



Proposal Form

Professional Indemnity Insurance ACCOUNTANTS

IMPORTANT NOTICE TO THE PROPOSER

Please fully complete this Proposal Form. It is very important that the person completing the Proposal Form understands that full disclosures must be made on the basis of proper enquiries and that the questions and statements below attach to the Policy if one is issued. The Insurer relies upon the answers provided in this Proposal Form when deciding whether or not to offer insurance to the Proposer, and if so, on what terms. The Proposal Form applies to the "Proposer" which includes all person(s) or businesses applying for insurance.

SECTION 1 – ABOUT THE PROPOSER (Please write in block capitals or cross the appropriate boxes as required)

1. Proposer(s) Name (*Company/Trading Name*):

2. Main Address (Also include any other locations):

3. Date Established:

4. Website & Contact Email Address:

5. Person to contact about insurance and contact telephone number(s):

6. Professional or Trade Association Membership:

7. Company Registration Number:

8. Proposed inception date for policy: _____
(12 month policy period assumed)

SECTION 2 – ABOUT THE BUSINESS

9. During the past 6 years (or since the Proposer commenced trading, if less) has the Proposer's name been changed, has any other business been purchased or has any merger or consolidation taken place? Yes No

If Yes, please provide full details.

10. Is the Proposer connected or associated (financially or otherwise) with any other entity? Yes No

If Yes, is cover required for any work undertaken for any associated entity? Yes No

If Yes, provide name, nature of the work undertaken and income derived from the associated entity.

11. List all partners, principals, directors and consultants under a contract of service:

(use separate sheet if necessary)

Name	Qualifications	Dates(s) Qualified*	Years Experience
1.			
2.			
3.			
4.			
5.			

**Attach a CV where the Proposer has been established less than 5 years and/or where any individual has no relevant qualifications.*

12. List total number of employees split between the following:

(include part time employees)

Professionally Qualified Technical	Other Technical	Administrative	Other (Specify)	Total

13. Provide the Proposer's fees/income in each of the financial periods derived from clients based in the territories below:

Territory	Last Financial Year Ended ____/____/____	Current Financial Year Ending ____/____/____	Coming Financial Year Ending ____/____/____
ROI €			
UK - € equivalent			
USA/CAN - € equivalent			
Elsewhere* - € equivalent			
Total €			

** Provide details of fees/income designated as Elsewhere.*

SECTION 2 – ABOUT THE BUSINESS (Continued)

14. Please allocate below, as a percentage to a total of 100%, the split in fees/income between activities for the last complete financial year or estimate for first year if a new start up business:

Description of Activities	ROI	UK	USA/Canada	Elsewhere*	Total
Quoted Company Audit/Accountancy					
Unquoted Company Audit/Accountancy					
Other Audit/Accounting – Farmers/Small Traders					
Insolvency/Liquidation/Receivership					
Corporate Finance/Merger/Acquisition					
Investment Advice including Pensions					
Investment Advice excluding Pensions					
Company Tax					
Personal Tax					
Insurance/Building Society/Stock Exchange Commissions					
Management Consultancy					
Computer Consultancy					
Company Secretary/Share Registration					
Directorship Fees					
Bookkeeping/Wageroll					
Executorship/Trusteeship					
Other (specify)					
					100%

*Provide full details.

15. What is the Proposer's largest fee earned from one client and the average fee per client in the last year?

Largest	€	Average	€
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16. Has the Proposer ever undertaken any work in the following areas: Yes No

- For Banks and other financial Institutions;
- For Financial Conduct Authority, Prudential Regulation Authority or the former Financial Services Authority
- For Insurance Companies, Lloyd's Syndicates or Names, Lloyd's Managing or Member's Agents;
- For "Offshore" Companies or work on "Offshore" Funds/Investment business as defined by the FSMA 2000 (and subsequent legislation);Captive Insurance Company and/or Bank or Financial Institution;
- For advice in respect of Split Capital Investment Trusts;
- Pension transfers, OPT-OUTS, FSAVC's, SERPS, Low Cost Endowments, Income Draw Downs;
- Tax Avoidance Schemes;
- For clients in the Entertainment Industry;
- For Solicitors?

If Yes, please provide the nature of the work performed and your annual fee.

17. Is the Proposer aware of any change in activity/structure that will occur in the coming financial year? Yes No

If Yes, please provide details.

18. Does the Proposer use independent sub-contractors? Yes No

If Yes, please answer the following:

- a) What percentage of fees over the last three years have been paid to these outside contractors? _____ %
- b) Are they engaged in a binding contract accepting responsibility for their own neglect, error or omission for the work they undertake and do they have their own Professional Indemnity insurance in place? Yes No

If No, please provide full details including nature of work and projects undertaken.

SECTION 3 – RISK MANAGEMENT

19. Is the Proposer admitted to any Association or accredited to any quality systems such as the ISO9000? Yes No
If Yes, please provide details.
20. Does the Proposer have written procedures or checklists for the service performed? Yes No
If Yes, please provide details.
21. What are the Proposer's procedures in operating a diary system to ensure key dates and deadlines are met?
22. What measures are taken to ensure detailed records (i.e. original contract, subsequent amendments, verbal agreements, faxes, telephone calls, etc) are kept of all transactions and meetings?
23. What are the Proposer's procedures, such as letters of engagement, to ensure that a client's requirements are clearly identified and can be met?
24. How often does the Proposer undertake a review of working procedures?
25. What are the Proposer's procedures in reviewing the work undertaken by staff and partners?
26. Does the Proposer always obtain satisfactory written references when engaging employees? Yes No
If No, please provide details.
27. Does the Proposer ensure that all cheques above €25,000 and/or electronic money transfers are signed and approved by more than one partner or director? Yes No
If No, please provide details.
28. Are employees who receive cash/cheques in the course of their duties required to pay in daily? Yes No
If No, please provide details of the procedures implemented.

SECTION 4 – PREVIOUS INSURANCE

31. Has any Proposal for Professional Indemnity Insurance (or similar insurance) made by or on behalf of the Proposer or its business or other activity, or any predecessors of the Proposer or its business or other activity or any principal, partner or director of the Proposer been declined in the past or has such insurance been cancelled, renewal refused or has any special terms been imposed on them? Yes No

If Yes, please provide full details.

32. Does the Proposer currently purchase Professional Indemnity Insurance? Yes No

If Yes, please provide the following information:

Insurer	Limit	Excess	Premium	Retroactive Date
	€	€	€	___/___/___

SECTION 5 – PREVIOUS EXPERIENCE

33. After full enquiry has the Proposer sustained any loss through the fraud or dishonesty of any person? Yes No

34. After full enquiry is the Proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee? Yes No

35. After full enquiry has any claim been made against the Proposer's business or any principal, partner, director or employee whilst in this or any other business? Yes No

(This is regardless of whether the claim was successful or not or whether the claim(s) was insured or not.)

36. After full enquiry is the Proposer aware of any circumstance or incident which has or could result in any claim being made against the Proposer's business, or any principal, partner, director or employee of this or any other business? Yes No

(This includes but is not limited to any client currently withholding payment for work or any escalating level of complaint on a particular project).

If the answer to any of the questions above is Yes, please provide full details.

SECTION 6 – LIMIT OF INDEMNITY AND EXCESS

Select the Limit of Indemnity required:

€100,000 €250,000 €500,000 €1,000,000
 €2,000,000 €3,000,000 €5,000,000 OTHER £ _____

Select the Excess required:

€500 €1,000 €2,500
 €5,000 €7,500 €10,000 OTHER £ _____

ADDITIONAL INFORMATION

Note: Additional information is subject to further consideration by the Insurer. Use separate sheet if necessary.

PLEASE ENSURE YOU READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE DECLARATION

Similar to other professional insurances, the Angel Professional Indemnity Policy is underwritten on what is known as a 'claims made basis.' This means that the policy will only provide cover against those claims or circumstances that are discovered and notified to the Insurer during the period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer. It is therefore important the Proposer ensures the cover meets its needs and if in any doubt seeks professional advice from their insurance broker.

Angel Risk Management Limited is a subsidiary of AXA SA. Angel Risk Management is an intermediary which is authorised and regulated by the Financial Conduct Authority (No. 718451). Registered Office: 20 Gracechurch Street, London, EC3V 0BG.

DATA PROTECTION

By signing this Proposal Form the Proposer consents to the Insurer or its representatives using the information the Insurer may hold about the Proposer for the purpose of providing insurance and handling claims and to process sensitive personal data about the Proposer where this is necessary in compliance with the provisions of the Data Protection Act 2018 (DPA 2018). This may necessitate providing such information to third parties.

MATERIAL FACTS

All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contract of insurance. Failure to do so may cause the contract of insurance to be void. A material fact is one likely to influence the acceptance or assessment of the risk by the Insurer. If the Proposer is in any doubt as to what constitutes a material fact they should consult their insurance broker.

DECLARATION

The undersigned declares on behalf of the Proposer that to the best of their knowledge and belief the statements provided herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares and agrees that the proposal form together with any other information supplied shall form the basis of any subsequent contract of insurance and undertakes to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance and accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign this Proposal on behalf of the Proposer.

More information is attached to this Proposal Form

Signature: _____

Dated: _____

Print Name: _____

Position*: _____

** (Must be Chairman, Managing Partner, Managing Director or other Director responsible for insurance)*