50px;" type="text"/>

Limit of Indemnity required

Option 1 £ Option 2 £ Option 3 £

Per Claim Excess

Option 1 £ Option 2 £ Option 3 £

40. a) In the last five years, has your firm or any predecessor in business, reported any circumstances, incidents or claims to any current or prior Insurers?

Yes No If Yes, please provide previous Insurers claims history or a full claims supplement.

Have any claims for professional negligence, error or omission been made against the Company or any of its present or former Directors or Partners including whilst acting at any other Company during the last 10 years?

Yes No If Yes, please provide full details, including the amounts involved:

Date of claim	Claimant	Open/Closed	Reserve (£)	Paid (£)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

b) Are you aware of any circumstances, incidents or claims which, after making full enquiry of all partners and employees of the firm, you have not reported to your current or any prior Insurers?

Yes No

Please note that you have an obligation under the Minimum Approved Policy Wording to notify these matters to your current Insurer and we shall ask you to confirm you have done so before cover can be put in place.

c) Please provide details of what measures have been taken to prevent a recurrence of the situation which gave rise to each claim:

d) Has any Insurer refused to offer your firm terms for Professional Indemnity insurance; imposed special conditions on your firm; cancelled your firm's insurance; or refused to renew the insurance of your firm?

Yes No If Yes, please provide full details:

e) Is your firm in the Assigned Risks Pool?

Yes No

41. Has there been any significant change to your firm in the last ten years?

Yes No

If Yes, please provide full details:

42. Do you expect there to be any significant change to, or in your firm in the forthcoming year?
If Yes, please provide full details (and on a separate sheet if necessary)

Yes

No

43. Is there any other material information that may be relevant to this application?

Yes

No

If Yes, please provide full details:

Declaration

The undersigned person declares that the above statements and particulars are true, to their best knowledge and belief, and have not suppressed or mis-stated any material facts.

We agree that this declaration shall be the basis of the contract between Us and the Insurers.

Name of Director/Partner/Company Secretary

Date

Signature of Director/Partner/Company Secretary

Date



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