

PROFESSIONAL INDEMNITY PROPOSAL FORM FOR ACCOUNTANTS

Please answer all questions fully, if necessary on a separate piece of paper, and if you have a brochure, CV or other information concerning your business please also attach it to this proposal form.

Please return this form (and any additional information) by post, email or fax.

1.	Name of Insured / Proposer:			
	Business Name			
	Address			
	Telephone Number			
	Email Address			
	Web Address			
2.	Date Business established		What date does your financial year end?	
	Are you a member of the ICAEW or ACCA?		Are you a chartered or certified accountant?	
	Number of: Directors / Partners		Qualified Staff	Others
3.	Do you engage consultants or sub-contractors?	Yes	No	
	If you use sub-contractors, please confirm that they are qualified, they maintain their own indemnity insurance and the work that they undertake:			

4. By ticking this box, you confirm that:

- No proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director has ever been declined or any such insurance has never been cancelled, the renewal refused or any special terms imposed (other than general market increases)**
- Any Partner, Principal, Director or Employee has never been subject to disciplinary proceedings by any Association or Professional Body**
- No claim has been made against your business or any principal, partner, director or employee whilst in this or any other business?**
- You are not 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**

By ticking this box, you confirm that:

- You do not undertake any work for clients in the Entertainment Industry (who could be considered household names or 'A-List' celebrities) or similar Professional Sports clients**
- You do not undertake any work for Banks and other Financial Institutions, Insurance Companies, Lloyds Syndicates, Funds or Managing Agents (including Captive Insurance Companies), Offshore Companies, Quoted Companies or PLCs**
- No principal, partner, director, business or practice has ever provided any advice or consultancy either directly or indirectly in respect of film finance schemes or any other tax reduction or mitigation schemes. This includes you even acting as an introducer.**

If you are unable to comply with the above statement, please provide further details

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

Name of client and Type of Service Provided	Contract Value (per annum)	Your Fee
	£	£
	£	£
	£	£

Expert Insurance Group and PI Expert are trading styles of Affinity Select Insurance Services Limited which is authorised and regulated by the Financial Conduct Authority (300348)

Telephone: **01825 745 410** Email: **enquiries@eig.email** Fax: **01825 761 479**

Horsted Square, Bellbrook Business Park, Uckfield, East Sussex TN22 1QG

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6. Please detail the approximate percentage breakdown of your last financial years' income/fees in the following categories:			
Audit Accountancy and Compliance Tax for Quoted companies	%		%
Audit Accountancy and Compliance Tax for NON-Quoted companies	%		%
Audit Accountancy and Compliance Tax for Sole Traders, Partnerships, Individuals	%		%
Commissions from investment business regulated under Financial Services Act	%		%
Corporate Tax Planning	%	Insolvencies, Liquidations and Receiverships	%
Personal Tax Compliance	%	General Insurance Commissions	%
Personal Tax Planning	%	Stock Exchange Commissions	%
Bookkeeping/Payroll	%	Directorships	%
Management Consultancy	%	Computer Consultancy	%
Secretarial and Share Registration	%	Mergers, Acquisitions, Disposals	%
Executorships and Trusteeships	%	Other	%
Total:			100%

7. For the last complete financial year, please confirm income for the following:				
Financial Year End	UK	USA/Canada	Other	Total
Last Financial Year	£	£	£	£
Previous Financial Year	£	£	£	£
Estimate for the coming financial year	£	£	£	£
Largest Fee from any one client	£	£	£	£

8. Please list details of all Principals, Partners or Directors		
Name	Date of Birth	Qualifications

9. Does the firm currently hold Professional Indemnity Insurance?				Yes		No	
When is the Renewal Date:		Limit of Indemnity Required:	£				
Name of current insurers:		Current Retroactive Date:					
Premium:	£	Excess:	£				

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:	
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