

**Accountants - Auditors
Professional Indemnity Insurance
Proposal Form**

1. a) Name(s) of the Firm(s) and Former Firm(s) requiring coverage:

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b) Date(s) of commencement and cessation of the above Firm(s):

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2. a) Principal Address:

.....

b) All other locations by Town only (or country if overseas):

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3. a)

Names of all Partners/Directors	Qualifications	Date Qualified	How long as Partner/Director of the Firm(s)

3. b) Is cover required for any Partner/Director for his liability prior to joining the Firm(s)? **YES / NO**

If 'Yes' please give details:-

Name of Partner(s) or Director(s)	Name of Previous Firm(s)	Date of leaving previous Firm(s)

c) Please state total number of staff:-

Qualified	Other (ex Administrative)	Administrative	Contract Hire/Self Employed
.....

Please state names of qualified staff:

.....

d) Is cover required for any Consultant to whom work is sub-contracted? **YES / NO**

If 'Yes' please provide such Consultant's name and qualifications

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4. a) Financial Year End Date / /

b) i) Please state Gross Fee Income received for each of the last five completed Financial years

Year	Business	Overseas Business
	€	€
	€	€
	€	€
	€	€
	€	€

ii) Estimated Gross Fee Income for the Current Financial Year.

	€	€
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c) Please state for the last completed Financial Year the Gross Fees paid to Consultants and/or sub-contractors

5. a) Please indicate as an approximate percentage of Gross Fee Income for the last completed Financial Year:

(It is appreciated that there may be a considerably over-lap between the types of work)

Approximate Percentage of Gross Fee Income (if None, state 'None'.
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i) Audit, accountancy and Company Tax divided between:

a) Quoted Companies

i) a)

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b) Unquoted companies

i) b)

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c) Others (inc, Farmers, Small Traders, etc)

i) c)

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- | | | |
|---|-------|--|
| ii) Personal Taxation | ii) | |
| iii) Management Consultancy | iii) | |
| iv) Secretarial & Share registration | iv) | |
| v) Executorship & Trusteeship | v) | |
| vi) Insolvencies, Liquidations, Receiverships | vi) | |
| vii) Insurance, Building Society & Stock Exchange commissions | vii) | |
| viii) Directorships | viii) | |
| ix) Computer Consultancy
(Please note Computer Bureau Services Income should be shown separately as should Turnover received from the sale and/or supply of Hardware). | ix) | |
| x) Any Others (Please give details). | x) | |

100%

5. b) Please give the following details for the last completed Financial Year:

i) The Division of Gross Fee Income as follows:

	Number of Clients	Total Fees
Less than € 20,000		
€ 20,000 - € 50,000		
Over € 50,000		

ii) The average fee per client or group:

iii) The Division of Gross Fee Income between clients:

- a) Domestic
- b) Other (please state % per country)

iv) The largest total fee from any one client or group.

- a) Name of client or group
- b) Type of work it undertakes
- c) Geographical Location
- d) Services you undertake on its behalf

c) Does/do the Firm(s) or any Partner(s) /Director(s) undertake any services for the following:-

- | | | |
|--|------------|-----------|
| i) Banks or other financial Institutions | Yes | No |
| ii) Insurance Companies (including Captive Insurance Companies, Lloyd's Syndicates or Funds) | Yes | No |
| iii) Any "Offshore" Companies | Yes | No |

If 'Yes' to any of the above please give client name(s), fee(s), location(s) and details of services provided.

6. a) Does any Partner, Director or Employee of the Firm(s) hold appointments as Director or Company Secretary of any other Company?

Yes	No
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<u>Appointee</u>	<u>Company</u>	<u>Position Held</u>	Fees received during last completed <u>Financial Year</u>

b) Does/do the Firms(s) or any Partner(s) Director(s) undertake any work for any other Partnership, Company or Organisation in which the Firm(s) or such Partner(s) Director(s) has/have a financial association or interest? (Apart from shares held in Public Companies)

Yes	No
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If 'Yes' please give details.

c) Does/do the firm(s) or any Partner(s)/Director(s) exercise a controlling interest in any of the above Partnerships Companies or Organisations?

Yes	No
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If 'Yes' please give details.

7. a) Is/are the Firm(s) or any Partner(s)/Directors(s) a member of a Joint Venture or Consortium or working in association with any other Partnership/ company or Organisation?

Yes	No
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If 'Yes' please give details.

b) Has/have the Firm(s) or any Partner(s)/Director(s) previously been a member of a Joint Venture or Consortium or worked in association with any other Partnership company or Organisation,

Yes	No
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If 'Yes' please give details.

8. In connection with overseas business please identify the Countries involved:

Please state whether English or overseas jurisdiction applies.

Please advise the nature and the method of handling such business.

9. Does/do the Firm(s) provide services.

a) To any Companies with assets in USA or Canada?

Yes	No
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b) To any subsidiaries of USA or Canadian based Companies located anywhere in the World.

Yes	No
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If 'Yes' to either of these questions please give details.

10. Does/do the Firm(s) undertake any investment business:

Yes	No
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If 'Yes' please give details and category of registration.

11. Please answer the following as applicable:-

- a) Has/have the Firm(s) sustained any loss through the Fraud or Dishonest of any person? Does/do the Firm(s) know of any Fraud or Dishonesty at any time committed by any past or present Partner, Director or Employee.

Yes	No
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If 'Yes' please give details and state the precautions taken to prevent a recurrence.

- b) Does/do the Firm(s) always require satisfactory references when engaging Employees?

Yes	No
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- c) Is a Partner, Director or Employee of the Firm(s) allowed to sign cheques on his/her signature alone?

Yes	No
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- d) How often are checks carried out on all entries in the cash book with paying-in book receipts, counterfoils and vouchers and reconciled with Bank Statements, including the balance of cash and unrepresented cheques, independently of Employees receiving or banking monies in respect of monies belonging to the Firm(s) as well as in trust on behalf of others?

12. a) Please give details of existing Professional Indemnity Insurance:

Expiry Date	Insurer	Limit of Indemnity	Excess
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- b) Has any Proposal for similar insurance made on behalf of the Firm(s) , any former Firm(s) or any Partner(s)/Director(s) ever been declined or has any such insurance ever been cancelled or renewal refused.

Yes	No
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If 'Yes' please give details:-

- c) What is the amount of indemnity required?

- d) What is the amount of excess the Firm(s) would be prepared to bear in respect of each claim.

13. Is the Proposer aware AFTER FULL ENQUIRY

a) Of any claim having been made against the Firm(s) or former Firm(s) or its/heir present and/or past Partners or Directors whilst in his/these Firm(s) or any former Firm(s).

Yes	No
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b) Of any circumstances which are likely to give rise to a claim against the Firm(s) or former Firm(s) or its/heir present and/or past partners or Directors?

Yes	No
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If 'Yes' to either of these questions please give full details including dates and amounts or potential amounts involved.

14. Please state if you wish the coverage to include the following extensions:

Extension 1 – Libel and Slander

Yes	No
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Extension 2 - Loss of Documents

Yes	No
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Extension 3 – Dishonesty of Employees

Yes	No
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Extension 4 – Previous Partners (max. 5 years Retroactive Date)

Yes	No
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- (a) Incoming Partners
- (b) Outgoing Partners

If Extension 4(b) (Outgoing Partners) is required please give

- (a) full names of the former Partners to whom it is to apply, and
- (b) dates when they ceased to be Partners in the Firm.

Extension 5 – Breach of Confidentiality

Yes	No
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Extension 6 – Insolvency Activities

Yes	No
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(As per "The Insolvency Practitioners Law of 2015")



**PLEASE NOTE IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY. FAILURE TO DO SO
COULD PREJUDICE YOUR RIGHTS.**

I/we declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated 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 effected. I/We undertake to inform Underwriters of any material alteration to thee facts occurring before or after Inception of the Contract of Insurance. Signing this proposal does not bind the Proposer or Underwriters to complete this insurance.

Date:

FOR AND ON BEHALF OF:

(insert name of Firm(s))

Signature of Partner or Director:

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR RECORDS

IMPORTANT

Disclosure of material facts or information.

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Underwriters any material facts or information (including any material circumstances or change in circumstances) which might influence the judgement of Underwriters 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 Underwriters and enable them to repudiate liability thereunder. If you have any doubts as to what constitutes a material fact or circumstance, seek your Broker’s advice.