

**IMPORTANT
NOTICE**

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposers or Insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Once completed, please either:

Post to -

**Charles Insurance,
29 Hickman Road,
Penarth,
Vale of Glamorgan
CF64 2AL**

OR fax to -

029 2071 2919

OR scan and e-mail to

chris@pro-indemnity.co.uk

In case of difficulty with these forms, please ring

029 2070 2333

for assistance

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax. For additional information or information that you cannot fit into the spaces provided please use a separate sheet.

1) Please provide the following details (including trading names) of the Proposer/s:

Name	Date Commenced

Website Address:

Email Address:

2) Is cover required for predecessor practices to the Proposer/s?

YES		NO	
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If **YES**, please provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

3)

Name in full of all Principals	Qualifications	Date Qualified	How long as a Principal with Proposers

- 4) Is cover required for the previous business activities of any Principal?

YES		NO	
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If **YES**, please state:

Name of Principal			
Name of Previous Firm			
Period To / /	From / / To / /	From / / To / /	From / / To / /
Fees for Last 3 Yrs	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £
Reason for Leaving			
Position in Firm			
Is there separate insurance covering the activities of this firm for the period stated above?			

- 5) **ADDRESS/ES** of Proposer/s

All addresses must be shown together with the Principal responsible for the work at each office:

Address	Principal in charge	Approximate % of total fees

6) DO NOT ANSWER IF PROPOSAL IS FOR RENEWAL OF INSURANCE WITH HCC

Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	

7) Is cover required for any past Partner or Principal?

YES		NO	
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If YES, please give:

Name	Qualifications	How long with Proposer/s

8) Please state total numbers of:

Principals	
Qualified staff	
Others	

9) (a) Do you sub-contract work to any outside party?

YES		NO	
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If YES, please provide details:

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(b) Do you require any sub-contractor to be indemnified under your insurance arrangements?

YES		NO	
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If **YES**, please state:

Name	Qualifications	Fees Paid (last financial year)

10) State for the whole Proposer/s

(a) Gross fees received for each of the last five financial years

				Last Complete Year	Current Year	Forthcoming Year
Year End	/ /	/ /	/ /	/ /	/ /	/ /
Total Fees	£	£	£	£	£	£
Average Fee	£	£	£	£	£	£
Largest Fee	£	£	£	£	£	£

(b) Split of Gross Fees in the last complete financial year:

Audit, Accountancy and Company Tax for quoted companies	%
Other Audit and Accountancy (including related Tax work)	%
Personal Taxation only	%
Other pure Tax work	%
Management Consultancy	%
Secretarial and Share Registration	%
Executorships and Trusteeships	%
Insolvencies, Liquidations and Receiverships	%
General Insurance Commissions	%
Stock Exchange Commissions	%
Commissions from investment business regulated under Financial Services Act	%
Directorships	%
Computer Consultancy	%
Mergers, Acquisitions, Disposals	%
Other Consultancy only	%
Other Work - please give full details	%

100%

(c) What proportion of fees in last complete financial year derived from "small" client work of fee value below £15,000 per client?

%

11) Has any overseas work been carried out in the past?

		NO	
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If **YES**, please state gross fees in respect of this work:

				Last Complete Year	Current Year	Forthcoming Year
Year End	/ /	/ /	/ /	/ /	/ /	/ /
USA/Canada	£	£	£	£	£	£
Other	£	£	£	£	£	£

Please give brief details, including countries:

12) (a) Has any person for whom insurance is now sought ever been the subject of disciplinary proceedings by the I.C.A. or any other professional organisation?

YES		NO	
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(b) Has the Proposer/s at any time undertaken work of any description for Lloyd's of London or any Lloyd's managing or members agent?

YES		NO	
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(c) Does any person for whom insurance is now sought act as trustee of any pension fund?

YES		NO	
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(d) Has the Proposer/s at any time undertaken work of any description for clients in the entertainment industry?

YES		NO	
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(e) In the last complete financial year, did more than 20% of fee income derive from one client?

YES		NO	
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If **YES** to any of the above, please give full details (including amounts, fund values etc):

13) Is the Proposer/s authorised for investment business under the Financial Services Act?

YES		NO	
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If **YES**, please identify regulator and type(s) of business for which authorised:

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If **YES**, Please complete the Accountants Financial Services Questionnaire (available on request)

14) (a) Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods?

YES		NO	
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(b) Has the proposer/s suffered any loss in the last 6 years through fraud or dishonesty?

YES		NO	
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If **YES**, state date, circumstances, amount and steps taken to prevent a recurrence:

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(c) Do all cheques drawn for more than £25,000 require at least two signatures?

YES		NO	
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(d) Is cash in hand and petty cash checked independently of the employees responsible at least monthly and additionally without warning at least every six months?

YES		NO	
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(e) 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	
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(f) Are employees receiving cash and cheques in the course of their duties required to pay in daily?

YES		NO	
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15) For what Limit/s of Indemnity are quotations required?

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There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?

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16) (a) In respect of **ANY** of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

YES			NO		
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(b) Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of **ANY** of the risks to which this proposal relates?

YES			NO		
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If **YES** to (a) or (b), please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

(c) What steps have been taken to prevent a recurrence?

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Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Insurers.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties.

Signature of Principal:

Date:

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

All questions must be answered fully, and those questions not relevant to you should be marked N/A.

If there is insufficient space, please provide details on your letterhead.

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION