## Professional indemnity insurance Accountants proposal form (1-4 partners)



## Instructions

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

1 Name and address details						
Practice name (include all names under w	hich you practice)					
Main office address						
		Tolonhone	number			
		Telephone number				
		Contact e-mail address				
Postcode:						
Employer's Reference Number (ERN)		Practice website				
(found on PAYE documents)		r ractice w	ebsile			
Date established	1	List number	er of branch offices			
1 1						
Please list on a separate sheet all branch	offices including addresses for	or which you are seekir	ng cover.			
2 The firm						
Please advise the following (including det	ails of sole practitioner).					
Name of all Partners / Directors / Members		Qualifications	Date Qualified	How long as Partner / Director/		
				Member of the Firm(s)		
			/ /			
			/ /			
			/ /			
			/ /			
Is cover required for any Partner, Director If 'Yes', please provide details on a separate	, Member in respect of his/he ate sheet.	r liability arising from a	ny previous business?	Yes No		
3 Staff						
Please advise total number of staff exclud	ling Partners, Directors, Mem	bers:				
Professionally qualified	Unqualified assistants All others (e.g. Secreta			s (e.g. Secretarial)		
4 Practice fees / finances						
Please provide details of your Gross Fee Income for the following: (If this proposal is for a new firm, provide an estimate for the first year)						
Last Financial Year	£	Financial year end /				
Largest Fee from any one client	£	Fees paid to sub consultants £				

## 5 Area of practice Please provide a breakdown of the Gross Fee Income declared in Question 4. Audit, Accountancy & Compliance Tax % (i) **Quoted Companies** % (ii) **Unquoted Companies** Others (including Farmers, Small traders etc.) (iii) % 2 Other Tax % 3 Corporate Finance % % 4 Company Secretarial 5 Executorships, Directorships & Trusteeships % 6 % **Financial Services** 7 Insolvencies, Liquidations & Receiverships % 8 % Management Consultancy 9 Mergers, Acquisitions & Disposals % 10 Payroll % 11 **Bookkeeping Services** % % 12 Share Registration 13 Probate and Estate Administration % All Other Work (please give details) % 14 Total of 1-14 100% Details of 'All Other Work': Do you undertake any work for Banks and other Financial Institutions, Insurance Companies, Lloyds Syndicates, Yes Nο Funds or Managing Agents (including Captive Insurance Companies), Offshore Companies, or PLCs? If 'Yes', please provide details on a separate sheet. Yes No Have you undertaken any work for any entertainment or professional sports client(s) where you have obtained an individual fee greater than £5,000 in any one Financial Year? If 'Yes', please provide details on a separate sheet. Have you ever had any involvement with, or introduced clients to tax efficient schemes? If yes, a Tax planning and tax Yes No consultancy questionnaire will be required, please call 0117 9293344 to request from your broker. 6 Overseas work During the past six years, have you undertaken any work for any clients based outside the UK or for clients Yes П No based in the Channel Islands or Isle of Man where the work that you performed was not used solely for submission to the UK tax authorities? If 'Yes', please provide details for each client on a separate sheet including the nature and turnover of their business, their location, the fee(s) earned for each of the last three years and the services provided. 7 Trustee work Yes No Does any partner, director, member or employee of the Company/Firm act as a sole Trustee or have sole discretionary powers for any Trust(s)? If 'Yes', please provide details on a separate sheet. 8 DPB licence Does the firm have a DPB licence from the ICAEW or any other professional body? Yes 9 Regulated activities Have you or any firm you have acquired, ever carried out any regulated activities as defined in the Financial Services and Markets Act 2000 (other than in connection with general insurance products) as:

Yes

Yes

No

No

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If you have answered 'YES' to (a), above a Financial Services Questionnaire will be required.

Financial adviser; Execution only; Tied agent or appointed representative?

(b)

Introductory agent only

If yo	u have answered 'YES' to (b)	above please answer	the following question	ns:					
(i)	Do you have any financial in	nave any financial interest or controlling interest in the company that you are an introducer to?			Yes		No		
(ii)		ss commission/fees received in any one of the last six financial years as introductory ,000 or 10% of your total fee income?			Yes		No		
(iii)	Can you confirm that you only the FCA?	ly introduce to an inde	pendent financial adv	viser who is	authorised and regulated by	Yes		No	
10 (	Claims and circumstances								
form	r Full enquiry are you aware o er partners / directors / memb ', please provide details on a	ers, or any circumstar			ousiness or the present or ich may give rise to a claim? If	Yes		No	
11 F	raud and dishonesty								
	you aware of any fraud or dishes', please provide details on a					Yes		No	
12 \$	Sanctions								
Do you have any connection to customers or suppliers operating in the following countries or are any form of product or service sourced from or passed through these countries or indeed any employees who would visit any of these countries on business:						No			
Egy	nanistan, Balkans (Former Rep ot, Eritrea, Guinea-Bissau, Gu sia, Ukraine, Venezuela, Yem	inea, Iraq, Lebanon, L							
12 [	Disciplinary proceedings								
	any proposer / director / partn	ner of the business:							
(i)	In the last six years been the		ary proceeding by any	/ Professio	nal organisation?	Yes	П	No	
(ii)	Been declared insolvent or b	een declared insolvent or bankrupt or been the subject of bankruptcy proceedings?				Yes		No	
(iii)	ii) Been the subject of a County Court judgment (or Scottish equivalent) or are there any proceedings pending?			Yes		No			
(iv) Been a director or partner in any business which is or has been the subject of a winding up or administrative order, or receivership or other insolvency proceedings?			Yes		No				
(v) Had a proposal form declined? Yes					Yes		No		
(vi) Had an insurance cancelled?					Yes		No		
(vii) Had special terms imposed?					Yes		No		
(viii)	viii) Been convicted or charged with any criminal offence, or have a prosecution for such an offence pending?				Yes		No		
(ix)	Been prosecuted or served with a notice of intended prosecution or a prohibition notice in connection with a breach or alleged breach of any health and safety legislation?					No			
	If 'Yes', please provide detail	ls:							
14 (	Quotation requirements								
Plea	se give details of the firm's cu	rrent Professional Ind	emnity Insurance.						
Doı	not complete this question if yo	ou are already a client	of Bluefin						
Lir	nit of Indemnity Exc	cess	Premium		Name of Insurer		Ren	ewal Da	te
£	£		£				/	/ /	
Plea	se advise your requirements								
Lir	nit of Indemnity	Option 1		Option 2		Option 3			
1	2	. ~		. ~	1 *	-			

£

£

Excess

£

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For these reasons, it is important that you check all of the facts, statements and information set out in the documentation provided by us are complete and accurate, and that you answer any questions completely and accurately. If there is more than one person involved in your business or employed by you, you should check with them, where appropriate, that the facts and statements that you make are complete and accurate.

premium. In other cases, the insurer may only pay part of the value of your claim or impose additional terms.

If any of the facts, statements and information in this document, or any additional information provided are incomplete or inaccurate, you must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the insurer of any change to any material fact. I understand that the information provided will be used by the insurer and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

A copy of this proposal should be retained by you for your own records

This form must be signed by a principal of the firm						
Signature:	Date:	/ /				
	•					
Print name:	Position:					

Please return this application form along with any other supplementary information sheets to the address detailed below:

Bluefin Professions | Castlemead | Lower Castle Street | Bristol | BS1 3AG t: 0117 929 3344 | enquiry.professions@bluefingroup.co.uk | www.bluefinprofessions.co.uk



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