



Quercus Professional Indemnity Limited

PROPOSAL FORM

ACCOUNTANTS

PROFESSIONAL INDEMNITY INSURANCE

Contact:

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**ACCOUNTANTS
PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM**

Please answer all questions fully and if you have a brochure or any other information concerning your business please attach to this proposal.

1. Name of Insured/Proposer:

2. Main address plus any overseas addresses:

3. Web-site address:

Email address:

Telephone No:

Fax No:

4. Date business established:

5. Full description of your business activities:

6. Are you connected or associated (financially or otherwise) with any other business?

Yes

No

If Yes, please give full details

7. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place?

Yes

No

If Yes, please give full details

8. Are you a member of any Professional Association?

Yes

No

If Yes, please give full details

9. Details of Principals/Partners/Directors:

Name	Age	Qualifications	Number of Years Experience

Please attach CVs for all of the above if the business is less than five years old.

10. Number of Employees:

Qualified _____ Others _____

11. a. Give details of your fees/income derived from clients based in:

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK	£	£	£
North America	£	£	£
Elsewhere	£	£	£

b. Is any work performed outside the UK?

Yes No

If Yes, please give full details

c. On what date does your financial year end?

12. Please confirm:

a. Your largest total fee from one client in the last year £

b. Your average fee per client in the last year £

13. Division of work:

Please detail the approximate percentage breakdown of your last financial years income/fees in the following categories:

Audit	
i. Quoted Companies	%
ii. Others	%
General Accountancy and Company Tax	%
Taxation only	%
Management Consultancy	%
Consultancy only	%
Company Secretary/Register Work	%
Executorship and Trusteeship	%
Insolvencies, Liquidations and Receiverships	%
Insurance, Building Society & Stock Exchange Commissions	%
Directorship Fees	%
Computer Consultancy	%
Corporate Finance, Mergers, Acquisitions	%
Investment Advice	%
Other work (please specify)	%
TOTAL	100%

14. Do you act as Auditors to any of the following:

- a. Banks or other Financial Institutions Yes No
- b. Insurance Companies of Funds
(including Captive Insurance Companies) Yes No
- c. Any other 'offshore' Companies Yes No

If the answer to any of the above is Yes, please give details of clients, the nature of work performed for them and your annual fee.

15. Do you have any clients in the Entertainment Industry?

Yes

No

If Yes, please give details of clients, the nature of work performed for them and your annual fee

16. In respect of your quality control procedures:

a. How do you ensure that taxation deadlines are not missed?

b. What records are kept of telephone conversations and attendance at meetings?

17. Do you currently have professional indemnity insurance in force?

Yes

No

If Yes, please advise Insurer Renewal Date

Premium

18. Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes

No

If Yes, please give full details

19. a. Have you sustained any loss through the fraud or dishonesty of any person?

Yes

No

If Yes, please give details

b. Are you aware of any fraud or dishonesty at any time of any past or present partner, director or employee?

Yes

No

If Yes, please give details

c. Do you always obtain satisfactory written references when engaging employees?

Yes

No

If No, please provide reasons

d. Is any partner, principal, director or employee allowed to sign cheques without a counter signature?

Yes

No

If Yes, please give the circumstances and the cheque limit

e. Are employees who receive cash/cheques in the course of their duties required to pay in daily?

Yes

No

If No, please give details of the procedures implemented

20. Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business? Yes No

If Yes, please give full details

21. Are you aware, after full enquiry, of any circumstance or incident which as or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business? Yes No

If Yes, please give full details

22. Please indicate the levels of indemnity you require quotes for:

£ £ £

23. A self-insured excess will apply to any claim. Underwriters will decide the minimum amount when assessing your risk, but if you have a preferred level of excess, please indicate below:

£

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts.

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

I/We undertake to inform insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

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Signature of Principal/Partner/Director

.....

Date