

**Proposal Form
for
Accountants**

About This Proposal Form

Please have a Principal, Partner or Director of the business fill out, sign and date this form.

The information given must be accurate and all facts that may influence the Insurer's consideration of this proposal must be disclosed, as failure to do so will render this insurance void.

Please try to give as much information as possible, as the more thoroughly insurers understand your business the more specific the insurance and premium they may offer can be. Therefore, if you have any business literature it would be useful to send this along with the proposal form.

It is important that all questions are answered and that no blank spaces are left.

If there is not enough room to answer a question as fully as desired, please continue on a separate piece of paper and attach it to this form.

Filling out of this proposal form in no way obliges either you or the insurers to enter into a contract of insurance.

Business Details

1

Name	
Address	
Telephone	Postcode

2 When was your business established?

/	/
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3 Do you have any associated or subsidiary businesses?
(please delete as appropriate)

Yes
No

If so please give details below

Name	
Address	
Telephone	Postcode

Name	
Address	
Telephone	Postcode

4 Do you wish this insurance to cover the above named companies?
(please delete as appropriate)

Yes
No

If so, then the information given in this proposal form must relate to all the businesses listed above.

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- 5 If the name and/or character of your firm has changed over the last 10 years, or if you have been involved in any merger or take-over, then please give details below.

- 6 Please give the following details for all the Partners, Principals or Directors of the business(es)

Name	Number of years experience in this field	How long a Principal, Partner or Director of this firm	Qualifications

7. If any Principal, Partner or Director has a managerial, financial or controlling interest in any other business please give details below

- 8 Please state the total number of staff you have in the following categories

Partners/Directors

Technical staff

Administrative/secretarial staff

- 9 If cover is required for any Principal, Partner or Director for work they carried out with a previous firm then please fill out the details below.

Name	Former Firm	Period with that firm	Position held	Have they been involved with any circumstances or claims?

- 10 If cover is required for any consultants or sub-contractors then please fill out the table below

Name	Qualifications	Fees paid to them in a year	Have they been involved with any circumstances or claims?

- 11 Please fill out the table below regarding your gross income

	Past Year	Current Year	Future Year
Work carried out in the Republic of Ireland	€	€	€
Work carried out in Europe, but not in the Republic of Ireland	€	€	€
Work carried out outside Europe but not in the USA or Canada	€	€	€
Work carried out in the USA or Canada	€	€	€
Total	€	€	€

NB. If you carry out work outside of the USA or Canada for USA or Canadian clients and your contract with them is not strictly subject to UK law in the UK courts then such work must be disclosed in the box below

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12 Please fill out the table below regarding your fees for the last completed financial year

Audit, Accountancy and Company Tax for	
(a) Quoted Companies	(a)
(b) Unquoted Companies	(b)
(c) Others (inc. small traders)	(c)
Taxation	
Consultancy	
Acting as Executor and/or Trustee	
Company Secretary/Registrar	
Insolvency, Liquidation and Receivership	
Merger, Acquisition and Take-over	
Insurance/ Building Society/Banks commissions	
Directorships	
Other (Please define)	

If any appointments held as a Director, Company Secretary or Trustee relate to companies or trusts based in the Channel Islands or the Isle of Man please give full details below (including the fees earned from such work).

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- 13** If either of the splits of income does not accurately reflect the split in the past or what it will be in the future, please explain why below

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- 14** Please fill out the following details

Fee size	Number of clients
Under €25,000	
Between €25,000 and €50,000	
Over €50,000	

Largest Fee from any client	€
Average Fee from a client	€

- 15** Do all cheques drawn for more than €25,000 require two signatures?

- 16** Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries? (i.e. checked independently of the employees making cash book entries or paying into the bank)

- 17** If you are currently insured for Professional Indemnity please give the following details

Name of Insurer	
Limit of Indemnity bought	€
Current Excess	€
Premium	€
Expiry Date	

Claims Declaration

- 1 Has any claim been brought against you arising out of the performance of your business activities or has anyone threatened to bring such a claim?

If YES, please provide full details:

- 2 Are you aware of any circumstance(s) (including any complaints or criticisms of your activities) which may lead to a claim against you in the future?

If YES, please provide full details:

- 3 Have you suffered any loss from fraud, dishonesty or malice?

Do you currently have any grounds for suspecting that you may suffer loss through fraud, dishonesty or malice?

If YES to either please provide full details:

Material Information

Please provide us with details of any other information which may be relevant to the insurers' consideration of this proposal for insurance..

Declaration

- 1 I/We declare that this proposal form has been completed after proper enquiries of all Partners, Principals and Directors, and that the contents are true and accurate and that all facts and matters which may be relevant for consideration of our proposal for insurance have been disclosed.

- 2 I/We undertake to inform insurers before any contract of insurance is concluded of any material change to the information already provided or any new fact or matter which may be relevant to the consideration of the proposal for insurance that comes to light.

- 3 I/We agree that this proposal form and all other written information which is provided will be incorporated into and form the basis of any contract of insurance, should one be concluded.

Signature of
Principal/Partner/Director
(please delete as appropriate)

Name of signatory (in capitals)

Date