



## **Accountants Proposal Form**

**Professional Indemnity** 

Version 11.25.006

This form has been designed to be completed and signed electronically.

Once completed please save it and send it back to: enquiries@heraindemnity.co.uk

Or if you prefer to print and send the form, please post to:

Hera Indemnity First Floor Offices, 1 Mulgrave Chambers 26-28 Mulgrave Road Sutton Surrey SM2 6LE

### Section 1 - Basic Details

Details must be provided of any other trading titles, including predecessor firm(s) for which cover is required.

All addresses must be shown together with the partner(s), director(s) or principal(s) responsible for the work at each location.

Please submit this information using the supplementary sheet provided at the end of this form.

Firm Name		
Office Address		
	Posctode	
Date Established	Contact Name	
Telephone No	 Contact Email	
Web Address		

### Section 2 - Staff Details

2.1 Please give details of numbers of staff within the four categories below:

Partners, Directors or Principals	Qualified Staff	Trainee Staff	Other

2.2 Please give details of numbers of all partners, directors, principals, consultants and qualified employees of the firm:

If your firm has more than five partners, directors or principals, please use the additional sheet provided at the end of this form.

Full Name	Year of Birth	Position	Full / Part Time	Time in Current Position	Qualifications	Date Qualified

Se	ection 3 – Risk Manage	ement						
3.1		artner, director or principa ny association with or fir					YES	○ NC
3.2	Do you always take u	p written references whe	en engaging staff	f?		(	YES	○ NC
3.3	Is it the policy of the firm to obtain engagement letters from all clients?				(	YES	○ NC	
3.4		ctor, principle or employe eeding by any profession			ubject	(	YES	○ NC
3.5	Are you aware of any director, principal or e	fraud or dishonesty in reemployee of the firm?	elation to any par	rtner,		(	YES	○ NC
full		additional information dementary sheet at the			ou have provided i	1 Section 3 please (	give	
4.1	Please state your gro	ss fees received for the	past financial yea	ar and estimates for t	he current and forth	coming years:		
4.1	Please state your gro	ss fees received for the		ar and estimates for t	he current and forth  Overseas Inco		tal Incom	ıe
	Please state your gro						tal Incom	le e
Las							tal Incom	ie
Las	st Complete Year						tal Incom	ie
Las	et Complete Year  rrent Year (Estimated)  kt Year (Estimated)						tal Incom	le .

4.4	Please provide a breakdown of your gross fees declared in question 4.1		
Aud	it, Accountancy and Compliance Tax		%
Othe	er Tax		%
Man	agement Consultancy		%
Con	npany Secretarial		%
Pay	roll and Bookkeeping Services		%
Exe	cutorships, Directorships & Trusteeships		%
Inso	Ivencies, Liquidations and Receiverships		%
Corp	porate Finance		%
Mer	gers, Acquisitions and Disposals		%
Fina	ncial Services		%
Sha	re registration		%
All o	ther work (please give details below)		%
	Total		100%
Detai	ls of all other work:		
Sec	ction 5 – Work Analysis		
5.1	Have you undertaken any work for any entertainment or professional sports clients where you have obtained a fee greater than £2,500 in any one financial year?	YES	○ NC
5.2	Has the firm provided any advice in relation to tax planning schemes (company or personal) that could be considered as tax avoidance, even if only as an introducer?	YES	○ NO
	u have answered Yes to either of the questions above, please provide additional details using the supplementar nd of this form.	y sheet at	
Sed	ction 6 – Claims		
6.1	Have any professional indemnity claims, whether successful or not, ever been made against the firm, predecessors of the firm or any of the partners, principals or directors of the firm?	YES	○ NO
6.2	After full enquiry, are any partners, principals or directors of the firm aware of any circumstance which might give rise to a claim?	YES	○ NO
	ມ have answered Yes to either of the questions above, please provide additional details using the supplementar nd of this form.	y sheet at	

7.1	Please provide your c	urrent insurance details:					
Cui	rrent Insurer		C	Current Broker			
Lim	nit of Idemnity		E	Excess			
Pre	emium		F	Renewal Date			
7.2	Please provide details	of the cover you require:					
Lim	nit of Idemnity		E	Excess			
7.4	insurance, quoted an ou have answered Yes on Do you require cover	or persons named in answer to ncreased premium, had a policy to question 7.3 please provide for any partner, director, consult to question 7.4 please provide	ey cancelled or he additional det	ad special terms imposed?  tails on the supplementary  e for liability arising out of a	r sheet at the end of to	YES	○ NO
7.5	Please provide the ex Employer's Liability In	oiry date of your					
Se	ection 8 – Material Fact	s					
8.1	Do you expect any sig	nificant change to or in your Co	ompany/Firm in t	the next 12 months?		O YES	ОиО
8.2	Is there any other material information that may be relevant to this application?					YES	() NO

Section 7 - Cover Requirements

If you have answered Yes to either of the questions above, please provide additional details using the supplementary sheet at the end of this form.

It is essential that every Proposer or Insured, when seeking a quotation to take out or renew any insurance, discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice. Unless agreed to the contrary, this insurance shall be subject to English Law.

**CONTINUES ON NEXT PAGE** 

### Section 9 - Declaration

We declare that to the best of our knowledge or belief, the particulars and statements given in this application are true and complete and this application, declaration and information shall be the basis of the contract between ourselves and the Insurer.

We declare that we have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of our insurance.

We understand that failure to do so could prejudice our rights to recover in the event of a claim and/or allow Underwriters to void the policy.

We accept that if we are in doubt as to whether any fact may influence the Insurer we should disclose it.

We agree that we have a continuing obligation to notify Insurers of any material matters during currency of policy.

We accept that any deliberate misrepresentation of facts declared on this proposal form may be referred to relevant regulatory bodies.

Signed by (Principal, Partner or Director):	Printed:	
For and on behalf of:	Date:	

Specimen copies of policy wordings are available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference.

Please send your completed form to: enquiries@heraindemnity.co.uk

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## Supplementary Sheet for Section 1 – Basic Details

Details must be provided of any other trading titles, including predecessor firm(s) for which cover is required.

All addresses must be shown together with the partner(s), director(s) or principal(s) responsible for the work at each location.

Trading Title / Predecessor Firm	Address	Directors

Please give details of numbers of all partners, directors, principals, consultants and qualified employees of the firm

Full Name	Year of Birth	Position	Full / Part Time	Time in Current Position	Qualifications	Date Qualified

Supplementary Sneet for Section 3 – Ri	sk management		

## **Supplementary Sheet for Section 4 – Fees**

If you have declared any fees from any territory other than the UK or if you enter into any contracts where legal jurisdiction is anything other than UK law, please provide the details for each of these projects below:

Country
Completion Date
Subject to UK Law
Country
Country
Completion Date
Subject to UK Law
Country
Completion Date
Subject to UK Law
Country
Country
Renewal Date
Subject to UK Law
Country
Completion Date
Subject to UK Law
Country
Completion Date
Subject to UK Law
Country
Completion Date
Subject to UK Law
Country
Completion Date
Subject to UK Law

Su	Supplementary Sheet for Section 5 – Work Analysis							
	se provide the name of the entertainment or professional client, together with the type of services being provided and that was charged.	he level of						
	se provide the name of the entertainment or professional client, together with the type of services being provi hat was charged.	ded and the lev	/el of					
(a)	Has the firm ensured that such schemes have been disclosed to HMRC under the Disclosure of Tax Avoidance Scheme rules. If no, please provide details as to why not?	YES	○ NO					
(b)	Are any of the schemes highlighted on the HMRC website spotlights page? If yes, please provide details.	○ YES	O NO					
(c)	Have any of the schemes been reviewed or are they being currently reviewed under the General Anti Avoidance Rule (GAAR)? If yes, please provide details	○ YES	○ NO					
d)	What steps do you take to ensure your clients have been made fully aware of the risks in entering into any tax scheme, in that they may not succeed in their objectives and that they may be subject to litigation, costs, uncertainty or possible changes in the law?	○ YES	○ NO					
(e)	If you are only acting as an introducer, do you provide written terms and conditions excluding liability for advice provided by third party specialist advisors? If yes, please provide a copy of your written terms and conditions which exclude such liability.	YES	○ NO					
(e)	advice provided by third party specialist advisors? If yes, please provide a copy of your written terms and		YES					

# Please give details of: Any professional indemnity claims, whether successful or not, ever been made against the firm, predecessors of the firm or any of the partners, principals or directors of the firm. (a) Any circumstance which, after full enquiry, might give rise to a claim. (b)

Supplementary Sheet for Section 6 - Claims

## **Supplementary Sheet for Section 7 – Cover Requirements** Please give details of: Any of the firms or persons named in answer to questions 1 and 2 which have been refused similar insurance, quoted an increased premium, had a policy cancelled or had special terms imposed. Cover required for any partner, director, consultant or employee for liability arising out of a previous business.

# Please give details of: Any expected significant change to or in your Company/Firm in the next 12 months. (a) Any other material information that may be relevant to this application. (b)

**Supplementary Sheet for Section 8 – Material Facts** 



Hera Indemnity, First Floor Offices, 1 Mulgrave Chambers, 26-28 Mulgrave Road, Sutton, Surrey, SM2 6LE