

# ACCOUNTANTS PROPOSAL FORM



**HOLMAN**  
PROFESSIONAL INDEMNITY

SINCE 1832

## **IMPORTANT POINTS**

Please ensure all questions are answered fully, where there is insufficient space please supply information on a separate sheet.

The questions must be answered to the best of your knowledge and belief.

This form must be signed and dated.

Please provide a brochure, if available, and sight of any standard contract terms & conditions used.

It is your continuing duty to disclose all material facts during the policy period which may influence underwriters assessment of your business. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy void.

**Details of Proposer:**

1. Full name of Firm/Company: (Please list all intended parties to be included for cover under this insurance including any foreign subsidiaries)

(Hereinafter know as the 'Proposer')

2. Address(es): Telephone Number:  
Fax Number:  
e-mail address:
3. Date established:
4. Professional activities of Proposer:
5. Professional Associations: (Please give details of any Professional/Trade Associations to which the Proposer belongs)

**Associated Interests:**

6. Please give details of any Director or Partner of the Proposer financially associated with any other firm:

**History:**

7. Please give details of any mergers, acquisitions, consolidations or name changes which have occurred during the past 5 years:

**N.B. If cover is required for any firm(s) detailed in answer to question 7, please ensure that they are correctly identified in your answer to question 1**

**Human Resources:**

8.(a) Full names of all Directors/Partners      Number of years in this Capacity      Qualifications      Date Qualified

8.(b) Please provide details/curriculum vitae of any Director/Partner with less than 5 years applicable experience.

8.(c) If sole Director/Partner, is this a part time occupation? If so, please provide details of other occupations:

9. Details of Professionally Qualified Staff:

Name      Title and length of time as such      Qualification      Date Qualified

If unqualified staff are executing activities/details normally undertaken by qualified persons, please give details:

Name      Title      Activities/Duties      Length of Time undertaking such Activities/Duties

(Please provide C.V.'s)

10. Total number of staff:

**Financial Analysis:**

11. Please give total Gross fees for the past 3 completed years:

	Year end __/__/__	Year end __/__/__	Year end __/__/__
United Kingdom			
USA/Canada			
Other			
Total			

12. Estimate for forthcoming year: £
13. Largest total fee from any one client: £
14. Average fee: £
15. Please indicate the approximate percentage of income apportionment for the last two completed year:

(a) Audit, Accountancy and Company Tax	.....%	.....%
(1) Quoted Companies	.....%	.....%
(2) Unquoted Companies	.....%	.....%
(3) Other (including farmers small traders, etc.)	.....%	.....%
(b) Taxation only	.....%	.....%
(c) Management Consultancy	.....%	.....%
(d) Consultancy only	.....%	.....%
(e) Secretarial and Share Registration	.....%	.....%
(f) Executorship and Trusteeship	.....%	.....%
(g) Insolvencies, Liquidations and Receiverships	.....%	.....%
(h) Insurance, Building Society and Stock Exchange Commissions	.....%	.....%
(i) Directorships	.....%	.....%
(j) Any other, please give details	.....%	.....%
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	100%	100%

**Additional Information:**

16. Is it the policy of the Proposer's to obtain engagement letters from **all** clients? YES/NO

If YES, please attach a specimen copy.  
If NO, please explain.

17. Does the Proposer carry separate insurance for physical loss or damage to the Proposer's property and /or property of others in the Proposer's care, custody and control YES/NO

18. Are all of your contracts subject to English law? YES/NO

If NO please give details.

19. Are full rights of recourse maintained against consultants? YES/NO

If NO, please explain.

20. Does the Proposer require cover for claims made against independent Consultants to whom work is subcontracted? YES/NO

If Yes:

(a) Please provide the following details:

Name	Qualifications	Fees paid during last completed year
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(b) Please explain what controls the Proposer maintains over these parties?

21. Please give details of any substantial changes to the Proposer's activities during the next 12 months.

22. Is coverage required in respect of any Director/Partner who has left, retired or died? If yes, please provide details as per question 8.

23. Is coverage required for any Director/Partner for liabilities arising out of a previous business? If yes, please provide details.

24. This insurance covers direct pecuniary loss sustained by the Proposer as a result of dishonesty or fraud on the part of present Directors, Partners or Employees of the Proposer, therefore, please answer the following:

(a) Have any losses been sustained by dishonesty or fraud? YES/NO

(b) Are you aware of any fraud or dishonesty on the part of past or present Directors, Partners or employees? YES/NO

(c) Do you always take up written references when engaging staff? YES/NO

(d) Has any employee the authority to issue cheques bearing his signature alone? YES/NO  
If Yes, up to what amount? £

(e) Are the Cash Books of the Firm(s) checked against Bank Statements independently of the Chief Cashier, Book Keeper or (in the case of Insolvency Appointments) Manager? YES/NO  
If Yes, please confirm how frequently?

25. Is coverage required for:

- (a) Loss of Documents: YES/NO
- (b) Dishonesty of Employees: YES/NO
- (c) Libel & Slander: YES/NO
- (d) Infringement of Copyright: YES/NO

**Details of existing Insurance:**

26. Does the Proposer currently buy Professional Indemnity Insurance?: YES/NO

If yes:

- (a) Name of existing Insurer:
- (b) Indemnity Limit: £
- (c) Self insured excess: £
- (d) Premium: £
- (e) Renewal Date: \_\_\_ / \_\_\_ / \_\_\_
- (f) Retroactive Date: \_\_\_ / \_\_\_ / \_\_\_  
**Please note that cover will only apply to work executed after the Retroactive Date**
- (g) Has any proposal for Professional Indemnity Insurance made on behalf of the Proposer, Present Director/Partner or any predecessors in business ever been declined or punitive conditions imposed? YES/NO

If yes, please give details.

**Limits required:**

27. Please state the Limit(s) of Indemnity for which you require quotations:

£	£	£	£
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28. Please state the amount of Self Insured Excess you are prepared to carry. Please note, a minimum Self Insured Excess will be required based on the answers contained in this Proposal Form:

£	£	£	£
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**Claims Experience:**

Please note that Professional Indemnity Insurance is on a 'claims made' basis and Insurers will exclude any claim, circumstance which may/or is likely to give rise to a claim known by the Proposer prior to the inception of any Professional Indemnity policy. In order that your interests are fully protected you must answer the following questions after full enquiry.

29. Have any Professional Indemnity claims been made against the Proposer or any former Director/Partner including whilst acting at any other firm during the last 10 years? YES/NO

If YES, please submit full details when returning this proposal form.

30. Are any of the Directors/Partners or employees, AFTER FULL ENQUIRY aware of any circumstance which may give rise to a claim against the Proposer or their predecessors in business or any of the present or former Directors/Partners? YES/NO

If YES, please submit full details when returning this Proposal form.

31. (a) You are reminded of 'IMPORTANT POINTS' on page 1.  
(b) Please ensure you retain a copy of this Proposal Form.

**Declaration:**

**I/WE DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPRESSED OR MIS-STATED ANY MATERIAL FACTS.**

**I/WE AGREE THAT THIS DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE INSURERS.**

**SIGNATURE OF PROPOSER:  
(Director/Partner)**

**DATE:**



## PENSION QUESTIONNAIRE

1. Please state in each year the number of pension cases effected by your firm.

### Statutory Occupational Pension Schemes

("Statutory Occupational Pension Scheme" means the Principal Civil Service Pension Scheme or the Local Government Superannuation Scheme and any other scheme under which there is a statutory right to increases in deferred pensions and pensions in payment equivalent to increases under either the Principal Civil Service Pension Scheme or the Local Government Superannuation Scheme).

- 1.1 Transfer of rights in a Statutory Occupational Pension Scheme (see definition as above) to another occupational pension scheme).
- 1.2 (i) Persons opting out of or not joining a Statutory Occupational Pension Scheme in favour of a Personal Pension Plan.
- (ii) Persons within 1.2(i) transferring rights from a Statutory Occupational Pension Scheme to a Personal Pension Plan.
- 1.3 Transfer of rights in a Statutory Occupational Pension Scheme to a Personal Pension Plan where the person has already opted out or left service.
- 1.4 Persons taking a section 32 buy-out of their rights under a Statutory Occupational Pension Scheme.

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	Total
1.1												
1.2 i												
1.2 ii												
1.3												
1.4												

2. Please state in each year the number of pension cases effected by your firm.

- 2.1 Transfer of rights in a Non Statutory Occupational Pension Scheme to another occupational pension scheme.
- 2.2(i) Persons opting out of or not joining a Non Statutory Occupational Pension Scheme in favour of a Personal Pension Plan.
- 2.2(ii) Pensions within 2.2(i) transferring rights from a Non Statutory Occupational Pension Scheme to a Personal Pension Plan.
- 2.3 Transfer of rights in a Non Statutory Occupational Pension Scheme to a Personal Pension Plan where the person has already opted out or left service.

**2.4 Persons taking a section 32 buy-out of their rights under a Non Statutory Occupational Pension Scheme.**

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	Total
2.1												
2.2 i												
2.2 ii												
2.3												
2.4												

1. Please give the total gross commission/fee income received by the firm for all pensions business undertaken during

1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998

4. For the past ten years, has the firm always completed and maintained on file a client Financial Planning Analysis" or "Know Your Client" questionnaire YES/NO

If "Yes" are the forms always completed prior to advice being given? YES/NO

5. i) For the past ten years, has the firm always provided personal pension clients with written comparisons between their existing pension arrangements and any recommended products? YES/NO

ii) Have the comparisons been maintained on file? YES/NO

iii) If "No to 5(i) or 5(ii) please explain why

6. Please confirm your total number of Phase 1 cases \_\_\_\_\_

i) Has compliance been assessed for all Phase 1 cases YES/NO

ii) If No, please explain why

iii) If Yes, have all non compliant Phase 1 cases been notified YES/NO

a) If No, please provide full details including client name

b) If Yes, please confirm names of those notified

7. Please confirm your total number of Phase II cases \_\_\_\_\_
- i) How many review letters have been sent \_\_\_\_\_
  - ii) How many reminder letters have been sent \_\_\_\_\_
  - iii) How many responses have you received \_\_\_\_\_
    - \*a) of those responses how many have asked for a review \_\_\_\_\_
    - b) of those responses how many have stated that no review is required \_\_\_\_\_

Please note a) + b) should total (iii) above

- iv) How many have not yet replied \_\_\_\_\_
8. i) What is the average transfer value involved in Phase 2 £\_\_\_\_\_
- ii) What is the maximum transfer value involved in Phase 2 £\_\_\_\_\_
- iii) How many Phase 2 cases have values of over £25,000 \_\_\_\_\_

\*Of the cases requiring a review please attach details of the current position of each case including the client name.

Signature of Partner/Director: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_