



PROFESSIONAL

PROFESSIONAL INDEMNITY INSURANCE (1-4 partners)
SCHEME PROPOSAL FORM FOR ACCOUNTANTS



1 PRACTICE DETAILS

Practice name (please include all names under which you practice)

Date established

Main office address
(List any other offices (including any overseas representation) on a separate sheet)

Postcode:

Contact telephone number

Contact fax number

Contact e-mail address

2 PARTNERS / DIRECTORS / MEMBERS

Please advise the following (including details of sole practitioner).

| Name of all Partners / Directors / Members | Qualifications | Date Qualified | How long as Partner / Director / Member of the Firm(s) |
|--------------------------------------------|----------------|----------------|--------------------------------------------------------|
| | | | |
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| | | | |

Is cover required for any Partner / Director / Member in respect of his/her liability arising from any previous business? Yes No
If 'Yes', please provide details on a separate sheet.

3 STAFF DETAILS

Please advise total number of staff excluding Partners / Directors / Members:

Professionally qualified Unqualified assistants All others (e.g. Secretarial)

4 GROSS FEE INCOME

Last Financial Year (If this proposal is for a new firm, provide an estimate for the first year)
Largest Fee from any one client Fees paid to sub consultants

5 SPLIT OF WORK

| | | | |
|---------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| (i) Audit, Accountancy, Company & Personal Tax | <input style="width: 50px;" type="text" value="%"/> | (v) Financial Services | <input style="width: 50px;" type="text" value="%"/> |
| (ii) Other Taxation Consultancy Services (not personal) | <input style="width: 50px;" type="text" value="%"/> | (vi) Corporate Finance | <input style="width: 50px;" type="text" value="%"/> |
| (iii) Insolvencies, Liquidations & Receiverships | <input style="width: 50px;" type="text" value="%"/> | (vii) Mergers, Acquisitions & Disposals | <input style="width: 50px;" type="text" value="%"/> |
| (iv) Executorships, Directorships & Trusteeships | <input style="width: 50px;" type="text" value="%"/> | (viii) All Other Work (please give details) | <input style="width: 50px;" type="text" value="%"/> |

Details of 'All Other Work':

Do you undertake any work for Banks and other Financial Institutions, Insurance Companies, Lloyds Syndicates, Funds or Managing Agents (including Captive Insurance Companies), Offshore Companies, or PLCs? If 'Yes', please provide details on a separate sheet. Yes No

Have you undertaken any work for any entertainment or professional sports client(s) where you have obtained an individual fee greater than £5,000 in any one Financial Year? If 'Yes', please provide details on a separate sheet. Yes No

6 OVERSEAS WORK

Have you undertaken any work for any clients based outside the UK or for clients based in the Channel Islands or Isle of Man during the past six years? Yes No

If 'Yes', please provide details for each client on a separate sheet including the nature and turnover of their business, their location, the fee(s) earned for each of the last three years and the services provided.

7 TRUSTS

Does any partner / director/ member or employee of the Company/Firm act as a sole Trustee or have sole discretionary powers for any Trust(s)? Yes No

If 'Yes', please provide details on a separate sheet.

8 FINANCIAL SERVICES

Have you or any firm you have acquired, ever carried out any regulated activities as defined in the Financial Services and Markets Act 2000 (other than in connection with general insurance products) as:

(a) Financial adviser; Execution only; Tied agent or appointed representative? Yes No

(b) Introductory agent only Yes No

If you have answered 'YES' to (a), above a Financial Services Questionnaire will be required, download at www.sbj-pi.com or call 0117 929 3344.

If you have answered 'YES' to (b) above please answer the following questions:

(i) Do you have any financial interest or controlling interest in the company that you are an introducer to? Yes No

(ii) Can you confirm that gross commission/fees received in any one of the last six financial years as introductory agent did not exceed £10,000 or 10% of your total fee income? Yes No

(iii) Can you confirm that you only introduce to an independent financial adviser who is authorised and regulated by the FSA? Yes No

9 CLAIMS AND CIRCUMSTANCES

After **FULL ENQUIRY** are you aware of any claim against the Firm(s) or its predecessors in business or the present or former partners/directors, or any circumstances, allegations or incidents which may give rise to a claim? Yes No

If 'Yes', please provide details on a separate sheet.

10 FRAUD AND DISHONESTY

Are you aware of any fraud or dishonesty of any partner, director, member or employee of the firm? Yes No

If 'Yes', please provide details on a separate sheet, including measures taken to prevent recurrence.

11 DISCIPLINARY ACTIONS

Has any partner/director/member or employee, either past or present, during the last six years been subject of a disciplinary proceeding by any professional organisation? If 'Yes', please provide details on a separate sheet. Yes No

12 CURRENT INSURANCE AND FUTURE REQUIREMENTS

Please advise details of your present insurance.

| Renewal Date | Insurer | Limit of Indemnity | Excess | Premium |
|-----------------------------|----------|--------------------|----------|---------|
| DD/MM | | £ | £ | £ |
| Your quotation requirements | Option 1 | Option 2 | Option 3 | |
| Limit of Indemnity | £ | £ | £ | |
| Excess | £ | £ | £ | |

CONFIRMATION - THIS FORM MUST BE SIGNED BY A PARTNER OR PRINCIPAL OF THE FIRM

Disclosure of Material Facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

A copy of this proposal should be retained by you for your own records.

Signature: _____

Date: _____

Print name: _____

Position: _____

Please return this Application Form along with any other supplementary information sheets to the address detailed on the previous page

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