

PROFESSIONAL INDEMNITY PROPOSAL FORM FOR ACCOUNTANTS

Name of Insured/Proposer	
Business Name	
Address	
Postcode:	
Telephone number	
Email Address	
Web address	

Full description of your business activities

Date business established:	
What date does your financial year end?	

Number of:	Directors/Partners		Qualified Staff		Others	
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Do you engage consultants or sub-contractors?	Yes		No		
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If Yes, please give details of the nature of activities undertaken by such consultants or sub-contractors:

Do you ensure that the consultant or sub-contractor

i) Has Appropriate Qualifications	Yes		No		
ii) Maintains Professional Indemnity Insurance?	Yes		No		

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	
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Has any Partner, Principal, Director or Employee been subject to disciplinary proceedings by any Association or Professional Body?	Yes		No	
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Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business?	Yes		No	
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Are you aware, after full enquiry, of any circumstance or incident which has 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	
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Does your work involve the manufacture, supply, installation or repair of any product or do you ever accept responsibility for the manufacture, supply, installation or repair of any product?	Yes		No	
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Please answer all questions fully and if you have a brochure, C.V. or any other information concerning your business please attach it to this proposal form. Please return this form to Affinity Select Insurance Services Limited, Horsted Square, Bellbrook Business Park, Uckfield, East Sussex, TN22 1QG, Fax (0)18 2576 1479 or email enquiries@asisltd.co.uk

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Please list the firm's three largest contracts undertaken in the last three years

Location and Type of Service Provided	Contract Value	Your Fee	Date Commenced	Approximate Completion Date

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)	

For the last complete financial year, please confirm the following

Your Average Fee	Your Largest Fee	Turnover (last financial year)	Estimated Turnover

Do you act as Auditors to any of the following:

a. Banks or other Financial Institutions	Yes		No		If you have answered Yes, please give details of clients, the nature of work performed for them and your annual fee on a separate sheet
b. Insurance Companies or Funds (including captive Insurance Companies)	Yes		No		
c. Any other 'offshore' Companies	Yes		No		
d. Any clients in the Entertainment Industry?	Yes		No		

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?

The firm's current Insurance Renewal Date

Limit of Indemnity Required

Declaration

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 affected 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.

Signature of Principal / Partner / Director

Date