

## Professional Indemnity Insurance Proposal Form Accountants and Auditors

**Note:** This Proposal must be completed in full by a Partner of the Firm. Unless the Proposal is fully completed a firm Quotation cannot be given. The completion and signature of this Proposal does not bind the Proposer or underwriters to complete a Contract of Insurance.

If there is insufficient space to answer questions please use an additional paper and attach it to the form (PLEASE INDICATE SECTION NUMBER).

<b>I. General Data</b>	
1. Name of Proposer (Individual/partnership/firm)	
2. Address of head office	
3. Address of branch office(s) and name(s) of resident partner(s)	
4. Telephone Number	
5. I.D. Card Number / Company Registration Number	
6. When was the firm established? / Since when are activities as accountants or auditors carried out?	
7. During the past five years, has the name of the firm been changed or has any other firm purchased or any merger or consolidation taken place?  If so, please give details.	Yes No
8. Are you a member of a relevant professional association?  If so, please give details.	Yes No

<b>9. Details of all principals or partners</b>			
Names	Qualifications, dates qualified/total duration of professional experience	Position held in company and how long	
<b>10. Total number of principles, partners and staff</b>			<b>Number</b>
Technical: <ul style="list-style-type: none"> <li>- Principals, partners or officers</li> <li>- Accountants and accounting assistants</li> <li>- Staff other than typists and office staff (please specify)</li> </ul>			_____ _____ _____
Total non-technical/administration staff			_____
<b>11. Does your firm, any partner, principal or staff manage, own or have financial control of any bank, trust company, mortgage or loan association, title guarantee or real estate company or undertake work as executor, trustee, director or company secretary?</b>			<b>Yes No</b>
If so, please give full details.			
<b>12. Does any partner, principal or staff undertake work as receiver, liquidator or trustee in bankruptcy?</b>			<b>Yes No</b>
If so, please give details.			
<b>II. Nature and volume of your present and foreseeable future activities</b>			
1. Describe your firm by showing the percentage of gross fees to be received from the following activities during the current fiscal year:			
a) Taxation			_____ %
b) Consultancies			_____ %
c) Examination of annual reports			_____ %
d) Audits			_____ %
e) Share registration			_____ %
f) Insolvencies/liquidations/receiverships			_____ %
g) Management consultancies			_____ %
h) Others (please specify)			_____ %
<u>Total:</u>			<b>100 %</b>

<p>2. Does the firm's practice extend or has it ever extended to activities abroad? If so, please indicate</p> <p>a) in which countries and the respective share of total business b) method of handling such business.</p>		<p>Yes No</p> <p>_____ %</p>																		
<p>3. Does your firm belong to or work together with an international accounting firm or network?  If so, please state the name of that company and specify.</p>		<p>Yes No</p>																		
<p>4. Fees</p> <p>Please indicate your fiscal year.</p> <p>What are the gross fees for</p> <p>a) last fiscal year? b) current fiscal year (estimate)? c) next fiscal year (estimate)?</p>		<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																		
<p><b>III. Previous insurance/previous claims</b></p>																				
<p>1. Have you previously been insured? If so, please specify:</p>		<p>Yes No</p>																		
<table border="1"> <thead> <tr> <th>Name of Insurer</th> <th>Policy Period</th> <th>Limit of Indemnity</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> </tr> </tbody> </table>			Name of Insurer	Policy Period	Limit of Indemnity	1.			2.			3.			4.			5.		
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<p>2. Has a previous application been declined? Has a previous insurance</p> <p>a) required increased premium? b) required special restrictions? c) been terminated/not been renewed by an insurer?</p> <p>If so, please give detailed information.</p>		<p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>																		
<p>3. Have any claims been made during the past five years against your firm?  If so, please advise amount and details of each claim.</p>		<p>Yes No</p>																		
<p>4. Is your firm aware of any circumstances or incidents which may result in a claim against your firm?  If so, please give details.</p>		<p>Yes No</p>																		

<b>IV. Indemnity required</b>	
1. Limit any one claim	
2. Aggregate Limit.	
3. Deductible each and every claim to be borne by insured	
<b>V. Endorsements to basic cover</b>	
1. Retroactive Cover If so, indicate number of years (maximum number of years – 5 years)	Yes No
2. Loss of Documents	Yes No
3. Libel and Slander	Yes No
4. Dishonesty of Employees	Yes No
If so, please answer the following questions:	
a) Has the firm sustained any loss through fraud or dishonesty of any employee?	Yes No
b) Is any employee allowed to sign cheques without countersignature by a partner?	Yes No

**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.**

**Signing this proposal form does not bind the proposer or underwriter to complete this insurance.**

**Dated this                    day of**

**For and on behalf of** \_\_\_\_\_  
**(insert name of firm)**

**Signature of partner or principal** \_\_\_\_\_

**Please attach a brochure concerning your firm.**