



# Professional Indemnity Select Accountants proposal

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Thank you for choosing Allianz Insurance plc. We are one of the largest general insurers in the UK and part of the Allianz Group, one of the world's foremost financial services providers.

With Allianz Insurance plc, you can be confident that you're insured by a company which is relentless in its commitment to protecting and serving you. You can trust us to insure your business, as we've been providing leading insurance solutions in the UK for over 100 years.

We work in partnership with your insurance adviser to ensure you receive the highest levels of product and service excellence. Our technical experts understand how best to protect you against the risks your business faces.

If you need to make a claim you will be in safe hands. Our professionally trained staff aim to treat you, as you would expect, both promptly and fairly. By listening to you, and understanding your needs we will provide you with the most appropriate solutions to get your business trading again as quickly as possible.

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**IMPORTANT**  
Should you need further details or have any questions your insurance adviser will be delighted to help.

# Accountants – Professional Indemnity Insurance Proposal Form

## Important Notes

Please read before completing this form:

- a** If you are unsure whether this proposal is suitable for your business or require assistance in its completion, please seek advice from your insurance adviser.
- b** A principal, partner director or member of the business must complete the proposal and make all the necessary enquiries of their fellow partners, directors, members and employees
- c** Whenever we ask questions in this proposal about you or your business we mean the principal, partners, directors, members or employees or any former principal, partners, directors, members or employees of any business or firm for which cover is required under this insurance. You should include details of any predecessor businesses where cover is required.
- d** Wherever we refer to partners, we include where applicable, members of the business (individuals forming a Limited Liability Partnership (LLP) are known as members).
- e** Please provide a copy of
  - any brochures, handouts and any other technical or marketing material in which you describe your professional services
  - your terms of business contracts
- f** Cover is provided on a “claims made” basis:
  - the insurance covers claims first made against you, and/or circumstances that may lead to a claim, notified to us during the period of insurance
  - claims or circumstances which might give rise to a claim must be notified to us in writing as soon as possible and during the period of insurance

## Next Steps

- please answer every question fully. If you do not have enough space attach separate sheets with information which can be incorporated into your proposal
- please complete in ink using BLOCK CAPITALS, and tick boxes as appropriate
- answer the General Questions on pages 2 – 11
- sign and date the Declaration on page 12 and state your authority to sign e.g. Principal, Director, Partner

# Proposal

## 1 General Information

**a** Name of Insured

**b** Address of Principal Office

**c** Postal Address

**d** Date of establishment

**e** Website address

**f** Please list all additional business entities (whether or not currently trading, including year of establishment and year of cessation if applicable)

  
  
  


**g** Please list addresses of all other offices currently trading

  
  
  


**h** Is/are the firm(s) or any principal, partner or director a member of a consortium, joint venture, single project partnership or group practice?

Yes  No

If 'Yes', please supply details:

**i** Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)?

Yes  No

If 'Yes', please supply details:

# Proposal (continued)

## 2 Staff and Partners

a Please give details of Principals, Partners or Directors:

Name	Date of Birth	Relevant Qualifications	Year became Partner/Director

b Please give details of number of permanent staff in current business:

	Full Time	Part Time
Principals/Partners/Directors		
Professionally Qualified		
All Others		

c Please indicate the professional associations of which the Policyholder is a member:

AAT     ACCA     ICAEW     CIMA     ICAS     CIPFA     Other

If 'Other', please provide details:

d Is cover required for the professional activities of any principal, partner or director prior to joining the business?      Yes     No

If 'Yes', please supply details:

# Proposal (continued)

## 2 Staff and Partners continued

- e** Does the firm(s) use specialist designers, consultants or sub-contractors? Yes  No   
 If 'Yes', please answer the following:
- i** Please state what proportion of the firm(s) business involves the subcontracting of work to others?  %
- ii** Does the firm(s) insist that the specialist designers/consultants/sub-contractors maintain their own PI cover? Yes  No
- iii** What services does the firm(s) use the specialist designers/consultants/sub-contractors for?
- iv** How does the firm(s) select and manage the specialist designers/consultants/sub-contractors?

## 3 Activities

- a** Please state your total gross income for the last 5 financial years plus an estimate for the forthcoming financial year. If you have been trading for less than 12 months please provide an estimate of your total gross income for the first 12 months.

Year Ending	UK	USA/Canada	Elsewhere	Total
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Estimate for forthcoming year</b>				
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

If any income is derived from any office domiciled overseas for which coverage is required, please complete the income breakdown in the **Tax Form** at the back of the proposal form.

- b** Please confirm largest total fee from one client in the last year: £
- c** Average fee per client in the last year: £
- d** Please confirm the split of gross fees generated:
- |                   | Number of Clients    | Total Fee Income       |
|-------------------|----------------------|------------------------|
| Less than £15,000 | <input type="text"/> | £ <input type="text"/> |
| £15,000 - £40,000 | <input type="text"/> | £ <input type="text"/> |
| Over £40,000      | <input type="text"/> | £ <input type="text"/> |

# Proposal (continued)

## 3 Activities continued

e Please give the percentage split of total gross fees received in the last complete financial year:

Audit/Company Tax:		Insolvencies/Liquidations	
<b>i</b> Quoted Companies	%	Mergers/Acquisitions	%
<b>ii</b> Unquoted Companies	%	Industrial System Build	%
<b>iii</b> Small Traders	%	Executorships / Trusteeship	%
<b>iv</b> Banks / Financial	%	Directorship	%
Accountancy/Book Keeping/Payroll	%	Pensions/Endowments/Mortgages	%
Personal Tax	%	Other Investments (SCARP's, Split Cap's, etc)	%
Management Consultancy	%	Insurance Commissions	%
Company Secretarial/Register	%	Taxation Planning /Consultancy*	%
Sewage/Water Schemes	%	Other	%
Power Plants	%	<b>Total</b>	%

Please supply details of "Other" work:

\* Work including but not limited to advice on tax efficient schemes such as offshore trusts, film financing etc.

f Please provide the percentage of gross fees allocated to each client base, rounded to the nearest whole percent:

Quoted Companies	
Banks, Financial Institutions, Lloyds Syndicates	
Insurance Companies, Underwriting Agencies or offshore companies	
Unquoted Companies	
Small Traders	
Trusts, Pension Schemes and Charitable Associations	
Individuals	
Other	
<b>Total</b>	

Please supply details of "Other" work:

# Proposal (continued)

## 3 Activities continued

**g** Does any one client generate 20% or more of your annual gross fees?

Yes  No

If 'Yes', please supply details:

**h** Do you provide or have you provided professional services to any entertainment or sporting professionals?

Yes  No

If 'Yes', please supply details:

**i** Do you envisage any material change in your activities in the forthcoming 12 months?

Yes  No

If 'Yes', please supply details:

**j** Are you licensed to undertake any work defined in the Designated Professional Body Handbook of the Institute of Chartered Accountants in England and Wales/of Scotland/in Ireland?

Yes  No

If 'Yes', please supply details:



# Proposal (continued)

## 4 Risk Management

**a** What is the management structure of the firm(s)?

- Managing Partner   
  Managing Executive   
  Management Committee   
  Executive Committee  
 Other (please specify)

**b** Has there been any material change in the management structure within the last three years?      Yes       No

**c** If the firm(s) is managed by a committee, how often does the committee meet?      Regular       Ad hoc

**d** Does the firm employ a full time non-accountancy administrator?      Yes       No

**e** Does the firm(s) designate or employ an individual with the management responsibility for evaluating or dealing with complaints, actual or potential claims and other such matters?      Yes       No

**f** Does the firm have written risk management procedures? matters?      Yes       No

**g** Are the risk management procedures regularly reviewed, circulated and/or discussed within the firm(s) and have all accountants been made aware of them? matters?      Yes       No

**h** Does the firm(s) always use engagement letters?      **Yes**       No

If 'Yes', do the engagement letters outline:

The scope of services to be performed?      Yes       No

Any statement/assumption upon which the engagement is based?      Yes       No

The responsibility of the client?      Yes       No

Any limitations/restrictions in respect of any services performed?      Yes       No

**i** Does the client always sign the letter of engagement?      Yes       No

**j** Does the firm(s) provide advice or services which fall outside the scope of the letter of engagement?      Yes       No

**k** Does the firm(s) have a written policy specifying the conflict of interest procedures which include a cross check system and back-up?      Yes       No

**l** In the event of a conflict of interest does the firm(s):  
Inform the client in writing?      Yes       No

Advise the client to seek independent advice?      Yes       No

Continue to act for the client?      Yes       No

# Proposal (continued)

## 4 Risk Management continued

- m** Does the firm(s) have a policy which requires prior approval in writing to serve as an Officer and/or a Director of a client/third party? Yes  No
- n** Does the firm(s) operate a diary system with a manual back-up? **Yes**  No
- If 'Yes', Are periodic checks made to ensure that the diary system is being strictly followed? Yes  No
- Does the diary system provide for accountants being absent? Yes  No
- o** Does the firm(s) have a file review system which requires randomly selected files to be audited by an accountant other than the accountant handling the file? Yes  No
- p** Does the file review process include partner to partner auditing? Yes  No

Please provide any additional narrative that will assist our understanding of the file review system currently being used:

- q** Does the firm(s) always require satisfactory references or only when engaging senior employees? Always   
Senior appointments only
- r** Is any employee allowed to sign cheques on his/her signature alone for values exceeding £5,000? Yes  No

**s** How frequently are checks carried out on all entries in the cash book with paying-in books, receipts, counterfoils and vouchers, and reconciled with bank statements (including the balance of cash and unpresented cheques), independently of employees receiving or banking monies in respect of monies belonging to the firm as well as in trust on behalf of others?

Weekly       Monthly       Quarterly

Other (please specify)

# Proposal (continued)

## 5 Claims Information

**a** Has the firm(s) sustained any loss through the fraud or dishonesty of any person? Yes  No

If 'Yes', please supply details:

**b** Is the firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or principal or employee? Yes  No

If 'Yes', please supply details:

**c** After enquiry, have any Professional Indemnity claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or principals, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not? Yes  No

If 'Yes', please supply details:

Date of Claim	Claimant	Details of Claim including any payments made or reserves held
<div style="background-color: #e0f2f1; height: 20px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>
<div style="background-color: #e0f2f1; height: 20px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>
<div style="background-color: #e0f2f1; height: 20px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>
<div style="background-color: #e0f2f1; height: 20px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>
<div style="background-color: #e0f2f1; height: 20px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>
<div style="background-color: #e0f2f1; height: 20px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>	<div style="background-color: #e0f2f1; height: 40px;"></div>

# Proposal (continued)

## 5 Claims Information continued

- d After enquiry, are any of the partners, directors or principals aware of any pending claims and/or circumstances existing which may give rise to a Professional Indemnity claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal?

Yes  No

If 'Yes', please supply details:

Date of Circumstance	Claimant	Details of Circumstance
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Proposal (continued)

## 6 Previous Insurance

**a** Has the firm(s) previously been insured for Professional Indemnity insurance? Yes  No   
 If 'Yes', please supply details:

Renewal Date	Limit of Liability	Premium	Retention (Excess)	Insurer
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>

Retroactive Date:  Number of years cover has been continually in force:

**b** In respect of Professional Indemnity insurance, has any Insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? Yes  No   
 If 'Yes', please supply details:

## 7 Limit of Liability and Retention (Excess) Required

Please select the Limit of Liability and Retention you require:

**a** Limit of Liability

£100,000 <input type="checkbox"/>	£250,000 <input type="checkbox"/>	£500,000 <input type="checkbox"/>	
£1,000,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>	£4,000,000 <input type="checkbox"/>	
£5,000,000 <input type="checkbox"/>			Other <input type="text"/>

**b** Retention (Excess)

£500 <input type="checkbox"/>	£1,000 <input type="checkbox"/>	£2,500 <input type="checkbox"/>	
£5,000 <input type="checkbox"/>	£7,500 <input type="checkbox"/>	£10,000 <input type="checkbox"/>	
			Other <input type="text"/>

**c** When do you want your insurance to start? (the policy is annually renewable)

# Declaration

- 1 I/We declare that to the best of my/our knowledge and belief:
  - A the above statements and particulars, whether written by me/us or by others on my/our behalf, are true and complete;
  - B any statement or particulars which have been given separately by me/us or by others on my/our behalf are true and complete; and
  - C I/We have not withheld any material fact\*
- 2 I/We wish to modify the above statements in the following respects:
- 3 I/We agree that this proposal and declaration and any particulars given separately shall be the basis of the contract between the Insurer and myself/ourselves.
- 4 I/We agree to accept the Insurer's standard form of policy for this type of insurance.
- 5 I/We understand that the Insurer reserves the right to decline any proposal.
- 6 I/We have read the Fair Processing Notice and the Consent for Special Categories of Personal Data contained within this proposal and consent to data being used for the purposes specified.

Authorised Signature

Date

Position in company

## IMPORTANT NOTES:

\*Material facts are those facts which are likely to influence the Insurer in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt about whether a fact is material, you should disclose it, since failure to do so could invalidate your policy.

## Your Records

You should keep a record (including copies of letters) of all information you supply to the Insurer about this proposal.

# Privacy Notice Summary

Please find below a summary of our Privacy Notice.  
The full notice can be found on the Allianz UK website:  
[allianz.co.uk/privacy-notice.html](https://allianz.co.uk/privacy-notice.html).

If you would like a printed copy of our Privacy Notice, please contact the Data Rights team using the details below.

Allianz Insurance plc is the data controller of any personal information given to us about you or other people named on the policy, quote or claim. It is your responsibility to let any named person know about who we are and how this information will be processed.

Allianz Insurance plc, Allianz Engineering Inspection Services Limited, Petplan Ltd and VetEnvoy are companies within Allianz Holdings.

**Anyone whose personal information we hold has the right to object to us using it.**

**They can do this at any time by telling us and we will consider the request and either stop using their personal information or explain why we are not able to.**

If you wish to exercise any of your data protection rights you can do so by contacting our Data Rights team:

Telephone: **0208 231 3992**  
Email: [datarights@allianz.co.uk](mailto:datarights@allianz.co.uk)  
Address: Allianz,  
57 Ladymead, Guildford,  
Surrey, GU1 1DB

Any queries about how we use personal information should be addressed to our Data Protection Officer:

Telephone: **0330 102 1837**  
Email: [dataprotectionofficer@allianz.co.uk](mailto:dataprotectionofficer@allianz.co.uk)  
Address: Data Protection Officer, Allianz,  
57 Ladymead, Guildford,  
Surrey, GU1 1DB

# Employers' Liability Tracing Office

If your policy provides Employers' Liability cover information relating to your insurance policy will be provided to the Employers' Liability Tracing Office (the "ELTO") and added to an electronic database, (the "Database") in a format set out by the Employers' Liability Insurance: Disclosure by Insurers Instrument 2011.

The Database assists individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK whilst working for employers carrying on, or who carried on, business in the UK and as a result are covered by the employers' liability insurance of their employers, (the "Claimants"):

- i to identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and
- ii to identify the relevant employers' liability insurance policies.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers' liability insurance cover and any other persons or entities permitted by law.

The Database will be managed by the ELTO and further information can be found on the ELTO website [elto.org.uk](http://elto.org.uk).





**Allianz Insurance plc.**

Registered in England number 84638  
Registered office: 57 Ladymead, Guildford,  
Surrey GU1 1DB, United Kingdom.

Allianz Insurance plc is authorised by the  
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