

Accountants Proposal Form

PROFESSIONAL INDEMNITY

Important

Please answer all questions from each section and complete in block capitals. Tick the appropriate boxes where necessary and supply any further information requested. If there is insufficient space to complete any answer, please continue at the end of this form or on a separate sheet of paper

Even if some or all of the answers can be given by reference to your website, you should nonetheless set out your full answers here and also provide us with any other material information that you know or ought to know following a reasonable search of information available to you. Please take all reasonable care to answer all of the questions honestly, clearly and to the best of your knowledge. If you do not answer all the questions correctly, or the declaration honestly, your policy may be cancelled and any claim rejected or not fully paid.

The completion and signature of this questionnaire does not bind the proposer or Travelers to complete a contract of insurance.

Please refer to the policy wording for details of the cover provided.

GENERAL DETAILS

1. Name

2. a) Address

b) Main Tel. No.

c) Fax No.

d) Email address

e) Website address

3. In what year was the business established?

4. a) Please list any additional business entities whether or not currently trading that require cover:

Insured Name	Year Established	Year of Cessation

b) Do you require cover in respect of all past activities of the business included in Questions 1 and 4 (a)? Yes No

Please state the retroactive date required

5. Please list addresses of all other offices currently trading

Address	Postcode

6. Please state your total gross income (turnover and/or commission and invoiced fees including VAT) for the last three complete financial years, current and forthcoming years invoiced in:

Year Ending	UK	USA/Canada	Elsewhere	Total

7. Please specify the nature of any earnings declared in Q.6 from:

a) Territories subject to the law of the USA or Canada

b) Elsewhere excluding UK

STAFF AND PARTNERS

1. Please give details of any principal, partners / directors.

Name	Date of Birth	Relevant Qualifications	Year Qualified	Year became Partner / Director

2. Is cover required for the professional activities of any partner / director prior to joining the business?

Yes No

If 'Yes', please advise:

Name	Name of Previous Business	Activities	Start Date	Leaving Date

3. Please give details of number of permanent staff (other than partners/directors) in current business:

	Full Time	Part Time
Professionally qualified		
Not professionally qualified but has more than three years supervised professional experience		
All others		

4. Do you require any consultants or self employed staff to be covered for work they undertake for and on behalf of your business?

Yes No

RISK MANAGEMENT

1. Is there a senior partner / director to oversee operations in all offices? Yes No

2. a) Do you engage independent Contractors / Sub-Contractors or Consultants? Yes No

What is the nature of the majority of work undertaken by them?

b) Do you ensure consultants carry professional indemnity insurance? Yes No

c) What limit of indemnity do you require Contractors / Sub-Contractors (Consultants) to carry?

d) What percentage of gross fee income was paid to Sub-Contractors or Consultants in the last financial year?

3. If the whole Business is accredited with a recognised quality standard, please select it from the list:

Investors in People

None / Other

ISO9002

If none, do you take steps to ensure:

a) You adequately understand the client's requirements? Yes No

b) The client fully understands the scope of your proposed services? Yes No

4. Does the business, any partner or any director, carry out any work on behalf of any business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)? Yes No

If yes, please supply details:

5. a) Do you always obtain written references when engaging new partners, directors, employees or agents? Yes No

b) Is any individual authorised to sign cheques as a sole signatory in respect of either the business or client accounts? Yes No

c) Has the business sustained any loss during the past ten years as a result of the fraud or dishonesty of any partner, director or employee of the business? Yes No

d) Has the business discharged any employee or severed relationships with any partner or director within the past ten years? Yes No

If yes, please supply details:

6. Does the firm have a system in place for ensuring that time limits and critical dates are met? Yes No

If yes, please supply details:

7. a) Have you held professional indemnity insurance in the last two years? Yes No

Professional indemnity insurance for:

Policy Period	Limit of Indemnity	Excess	Premium	Insurer Name

b) In respect of professional indemnity insurance, has any insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? Yes No

If yes, please supply details:

CLAIMS INFORMATION

1. a) Has any claim (whether successful or not) been made against the proposer or any principal, partner, director, employee or agent in respect of the type of liabilities to which this proposal relates? Yes No

Date of Claim	Claimant	Details of Claim	Amount Paid	Amount Outstanding	Total

b) Please give details of any improvements to management or working procedures put in place to prevent a recurrence of a claim

2. After enquiry, is the proposer or any of the business partners, directors or employees aware of any claim pending or circumstance which may give rise to a claim against the business or the additional businesses referred to in General Details Q.4 or any of the present or previous partners or directors of any business?

Date of Circumstance	Claimant	Details of Circumstance

ACCOUNTANTS ADDENDUM

1. a) Please give (rounded to the nearest whole number) the percentage of your fees arising from the following

	Total (%)		Total (%)
Accounts preparation - quoted companies		Interim Management	
Accounts preparation - non quoted companies		Investment advice and other Financial Services work (excluding Pensions)	
Auditing - quoted companies		IT Consultancy	
Auditing - non quoted companies		Liquidations work (see note below)	
Bookkeeping and Payroll		Mergers, Acquisitions, Take-Overs and Disposals	
Company Secretarial and Share Registration		Management Consultancy	
Company tax - quoted companies		Pension administration and trustee work	
Company tax - non quoted companies		Pensions advice - corporate	
Corporate Financing work		Pensions advice - Personal	
Directorships		Receivership work (see note below)	

	Total (%)
Executorships and Trusteeships	
Insolvency work (see note below)	
Insurance and building society commissions/agency	

	Total (%)
Taxation only - individuals	
Taxation (non company) for corporate clients	
All other work	

(Note: If your income exceeds 5% in total in these categories, please complete our supplementary Insolvency, Liquidation and Receivership questionnaire)

b) Please explain the name and value of the trust and the fee earned for Executorships and Trusteeships work if any is declared above

c) Please explain the nature of “all other work” if any is declared above

2. If you have declared fees in relation to either Management or IT Consultancy, please give brief details of the work undertaken in the box below

3. Please indicate below the professional association of which you, or the business, are a member

The Institute of Chartered Accountants in England and Wales

The Institute of Chartered Accountants in Scotland

The Institute of Chartered Accountants in Ireland

The Association of Chartered Certified Accountants

The Association of Business Recovery Professional – “R3”

The Insolvency Practitioners Association

Charter Group

Other (please explain)

4. Are the percentage amounts of fees in question 1 under Accountants Addendum representative of your work over the last 6 years? Yes No

If no, please provide details below

5. For your last completed financial year, please state the number of clients and the split in your income falling in the following bands

Fee Range	No. of clients	Total Fees
Less than £15,000		
£15,001 - £50,000		
£50,001 and above		

6. For your last completed financial year, please provide a split in your client base as below

Domicile of client	Percentage
UK based client	
UK based subsidiary of overseas client (ex USA / Canada)	
UK based subsidiary of USA / Canadian client	
Overseas client	

If you have listed overseas clients, please explain the client's business, whether company or private client, the territory concerned and the services provided.

7. Do you currently, or have you within the past ten years, provided services to

- | | | |
|---|-----|----|
| i) Any client or group where the fee exceeds £50,000 per annum | Yes | No |
| ii) Any public company client | Yes | No |
| iii) Banks and other Financial Institutions | Yes | No |
| iv) Insurance companies, Lloyd's Syndicates, Lloyd's managing or members' agents or Underwriting Agencies | Yes | No |
| v) Any "off shore" companies | Yes | No |
| vi) Entertainment industry clients or sporting professionals | Yes | No |

If yes, to any of the above, please list below the name, business, fee income from and extent of services provided

Client Name	Nature of Business	Fee income	Services provided

Continue of a separate sheet if required

8. Are any principals, partners/directors, LLP members or employees members of any professional body's taxation faculty? Yes No

9. If undertaking any general insurance work, please provide full details, including your status (e.g. intermediary, appointed representative) and regulatory body (e.g. FCA, Designated Professional Body)

10. Are you authorised to undertake investment work by the FCA or any Designated Professional Body? Yes No

If Yes, please state the Authorising Body and the category of authorisation

11. Have you at any time ever been involved in

i) Arranging or giving advice in respect of Pension Transfers or Opt Outs and/or the provision of advice to non-joiners from April 1988? Yes No

ii) Arranging or giving advice in respect of Free-standing Additional Voluntary Contributions? Yes No

iii) The arrangement of endowment policies? Yes No

iv) Marketing, arrangement, selection or the provision of advice in respect of Split Capital or Zero Dividend Preference Share Investments? Yes No

v) Marketing, arrangement, selection or the provision of advice in respect of "high income" or "extra income bonds" Investments (Precipice Bonds)? Yes No

vi) Arranging, marketing, devising or giving advice in respect of film finance, tax minimisation or tax offsetting schemes? Yes No

vii) Home Reversion schemes, equity release or lifetime mortgages? Yes No

If yes, to any of the above, please complete a supplementary Financial Services Questionnaire.

12. a) Have you, or any member of staff, past or present, been the subject of any disciplinary proceedings by any professional or regulatory body? Yes No

b) Have you received any visits from the Joint Monitoring Unit, the Audit Inspection Unit or any other monitoring body? Yes No

If yes, to either, please give details, including the visit report where available.

13. Where you are a sole principal, please confirm the arrangements for office supervision when you are absent

14. Is the business represented in any way outside the United Kingdom (e.g. by a subsidiary company, local office or representative, or by any other person or concern holding a power of attorney on behalf of the business)? Yes No

If yes, please give details

15. Do you make use of any outsourcing arrangements for the running of the business (for example, and not limited to, data storage, scanning or secretarial matters)? Yes No

If yes, please give details

16. Have all staff been trained in awareness of the risk of money laundering? Yes No

17. Do you have a client vetting procedure? Yes No

18. Please provide, if relevant, a complete copy of your latest Practice Assurance, Audit and Designated Professional Body Annual Return (to include both Variable and Standard data). Copy enclosed? Yes No

19. Has there ever been occasion to question the honesty of any person to be insured? Yes No

If yes, please give details

20. Cover for loss of own money, securities or property is only provided subject to strict compliance with the minimum standards of control described below. If your business does not adhere to these minimum standards please provide full details of the systems of control in force in your business to protect against loss of own money, property or securities to enable us to consider this proposal.

a) References

The Insured will obtain written references covering the whole of the preceding three years of employment in confirmation of the honesty of all employees with responsibility for money, stock, securities and/or accounts engaged after the inception of this extension in cover

b) Signatures

All instruments issued for the operation of bank account(s) will bear two signatures where the amount of such instrument exceeds £10,000. Supporting vouchers will be examined against the instrument in all cases by the signatories irrespective of the amount of the instrument.

c) Accounting

- i) there will be a split in duties so that no one employee both compiles the payroll and makes wage payment
- ii) the cast of the payroll will be subject to an independent check to ensure that the total amount drawn is correct
- iii) all cheques, postal orders and monies received by employees will be remitted and/or banked in full on day of receipt or next banking day
- iv) statements of account for all sums due will be issued direct to customers independently of employees receiving or collecting monies, cheques or postal orders at monthly intervals with management action being taken after the account is three months overdue
- v) cash book entries will be subject to a monthly physical check independently of the employees responsible against bank statements, bank paying-in book counterfoils and vouchers and the balance sheet tested with cash and un-presented cheques

d) General

- i) every employee responsible for money, stock or securities is required to take an uninterrupted holiday of at least two weeks duration in any period of twelve months during which he or she performs no duties and is absent from his or her place of business
Or
the employee is required to be assigned to other duties for the balance of the two week period or for two weeks in full
Or
the employee is required to take at least 80% of their holiday entitlement in any one holiday period
- ii) where the Insured is required to submit annual accounts, all department are subject to an audit by an independent firm of Chartered Accountants at least every twelve months and the Auditor's reports are submitted direct to the executive committee
- iii) the system of check and supervision applies to all addresses from which the Insured operates

If your business does not adhere strictly to the minimum standards of control described above, provide full details of your system of control below.

DECLARATION

Must be signed by a Principal/Partner/Member/Director or functional equivalent

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal form are true and complete and that any other material facts likely to influence the acceptance and assessment of any insurance offered have been provided. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/We agree to inform Travelers of any change to any material fact.

I/We also declare that if any information on this proposal form has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We also declare that no other insurer has ever declined a proposal, declined to pay a claim in full or in part, cancelled or declined to renew my/our insurance or invited renewal at special terms.

I/We declare that no partner or director has ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence or "spent" conviction as allowed for under the Rehabilitation of Offenders Act 1974, been declared bankrupt whilst being a director of a company that went into liquidation, receivership or administration or been disqualified from being a director.

I/We declare that I/We have not suffered any loss/damage or incurred any liability (whether insured or not) as a result of the risk(s) for which cover is now required, or know of any incident which is likely to give rise to a loss that has not already been declared to Travelers.

I/we have read the above and declare that to the best of my/our knowledge and belief the statements are true and complete.

Signature of the Proposer

Print Name and position held:

For and on behalf of

Date:

NO COVER IS IN FORCE UNTIL CONFIRMED BY THE COMPANY

Occasionally we or selected parties may wish to contact you about products and services, offers and promotions, news and events. If you're happy for us to do this please check any of the contact preferences below:

Email Yes No

Phone Yes No

USING PERSONAL INFORMATION

How we treat information about you and your rights under data protection legislation.

In order to provide our insurance services, we (Travelers acting as a Data Controller) will collect certain personal information about you. The type of information that we collect will depend on our relationship with you. For example, you may be a Travelers policyholder, prospective policyholder or a third party making a claim under a Travelers insurance policy.

If you provide us with personal information about a third party, you should share this notice with them.

We will also collect different types of information depending upon the kind of insurance cover we are being asked to provide or the kind of claim we are being asked to assess or pay.

Some of the information we collect may be classified as 'special category data', which is data that may contain information about physical or mental health, religious beliefs and criminal and disciplinary offences (including convictions).

Your personal information may be used in a number of ways including:

- considering an application for insurance,
- providing and administering an insurance policy,
- handling claims including claims validation,
- preventing and detecting fraud, including providing information to the relevant authorities.

Where relevant, we will share your information with other companies in the Travelers group, third parties such as claims handlers, loss adjusters, other insurers and reinsurers, fraud prevention agencies, service companies associated with our products, or as required by law (including providing the information to government or regulatory authorities). This may involve the transfer of your information to countries inside and outside the European Economic Area.

We may also use your personal information for marketing purposes, but only in accordance with your marketing preferences.

For more information about how we process your data and the rights you have, please click <https://www.travelers.co.uk/privacy-policy>.



Travelers operates through several underwriting entities through the UK and across Europe.
Please consult your policy documentation or visit the websites below for full information.