

# PROFESSIONAL INDEMNITY INSURANCE ACCOUNTANTS PROPOSAL FORM

#### A FULL POLICY WORDING IS AVAILABLE ON REQUEST

Please complete and tick boxes as appropriate. If there is insufficient space to provide answers to the proposal form questions, please use the ADDITIONAL INFORMATION section at the end of the form. In this proposal we use the term 'Principal' to mean any sole Principal, Partner, Director or member of a Limited Liability Partnership. Reference to 'Proposer' in this proposal shall include all names included under question 1 who will be the Insured in the insurance policy.

Please ensure that **all** relevant sections of the Proposal are completed

1 Name under which practice is conducted: ('The Proposer')

2 a Addresses of all offices (including postcode and telephone no) and percentage of total fees in each

	<b>b</b> Website www.
3	Specify to which professional body the practice belongs
	ICAEW ICAI ICAS ACCA ATT AAT Other (Please specify)
4	Date commenced
5	a During the past 6 years, has the name of the Proposer been changed or has any amalgamation, acquisition or take-over taken place or have any Principals
	departed, retired or died?
	If 'Yes', give details

 ${\boldsymbol b}$  Give details below of any predecessor firms for which cover is required

#### 6 Give details below of

- a Principals and
- **b** Consultants under a contract of service with the Proposer

Full name	Age	Qualifications	Date qualified	Number of years in this capacity with the Proposer
a				
b				

7 Give details below of previous business experience, as appropriate, or attach curricula vitae Newly established practice - complete for all Principals

Existing practice – complete for each Principal who has held such position with the Proposer for less than 5 years

Name	Period engaged in previous occupation	Name of firm/ company	Profession or business	Position held

8 Where the Proposer is a sole Principal, give details of the arrangements for office supervision when the Proposer is absent

9	State number of other permanent staff			
	a qualified		b all others	
	i full-time	<b>ii</b> part-time	i full-time	

i full-time ii part-time

#### 10 Is cover required for Partners' Previous Business in respect of any Partner named in 6a? (This extension covers liability incurred as a Partner in a previous accounting practice) If 'Yes', state

Yes No

<b>a</b> for which Partners	<b>b</b> name of previous business	<b>c</b> date Partner left business	<b>d</b> Limit of Indemnity required

#### **11** State gross fees (including those paid to sub-contractors) for work undertaken

Clients domiciled in	Last financial year	Previous financial year	Forthcoming year (estimated) for new and existing practices
a the UK	£	£	£
<b>b</b> Europe excluding the UK*	£	£	£
c the USA, its territories and possessions and Canada*	£	£	£
<b>d</b> Australia*	£	£	£
e Asia*	£	£	£
<b>f</b> elsewhere*	£	£	£
Total of a to f above	£	£	£

\* State countries, amounts involved and nature of work undertaken for clients domiciled outside the UK

12 Is the practice represented in any way outside the UK? Yes No If 'Yes', state where and how (e.g. by subsidiary company, local office, local representative or by any other person or concern holding a power of attorney on behalf of the practice) **13** State the approximate percentage of last year's gross fees and of the fees estimated for the forthcoming year (including those paid to sub-contractors) payable in respect of

			Last year	Forthcoming year
а	work for banks, finance houses, hire purchase and			
	organisations, building societies and any other con		%	%
b	auditing	i of public companies	%	%
		ii of other clients	%	%
с	preparation of accounts	i of public companies	%	%
		ii of other clients	%	%
d	compliance taxation	i of public companies	%	%
		ii of other clients	%	%
е	tax planning and consultancy*		%	%
f	insolvency, liquidation and receiverships		%	%
g	management consultancy**		%	%
h	computer consultancy**		%	%
i	insurance and building society commissions		%	%
j	executorships and trusteeships		%	%
k	investment advice and other Financial Services work ***		%	%
Ι	directorships		%	%
m	company registrar work		%	%
n	mergers, acquisitions, take-overs and disposals		%	%
ο	payroll services		%	%
р	probate		%	%
q	all other work**		%	%
			100 %	100 %

\* i.e. specialist taxation work for which a specific fee is charged, including but not limited to advice on tax efficient schemes involving offshore trusts, film financing etc.

\*\*\* If there are any fees in relation to **13k** (investment and other Financial Services work) a Financial Services Questionnaire must be completed. This is available from Your broker.

r For any activities where you have answered nil above, but have undertaken work in the past 6 years please provide details below

s \*\* If fees are received in connection with 13g 13h or 13q give brief details of the type of work undertaken in the box below

14 State

**a** month of financial year end

	Last financial year	Estimate for current financial year	Estimate for forthcoming financial year
<b>b</b> largest total fee any one client or group	£	£	£
c average fee per client or group	£	£	£

If the Proposer anticipates any major change in **b** or **c** in the forthcoming year give details in the box below

- **15** If work is undertaken for public companies or where the largest fee declared last year in **14b** exceeds £50,000, give the following details:
  - **a** name of client(s)
  - **b** nature of business of the client(s)
  - **c** nature of the services provided by the Proposer to such client(s)

**16** Does the Proposer undertake or has the Proposer undertaken work of any description for any of the following

- i Banks, investment funds or schemes and other Financial Institutions
- ii Insurance Companies, Lloyd's Syndicates, Lloyd's managing or members' agents or Underwriting Agencies
- iii Any 'off-shore' companies
- iv Entertainment industry clients or sporting professionals

Yes No

Give details of the name(s) of clients, fees earned and the services provided in the box below

**17** If tax planning and consultancy is undertaken give the following details:

а	What type of tax	planning/consultar	ncy services are d	offered (give examples)

- **b** what specialist qualifications and experience do those involved in this work have?
- c is there any involvement with tax efficient schemes?\*

Yes No

ΠNoΓ

Yes

If Yes, please complete the Tax Efficient Schemes section on page 12

- \* Tax efficient schemes or packages include loans investments and trusts which are preplanned artificial transactions designed to produce a specific tax outcome including but not limited to tax loss, tax deductible allowance or tax exempt profit. Examples include offshore trusts, film partnership scheme, film production partnership scheme, film finance schemes, stamp duty land tax (SDLT), employee benefit trust (EBT) and employer finance retired benefit schemes (EFRBS) or schemes listed or similar to those on HMRC Spotlights.
- **18** Are any Principals, Consultants or employees members of any Professional Body's taxation faculty?
- **19** What registers are maintained by the Proposer in relation to taxation deadlines? (for example, in connection with the dissolution of partnerships)

#### 20 If insolvency, liquidation and receivership work is undertaken, give the following details:

**a** types of arrangements handled

**b** typical and maximum values handled for each type of arrangement

c Specialist qualifications and experience of those involved in this work

**21** Is the Proposer

a licensed to undertake insurance mediation work as defined in the Designated Professional Body Handbook of the Institute of Chartered Accountants in England and Wales/of Scotland/in Ireland

Yes	No	
Yes	No	

No No

No

No

No

No

No

No

]No[

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

**b** authorised to undertake insurance mediation work by the Financial Conduct Authority

If Yes to **21b** please provide full details, including FCA status, i.e. FCA authorised, Appointed Representative or Introducer Appointed or other:

22 Has the Proposer ever been involved in, arranged or advised on:

а	pension transfers, alternatively secured pensions or Qualified Recognised
	Pension Schemes?

- **b** pension fund administration or management?
- c offshore bonds, structured products or unregulated collective investment schemes?
- d investment vehicles designed specifically for tax mitigation reasons?
- **e** high risk investments (including but not limited to hedge funds, split capital, emerging markets, venture capital, etc.)?
- **f** any investment products where the provider or fund is insolvent or has a known liquidity problem or has otherwise failed?
- g equity release or home reversion type products?
- **h** self-certification mortgages?

If 'Yes' to any of the above, please complete a Financial Services Questionnaire (available from your broker)

**23** Is the proposer authorised to undertake investment work by the FCA or any Designated Regulatory body?

If 'Yes', state the Authorising Body and the category of authorisation

24 If fees are declared in question 13k 'i	nvestment advice or other financial services work'	state the percentage
breakdown of the amount declared:		

a independent financial advice*	%
<b>b</b> restricted financial advice*	%
c introduction to a financial adviser	%
<b>d</b> introduction direct to a product provider**	%
	100 %

\*If any fees are declared for **a** or **b** please complete a Financial Services Questionnaire (available from Your broker).

\*\* If any fees are declared for  $\boldsymbol{d}$  please state below:

- i the terms upon which the introduction is made
- ii the names of the providers
- iii type of products
- $\ensuremath{\text{iv}}$  whether the provider gives advice
- **v** the values invested
- **vi** number of clients

th	the Proposer authorised or licer e Probate Regulations of the Ins ate below how You handle pens	titute of Chartered	Accounts in Engl	and and Wales	Yes No		
a b c d e f g	Support Your clients in their sel- Identify pension providers? Recommend pension providers Compare investment funds, cha Signpost to the government wo Refer to another advisor? Undertake payroll related activi	Yes No Mo					
h	h Please confirm fees or commission (if any) received in the last 6 years						
i	Number and value of schemes		No.	£			
j k	Exclude in Your Terms Of Engag or signposting to pension provio Where advising the employer, d advice to an employer is provid as an individual?	ders? o You specify in You	ur letter of engage	ement that any	Yes No		
27 a	State gross fees paid to sub-co	ontractors					
Last	year	Forthcoming year new and existing p	· ,				
£		£					
b	Give the following details of su i Name(s)	b-contractors in th	ie box below:-				

ii Qualifications

iii Limit of Indemnity of own Professional Indemnity Insurance

## **c** Is there any written agreement between the Proposer and sub-contractors?

 ${\bf d}$  Describe what work is sub-contracted and how the Proposer reviews such work in the box below

Yes

No

28 If there is not a resident Principal at each of the Proposer's offices, state the addresses concerned and give details of how any such office is supervised

<b>29</b> Ca	n You confirm that:	Yes	No
a)	The practice is accredited to (or in the process of accreditation to) ISO 9001, Cyber Essentials or subject to a similar form of external assessment?		
b)	The practice works to a professional code of ethics or practice, such as ICA, ACCA or similar?		
C)	you have taken steps to ensure compliance with the latest data privacy legislation?		
d)	you operate commercially licensed and purchased anti-virus software across your network and regularly apply patches & updates in accordance with the suppliers' recommendations?		
e)	you back up critical/sensitive data at least weekly to a different secure location (i.e. offsite, cloud)?		
f)	you have a Business Continuity Plan or Disaster Recovery plan and it addresses cyber risks including back up of data?		
g)	Written contract conditions are used in every case?		
h)	The practice has written work instructions or checklists for the services provided?		
i)	The practice has identified the risks associated with its field of work and taken action to minimise these risks?		
j)	Management review working procedures at least every six months to ensure their continuing suitability?		
k)	Prior to contracts being accepted the practice checks that contract specifications and customer requirements can be met by ensuring that they have the technical ability to undertake the contract, the resources and time?		
)	Records are kept of the original contract, subsequent amendments, verbal agreements and telephone conversations?		
m	) Work done by staff is reviewed using spot checks and periodic reviews?		
n)	Reviews of staff, Partners, Directors or members of LLPs are completed at least once every 12 months?		

<ul> <li>Regular file reviews and audits are conducted at least once every 12 months for all fee earners, including Principals?</li> </ul>	
p) Staff and Principals have training and development plans in place (e.g. participation in a Continued Professional Development programme)?	
<ul> <li>q) Recruitment procedures include:</li> <li>obtaining written references,</li> <li>verifying qualifications and previous experience,</li> <li>checking for any previous Professional Indemnity claims or circumstances?</li> </ul>	

If 'No' to any of the above, give details below

**30** Has the Proposer or any member of staff, past or present, been the subject of any disciplinary proceedings by any professional or regulatory body? Has the Proposer dismissed or is the Proposer considering dismissing any member of staff?

If 'Yes', give details below

#### **31** Fidelity

Has the Proposer suffered any loss during the past five years through fraud or dishonesty of any employee?

νρς	

If 'Yes', state date, circumstances, amount and steps taken to prevent recurrence

# Please note that Fidelity cover is subject to the Proposer's compliance with the following Minimum Standards of Control:

#### **Minimum Standards of Control**

- a. all cheques fund transfers instructions for disbursements of assets or fund investments for more than £10,000 shall require two independent signatories or authorisers
- b. no cheque fund transfer instruction for disbursement of assets or fund investment shall be authorised until at least one signatory or authoriser with appropriate authority and independent of the individual requisitioning such transfer disbursement or investment has examined and approved the supporting documentation
- c. any electronically initiated transactions must be controlled by unique passwords held by each individual related to the user authorisation and the appropriate authorities integrated into any computer program or system used for such transaction
- d. cash and cheques received shall be remitted to the bank in full on the day of receipt or next banking day
- e. bank statements cash cheques stock and securities held shall require a physical check against supporting documents by someone other than those persons responsible at least quarterly
- f. all requests to create and alter third party bank details (including those of any supplier or client) must be received in writing and independently verified by telephone with a known contact at the organisation making the request before any transaction takes place

<b>32</b> D	Does the practice undertake work for any firm, company or organisation in which
	ny Principal holds a position whereby he or she is able to make major policy
d	lecisions on behalf of such firm, company or organisation?

Yes No

lf 'Yes',	give	details
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<b>33</b> Has the Proposer any other Professional Indemnity insurance in force?	Yes No
If 'Yes', state  a name of insurer b renewal date	
<b>34</b> Limit of Indemnity required (limits of up to £10m available)	
$\pm 250,000 \qquad \pm 500,000 \qquad \pm 1,000,000 \qquad \text{Other} \qquad \pm $	(please specify)
<b>35</b> Does the Proposer wish to contribute towards each and every claim?	(hiease shecii à)
If 'Yes', tick amount required £1,000 $\pm$ £2,500 $\pm$ £5,000 $\pm$ £10,000 $\oplus$ Other $\pm$	
	(please specify)
Note. In most cases, a contribution will be compulsory	
<ul><li>36 Has any insurer in respect of the risk to which this Proposal relates ever</li><li>a declined a proposal, refused renewal or terminated an insurance?</li></ul>	Yes No
<ul><li>b required an increased premium or imposed special conditions?</li></ul>	Yes No
If 'Yes', in either case, give details	
<b>37</b> Has any person for whom this Insurance is Proposed:	
a ever been convicted of or charged with (but not yet tried in respect of) a criminal	
offence other than a motoring offence?	Yes No

- **b** ever been declared bankrupt?
- c ever been a principal of a business which has gone into insolvent liquidation or been the subject of a receivership or an administration order?



Yes	No
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If 'Yes', provide details and dates

# **38 a** Has any claim been made against the Proposer or any Principal, Consultant or employee during the last 10 years in respect of the risks (other than those referred to in Question **31**) to which this Proposal relates?

Yes No

If 'Yes', give details (by separate note if preferred)

Date of claim	Brief details of each claim	Estimated outstanding cost

**b** What action has been taken to prevent a recurrence of the situation which gave rise to each claim?

**39** Is any Principal, Consultant or employee, **after enquiry**, aware of any circumstances which might:

a give rise to a claim against the Proposer or any predecessors in business or any of the present or former Principals?b otherwise affect the Insurer's consideration of this Insurance?

Yes	No
Yes	No

If 'Yes', give details including maximum potential cost (by separate note if preferred)

Do You wish to pay Your premium by monthly instalments?

Yes No

## **TAX EFFICIENT SCHEMES**

a.	Party specialist advisors? If Yes, a copy must be attached							Yes	No		
	ii) D	Do You ens	sure the cli	ents ent	er into separa	ate contra	acts with such	promoters/pr	oviders?	Yes	No
b.	Are	multiple o	lients ente	ered into	o the same s	chemes?	2			Yes	No
C.		Have any of Your clients entered a tax mitigation scheme which is being investigated or challenged by the HMRC?		Yes	No						
d.	Have simi	e any of Y lar to a sc	our clients heme liste	s entered ed under	d a tax mitiga r HMRC "Spo	ation sch tlights" ta	eme which is a avoidance so	he same or hemes?		Yes	No
e.			emes beei ile (GAAR)?		currently be	ing inves	tigated under 1	he General		Yes	No
f.	Have	e any of Yo	our clients i	received	an Accelerate	ed Payme	ent Notice (APN	or a Followe	er Notice?	Yes	No
g.	g. Are You still actively introducing or do You intend to introduce to tax mitigation schemes?						Yes	No N/A			
h.	1						questions a)i) o				
		o is respoi						sure they fer		שומרת מו	
i.							ntering into tax i ed in their objec		iemes	Yes	No
k.	Plea	ase state th	ne gross fe	e income	e/commissio	n received	d for tax scherr	es in the last	6 years		
Last	t Year		2nd Year B	Back	3rd Year Ba	ck 4	4th Year Back	5th Year	Back	6th Year Back	
£			£		£	i	£	£		£	
Ι.	intro and	oduced to type of sc	in the last : heme (eg l	10 years	including a n	ote of the	emes which Yo eir investment v	alue(s), the so	cheme na	ime/prov	vider name
Date ente		Scheme	Type of Scheme	Value	HMRC DOTAS	Scheme Referen		HMRC	GAAR	Schem	
					Registered	Number		l Spotlight number, if similar	panel review	an Acce	sued with elerated nt Notice ower
					Registered	Number		number,	panel	an Acce Payme or Follo	elerated nt Notice
					Registered	Number		number,	panel	an Acce Payme or Follo	elerated nt Notice
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Use this space to provide further information in support of answers given to questions in this Proposal. Please state question number clearly.

#### Please read the following carefully before you sign and date the Declaration and Undertaking.

#### IMPORTANT NOTICE CONCERNING YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK

Before the insurance policy takes effect the Insured have a duty to make a fair presentation of the risks to be insured under the insurance policy.

A fair presentation of the risk is one:

- which:
  - discloses to the Insurer every material circumstance which the Insured know of or ought to know of; or
  - gives the Insurer sufficient information to put the Insurer on notice that it will need to make further enquiries for the purpose of revealing those material circumstances,
- which makes that disclosure referred to above in a manner which is reasonably clear and accessible to the Insurer; and
- in which every material representation as to a matter of fact is substantially correct, and every material representation as to a matter of expectation or belief is made in good faith.

A *material circumstance* is one that would influence the Insurer's decision as to whether or not to agree to insure you and, if so, the terms of that insurance. If you are in any doubt as to whether a circumstance is material you should disclose it to the Insurer.

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

#### FINANCIAL OR TRADE SANCTIONS

Royal & Sun Alliance Insurance plc is unable to provide insurance in circumstances where to do so would be in breach of any financial or trade sanctions imposed by the United Nations or any government, governmental or judicial body or regulatory agency.

#### PRIVACY POLICY

RSA is committed to ensuring that your privacy is protected.

For a full explanation of how we use the information we collect about you, how you can contact us if you wish to exercise your rights and the procedure that we have in place to safeguard your privacy please visit:

www.rsagroup.com/support/legal-information/broker-privacy-policy

### **DECLARATION AND UNDERTAKING**

I/We declare that every statement and particular contained within this proposal form:

- which is a statement of fact, is substantially correct, and
- which is matter of expectation or belief, is made in good faith.

If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect I/we undertake to provide details of all such changes to the Insurer in order to comply with my/our obligation to provide a fair presentation of the risk to be insured under the insurance policy.

I/We accept the minimum standards of control applicable to Fidelity cover.

For the purposes of making this proposal for insurance, I/we agree that the Intermediary (which I/we have appointed to advise in relation to this policy) is acting on my/our behalf and not as an agent of the Insurer.

Signature (Principal)	Date	
On behalf of*		

#### \*insert name of Proposer

This insurance will not commence until the Insurer has indicated acceptance of the Proposal. The Insurer reserves the right to decline any Proposal.

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