

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)

Proposer(s) Name (Company/Trading Name):
Main Address (Also include any other locations):
Date Established:
Website & Contact Email Address:
Person to contact about insurance and contact telephone number(s):
Professional or Trade Association Membership:
Company Registration Number:
Proposed inception date for policy:



SECTION 2 – ABOUT THE BUSINESS

lf	s the Proposer connected							
	f Vec. is cover required for	or associated (financial	ly or otherwis	se) with any	other entity?		Yes 🗌	No 🗌
	f Yes, provide name, natu	r any work undertaken for any work undertaken	•	•	om the associated	entity.	Yes 🗌	No 🗌
	ist all partners, principals, use separate sheet if necess		nts under a c	ontract of se	rvice:			
	Name	Qualificat	ions	Dates(s	s) Qualified*	Years	Experience	е
	1.							
	2.							
	3.							
	4.							
	5.							
	ist total number of employinclude part time employees) Professionally Qualified Technical	•	split between the following:		Other (Speci	cify) Total		
Р	Provide the Proposer's fee	s/income in each of the	financial per	iods derived	from clients based	d in the territo	ories below	:
	Territory	Last Financi Ended			Financial Year Ending		Financial Y Inding	ear
	UK £							
	EU - £ equivalent							
	USA/CAN - £ equivalent							
	Elsewhere* - £ equivalen	t						
	Total £							

SECTION 2 – ABOUT THE BUSINESS (Continued)

Description o	f Activities	UK	EU	USA/Canada	Elsewhere	e* T	otal
Quoted Compa	any Audit/Accountancy						
Unquoted Con	npany Audit/Accountancy						
Other Audit/Ad Traders	counting – Farmers/Small						
Insolvency/Liq	uidation/Receivership						
Corporate Fina	ance/Merger/Acquisition						
Investment Ad	vice including Pensions						
Investment Ad	vice excluding Pensions						
Company Tax							
Personal Tax							
Insurance/Buil Commissions	ding Society/Stock Exchange						
Management (Consultancy						
Computer Cor	sultancy						
Company Sec	retary/Share Registration						
Directorship F	ees						
Bookkeeping∧	Vageroll						
Executorship/	rusteeship						
Other (specify))						
	s. poser's largest fee earned fro	m one client and	the average	fee per client in the	last year?	10	00%
*Provide full detai What is the Pro Largest		m one client and		fee per client in the	last year?	10	00%
What is the Pro	poser's largest fee earned fro	Avera	ge		last year?	10 Yes □	
What is the Propose	poser's largest fee earned fro	Avera	ge		last year?		
What is the Property Largest Has the Propose For Bank	£ er ever undertaken any work is and other financial Institutioncial Conduct Authority, Prud	Average in the following a ons;	ge areas:	£	·		
What is the Propose Has the Propose For Bank For Final Authority For Insul	£ er ever undertaken any work is and other financial Institution and Conduct Authority, Prudance Companies, Lloyd's Syr	Average in the following a cons; dential Regulation andicates or Nam	ge areas: n Authority or es, Lloyd's Ma	£ the former Financia	al Services s Agents;		
What is the Propose Has the Propose For Bank For Final Authority For Insulation For "Offs FSMA 20"	£ er ever undertaken any work is and other financial Institution and Conduct Authority, Prudance Companies, Lloyd's Synhore" Companies or work on 1000 (and subsequent legislations)	Average in the following a cons; dential Regulation andicates or Nam "Offshore" Fund.	ge areas: n Authority or es, Lloyd's Mas/Investment	£ the former Financia anaging or Member' business as defined	al Services s Agents; by the		
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SECTION 3 – RISK MANAGEMENT

19.	Is the Proposer admitted to any Association or accredited to any quality systems such as the ISO9000? If Yes, please provide details.	Yes 🗌	No 🗌
20.	Does the Proposer have written procedures or checklists for the service performed? If Yes, please provide details.	Yes 🗌	No 🗌
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? If No, please provide details.	Yes 🗌	No 🗌
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? If No, please provide details.	Yes 🗌	No 🗌
28.	Are employees who receive cash/cheques in the course of their duties required to pay in daily? If No, please provide details of the procedures implemented.	Yes 🗌	No 🗌

29.	29. 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? If Yes, please provide full details.							Yes 🗌	No 🗌		
									_		
30.		the Proposer curre			al Indemnity Insu	irance?				Yes 🗌	No 📙
	If Yes	, please provide th	e following inforn	nation:			ı				
		Insurer	Limit		Excess Premium			mium	Retroactive Date		
			£		£		£			_ll_	
			1		1		I		l		
SECT	ION 5	- PREVIOUS EXP	ERIENCE								
31.	After	full enquiry has the	Proposer sustair	ned any	loss through the	fraud or	dishonesty (of any persoi	n?	Yes 🗌	No 🗌
32.		full enquiry is the able to any past or					kruptcy or a	administration	n order	Yes 🗌	No 🗌
33.	33. After full enquiry has any claim been made against the Proposer's business or any principal, partner, Yes director or employee whilst in this or any other business?							Yes 🗌	No 🗌		
	(This	is regardless of wh	ether the claim w	as succ	essful or not or v	hether th	ne claim(s) v	was insured	or not.)		
34.	claim being made against the Proposer's business, or any principal, partner, director or employee of this								No 🗌		
	or any other business? (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 a	answer	to any of the ques	tions above is Ye	es. pleas	e provide full det	ails.					
		,,		, , ,	- ,						
SECT	ION 6 -	- LIMIT OF INDEN	INITY AND EXC	ESS							
Select	t the Lii	mit of Indemnity red	quired:								
£100,0	000		£250,000		£500,000		£	21,000,000			
£2,000	£3,000,000										
Select	t the Ex	cess required:									
£250											
£5,000	0		£7,500		£10,000		(OTHER	£		

SECTION 4 – PREVIOUS INSURANCE

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:

 $^* \ (\textit{Must be Chairman}, \ \textit{Managing Director or other Director responsible for insurance})$

Print Name:

Position*:_