



PROPOSAL FORM ACCOUNTANTS PROFESSIONAL INDEMNITY INSURANCE

Brunel Professional Risks Ltd

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Registered in England under Company Number: 5426773 Authorised and Regulated by the Financial Conduct Authority. Registration: 466937



This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposer or Underwriter to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Please complete this Proposal form in BLOCK CAPITALS to avoid problems when transmitting by fax.

Put a cross for the YES/NO questions to indicate your response.

Please provide	the following details	s (including trading nam	es) of the Propose	er/s:			
Name						Date Commenced	
	Γ						
Tel:			Fax				
www:			Email:				
2. Is cover require	d for predecessor p	oractices to the Propose	r/s?			YES NO	
If YES , please prov	ide full details:						
Name of Predece	essor	Date Commenced	Date Ceased	Re	eason for Cess	ation	

3.

Name in full of all Principals	Qualifications	Date Qualified	How long as a Principal with Proposers



If YES , please state:	vious business activities of any	Principal?	YES NO
Name of Principal			
Name of Previous Firm			
Period	From To	From To	From To
Fees for Last 3 Yrs	Y/E £ Y/E £ Y/E £	Y/E £ Y/E £ Y/E £	Y/E £ Y/E £ Y/E £
Reason for Leaving			
Position in Firm			
Is separate insurance in place to cover the activities of this firm for the period stated above?	YES NO	YES \ NO \	YES NO

Address	Principal in charge	Approximate % of total fees
		%
		%
		%
		0/

All addresses must be shown together with the Principal responsible for the work at each office:



6. DO NOT ANSWER IF PROPOSAL IS FOR RENEWAL OF INSURANCE WITH BRUNEL PROFESSIONAL RISKS LTD:

Name of current insurers						
Name of your broker						
Renewal date						
Limit of indemnity	£					
Premium	£					
Excess	£					
7. Is cover required for any past	. Is cover required for any past Partner or Principal? YES NO					
Name		Qualifications		How long with F	Proposer/s	
		<u> </u>				
8. Please state total numbers of	of: Principa	Is	Qualified Staff	Others		
9.						
a) Do you sub-contract work	to any outside pa	arty?		YES 🗌	NO □	
If YES, please provide details:	YES, please provide details:					
b) Do you require any sub-co	ontractor to be inc	demnified under you	r insurance arrangements?	YES □	NO 🗆	



If **YES**, please state:

Name	Qualifications	Fees Paid (last financial year)
		£
		£
		£

10. State for the whole Proposer/s

•	a) Gross fees received for each of the last five financial years:			Last Complete Year	Current Year	Forthcoming Year
Year End						
Total Fees	£	£	£	£	£	£
Average Fee	£	£	£	£	£	£
Largest Fee	£	£	£	£	£	£

b) Split of Gross Fees in the last complete financial year:

Audit, Accountancy and Company Tax for quoted companies	%
Other Audit and AGE (including related Tax work)	%
Personal Taxation only	%
Other pure Tax work	%
Management Consultancy	%
Secretarial and Share Registration	%
Executorships and Trusteeships	%
Insolvencies, Liquidations and Receiverships	%
General Insurance Commissions	%
Stock Exchange Commissions	%
Commissions from investment business regulated under Financial Services Act	%
Directorships	%
Computer Consultancy	%
Mergers, Acquisitions, Disposals	%
Other Consultancy only	%
Other Work - please give full details	%
	0 %



				Last Complete Year	Current Year	Forthcom	ning Year
Year End					_		
USA/Canada	£	£	£	£	£	£	
Other	£	£	£	£	£	£	
a) Has any pe				er been the subject of disci	plinary		NO [
a) Has any perproceedingb) Has the Proceeding	s by the I.C,	A or and other p	professional org aken work of ar			YES YES	NO □
proceeding b) Has the Pr Lloyd's ma	gs by the I.C, roposer/s at a anaging or m	A or and other partime undertember's agent?	professional org aken work of ar	anisation?	f London or any		
 a) Has any perproceeding b) Has the Pruloyd's ma c) Does any pu d) Has the Pruloyd 	roposer/s at a anaging or m	A or and other pany time undertember's agent? nom insurance in any time underta	professional org aken work of ar s now sought a	panisation? ny description for Lloyd's of	f London or any n fund?	YES 🗌	NO □



13.	Is the Proposer/s authorised for investment business under the Financial Services Act?	YES 🗌	NO 🗆
	ES please identify regulator and type(s) of business for which authorised: D complete an Accountants Financial Services Questionnaire (available on request)		
14.			
a)	Are satisfactory written reference obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods?	YES 🗌	NO 🗆
b)	Has the proposer/s suffered any loss in the 6 years through fraud or dishonesty?	YES 🗌	NO 🗆
If YE	ES, state date, circumstances, amount and steps taken to prevent a recurrence:		
c)	Do all cheques drawn for more than £25,000 require at least two signatures?	YES 🗌	NO 🗆
d)	Has the proposer/s suffered any loss in the last 6 years through fraud or dishonesty?	YES 🗌	NO 🗆
e)	Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank?	YES 🗌	NO 🗆
f)	Are employees receiving cash and cheques in the course of their duties required to pay in daily?	YES 🗌	NO 🗆
15. I	For what Limit/s of Indemnity are quotations required?		
	nere will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to a aving. If so, for what level of excess?	achieve a pi	remium



6.				
a)		sks to which the proposal relate) against the Proposer or any	tes, has any Claim been made part or present Principal?	YES 🗌 NO 🗌
b)		d by the Proposer, any predec sks to which this proposal rela	cessor or any part or present princites?	ipal YES 🗌 NO 🗌
f YE	ES, please give details:			
Da	te of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding
			£	£
			£	£
			£	£
			£	£
;)	What steps have been tak	en to prevent a recurrence?		
7 . l	s any Principal, AFTER FU	LL ENQUIRY, aware of any ci	rcumstance which might:	
a)	Give rise to a claim agains	t the Proposer, any predecess	sor or any past or present Principa	i? YES □ NO □
b)	Cause any loss to the Pro	poser, any predecessor or any	past or present Principal?	YES NO
c)	past partners, directors or		of the Proposer or any of the prese predecessor to the Proposer ever or renewal refused?	



d) Otherwise affect the consideration of this proposal for insurance?	YES NO
If YES to any of the above, please give details	



PLEASE READ THESE PARAGRAPHS CAREFULLY BEFORE SIGNING THE DECLARATION:

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance makes a fair presentation of their risk to the prospective insurer.

DUTY TO MAKE A FAIR PRESENTATION

You have a duty to make a fair presentation of the risk to be insured to the insurer. This requires the disclosure of any information which would influence the judgement of a prudent insurer in deciding whether to accept your insurance, impose special terms, or charge an increased premium.

A proposal or any other document relating to the contract of insurance, must be answered fully and accurately. All representations must be substantially correct if relating to matters of fact, or made in good faith if they are matters of expectation or belief. Please do consider the questions regarding "any other information" very carefully in the light of the duty of fair presentation. The provision and documentation of this information is your responsibility.

Please be aware that a failure to make a fair presentation of your risk may affect the payment of your claims, cause additional charges to be made by the insurer, or even invalidate the policy.

You are required to disclose what should "reasonably have been revealed by a reasonable search of information available to you". Please note that this includes what is in the knowledge of all senior management within your organisation (senior officers not just directors), and what is known to other organisations.

Information must be disclosed in a way which is reasonably clear and accessible to a prudent insurer.

This duty arises not only at inception of the policy but also at renewal or in the event of any material change in your risk during the period of insurance.

If you have any doubt as to what constitutes a relevant fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare any Partner or Director in any organisation, business partnership, or company which they have had an interest whether personal or business:

- Have never been charged, pending trial, or convicted of a criminal offence other than a motoring offence or any other
 offence that is spent under the rehabilitation of Offenders Act 1974
- Have never been declared bankrupt, insolvent, subject of an individual voluntary arrangement with creditors or in voluntary liquidation, a winding up administration order or administrative receivership, proceedings in the last 10 years
- Have never been the subject of a County Court Judgement and/or ever been cited in any unsatisfied court judgements in the last 10 years
- Have never been subject to a recovery action by HM Revenue & Customs
- Have never had insurance declined, renewal refused, cover cancelled or special conditions imposed by an Insurer'
- Confirms that the attached schedule accurately reflects the risks that cover is required for.

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material circumstance or information. I/we agree that this proposal together with any other information supplied by me/us shall form our fair presentation of the risk to be insured. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Brunel Professional Risks Limited may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform Brunel Professional Risks Limited in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact Brunel Professional Risks Limited.

Date:/
Signature of Principal
Position within the company



PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION