



Fleur-de-Lys Court **A**  
112 Houndsditch  
London  
EC3A 7BD

+44 020 7929 2105 **T**  
+44 020 7623 9067 **F**

info@lothburyuk.com  
www.lothburyuk.com

Accountants  
Professional Indemnity Insurance  
Proposal Form

## ACCOUNTANTS

### Professional Indemnity Insurance

### Proposal Form

Notes for Professional Indemnity Insurance Proposers:

The Proposal Form, if accepted, will form the basis of your contract with Insurers and it is, therefore, essential that the questions asked have been understood and answered correctly. If in answering any of the questions in this Proposal Form you find there is insufficient space, please complete on your firm's headed notepaper and attach it to this form.

In the event that you require any assistance in completing this Proposal Form, please do not hesitate to contact Lothbury UK Limited.

Please provide, in addition to completing this form, if proposing for the first time, the following information to assist Insurers in considering their terms:

- a) Curriculum vitae for each Director, Partner, and Principal (unless qualified).
- b) Standard Contract Terms and Conditions.
- c) Copies of any brochures that the Firm issue.

#### 1 Your business details

1.1 Name of Individual or Firm requiring cover:

1.2 Date Firm established:

1.3 Is the Individual or Firm currently trading? Yes / No

1.4 Principal address:

Other addresses:

Website address:

1.5 Please provide a full description of your activities:

1.6 Please provide details of membership of any association or professional body:

1.7 (a) Is the Firm a member of a consortium or joint venture? Yes/ No

(b) Is cover required for any joint venture? Yes / No  
If yes please provide details:

2 You and your staff

2.1 Please provide details of all partners, principals and directors:

| NAME | AGE | ACCOUNTANCY<br>QUALIFICATIONS | NO.YEARS<br>RELEVANT<br>EXPERIENCE |
|------|-----|-------------------------------|------------------------------------|
|      |     |                               |                                    |
|      |     |                               |                                    |
|      |     |                               |                                    |
|      |     |                               |                                    |
|      |     |                               |                                    |

2.2 Number of staff Professionally qualified Other

2.3 If you are a sole practitioner please confirm:

a) That the application for Professional Indemnity is in relation to your full time occupation. Yes / No

b) You have arrangements in place in the event of sickness or holidays to ensure the continuation of the business. Yes / No

2.4 Is the firm, or any partner, principal or director, individually connected or associated (financially or otherwise) with any other firm or organisation for which activities may be undertaken by the proposer? Yes / No  
If yes please provide details:

3 Financial information

3.1 Please state the Gross Fees of the Firm from clients domiciled in:

| DATE                                     | UK | USA | CANADA | OTHER | TOTAL |
|--|----|-----|--------|-------|-------|
| Last completed financial year ending / / |    |     |        |       |       |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Current financial year ending<br>/ /     |  |  |  |  |  |
| Forthcoming financial year ending<br>/ / |  |  |  |  |  |

3.2 Is more than 50% of the Firm's annual fee income derived from either a single contract or a single client? Yes / No  
If yes please provide details:

3.3 In respect of the Firm's last financial year please provide:

| Largest fee | Average fee |
|-------------|-------------|
|             |             |

#### 4 Your business analysis

4.1 Please provide the approximate split of activities undertaken by the Firm for the last financial year between the following disciplines:

- a) Actuarial activities %
- b) Audit and accounting quoted companies / corporate taxation %
- c) Audit and accounting unquoted companies %
- d) Audit and accounting small traders / personal taxation %
- e) Book keeping %
- f) Company secretary / registrar activities %
- g) Corporate finance / mergers / acquisitions %
- h) Directorship fees / executorships & trusteeships %
- i) Financial services activities %
- j) Insolvencies / Liquidations & receiverships %
- k) Insurance / Building society & stock exchange commissions %
- l) Management consultancy %
- m) Other activities (please provide details) %

TOTAL 100 %

4.2 Please provide the approximate split of activities undertaken by the Firm for the last financial year between the following contract types:

- a) Clients in the entertainment business %
- b) Insurance companies, Lloyd's managing agents (including captive insurance companies), Lloyd's names, Lloyd's syndicates %
- c) Merchant banks / finance houses %
- d) Offshore tax efficient schemes and other offshore activities %

4.3 Has the Firm ever provided any advice to clients in respect of Financial Services Authority regulated business or any other life and pensions activities?  
Yes / No

If yes, a supplementary questionnaire will be required.

4.4 Has the Firm undertaken in the past, or is there an intention to undertake in the future, any activities other than those disclosed in this Proposal?  
Yes / No

If yes please provide details:

4.5 Do the Firm's risk management procedures include:

Letters of engagement detailing the Firm's scope of services for all contracts? Yes / No

Letters of non-engagement / disengagement? Yes / No

Diary system with daily back up? Yes / No

Do your standard contract conditions limit your liability? Yes / No  
(Please provide a copy of your standard contract conditions.)

5 Fidelity

5.1 Has the Firm sustained any loss through the fraud or dishonesty of any person? Yes / No

If yes please provide details:

5.2 Does the Firm always obtain satisfactory written references when engaging senior employees or employees responsible for handling cash and/or cheques? Yes / No

If yes please provide details:

5.3 Is any partner, principal, director or employee permitted to sign cheques without a counter signature? Yes / No  
If yes please provide maximum amount per cheque:

5.4 Are employees who receive cash and/or cheques in the course of their duties required to pay in at least weekly? Yes / No  
If yes please provide details:

## 6 Insurance history

6.1 Does the Firm currently have a Professional Indemnity policy in place? Yes / No  
If yes please provide the applicable retroactive date:

6.2 Has any application for Professional Indemnity insurance made by the Firm or any partner, principal or director ever been cancelled, declined or had special terms imposed? Yes / No  
If yes please provide details:

6.3 Has any claim, whether successful or not, ever been made against the Firm or its predecessors or any past or present partner, principal, director or employee? Yes / No  
If yes please provide details:

*(PLEASE NOTE: If any partner, principal, director or employee is aware of any claim relating to activities carried by them in a previous practice or employment, details should be provided under this question.)*

6.4 Are you or any partner, principal, director or employee AFTER FULL ENQUIRY aware of any circumstance or any circumstances which may give rise to a claim against the Firm or its predecessors or any past or present partner, principal, director or employee? Yes / No  
If yes please provide details:

7 Insurance requirements

7.1 Please state the total limit of indemnity required:

|                          |  |
|--------------------------|--|
| Total indemnity required |  |
| GBP 250,000              |  |
| GBP 500,000              |  |
| GBP 1,000,000            |  |
| GBP 2,000,000            |  |
| GBP 5,000,000            |  |
| GBP                      |  |

7.2 Please state the excess you wish to carry in respect of each and every claim (please note that a minimum excess will be determined by Underwriters although a higher excess would normally warrant a discount).

Excess GBP

**DECLARATION**

The information you have provided forms the basis of your insurance policy. It is important that you advise us of all material information and immediately of any change in information. Please note if you are in doubt as to whether or not any information is material, it should be disclosed. Failure to disclose information may prejudice your rights in the event of a claim. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in the facts previously advised to Underwriters.

I/ We declare that the statements and particulars given in this Proposal are correct and that no material fact has been omitted.

I/ We agree that this Proposal together with any other information supplied shall form the basis of the contract.

Signature of Partner / Director / Principal:

Name (please print):

Date:

Please keep a copy of this Proposal for your records.

## DATA PROTECTION ACT

By signing this Application Form (or returning it to us if from the website) you consent to us holding and processing your personal data for the above purposes. You also consent to us transferring your information to countries outside the EEA. If we do make such a transfer we will ensure your information is protected.

The data controller is Lothbury UK Limited. In compliance with the Data Protection Act 1998, we will hold the data, together with other information, securely and confidentially and process it for the purpose of carrying out our activities. These activities are administration, research, marketing and prospecting, accounts and records, insurance broking, risk assessment, consultancy services, surety, and compliance services.

If you provide data on another individual within your business, you confirm that you have the consent of that individual to forward the data to us and we will process the data as above.

We will process the data about buyers, debtors and debts in accordance with the data protection policy stipulated by the client, which remains the data controller of those data. The client will make its data protection policy clearly known and available to Lothbury UK Limited. Where no data protection policy is made known we shall not be liable for any breach under the client's data protection policy. Furthermore you agree to comply with the Data Protection Act 1998 and to process all personal data in accordance with that Act.

We may keep your information for a reasonable period for the on-going pursuance of our business activities as stated above. We may also use the data you provide to contact you by mail, telephone, fax or email with information about our other products and services.

A copy of the data we hold on you may be obtained for a small fee upon written request to:

The Compliance Officer,  
Lothbury UK Limited,  
Fleur-de-Lys Court,  
112 Houndsditch,  
London EC3A 7B.

Lothbury UK Limited is regulated by the Financial Services Authority for the conduct of UK business.