

**Intersure Insurance Brokers Limited**

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**PROPOSAL FORM**

**Professional Indemnity –  
Accountants and Associated Business**

Please answer all questions fully and if you have a brochure or any other information concerning your business please attach to this proposal.

1. Name of Insured/Proposer:

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2. Main address plus any overseas addresses:

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3. Web-site address: \_\_\_\_\_ Email address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

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4. Date business established:

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5. Full description of your business activities:

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6. Do you currently have professional indemnity insurance in force?  
Yes  No

If Yes, please advise Insurer ..... Renewal Date .....

Current Premium ..... Current Excess ..... Current RetroActive Date.....

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7. What Limit of Indemnity is now required? Please tick  
£ 100,000  £ 250,000  £ 500,000   
£1,000,000  £2,000,000  Other  Please Specify:

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8. A self-insured excess will apply to any claim. Underwriters will decide the minimum amount when assessing your risk, but if you have a preferred level of excess, please indicate below:  
£ .....

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9. Are you connected or associated (financially or otherwise) with any other business?  
Yes  No

If Yes, please give full details

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10. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place?

Yes  No

If Yes, please give full details

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11. Are you a member of any Professional Association?

Yes  No

If Yes, please give full details

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12. Details of Principals/Partners/Directors:

Name	Age	Qualifications	No. of Years Experience

Please attach CVs for all of the above if the business is less than five years old.

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13. Number of Employees:

Qualified .....

Others .....

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14. a) Do you engage consultants or sub-contractors?

Yes  No

If Yes, please give details of the nature of activities undertaken by such consultants or sub-contractors:

b) Do you ensure that the consultant or sub-contractor:

i) has appropriate qualifications?

Yes  No

ii) maintains Professional Indemnity Insurance?

Yes  No

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15. Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes  No

If Yes, please give full details

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16. Have you sustained any loss through the fraud or dishonesty of any person or are you aware of any fraud or dishonesty at any time of any past or present partner, director or employee?

Yes  No

If Yes, please give details

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17. Has any Partner, Principal, Director or Employee been subject to disciplinary proceedings by any Association or Professional Body?

Yes  No

If Yes, please give details

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18. Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business?

Yes  No

If Yes, please give full details

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19. Are you aware, after full enquiry, of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business?

Yes  No

If Yes, please give full details

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20. a. Give details of your fees/income derived from clients based in:

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK	£	£	£
North America	£	£	£
Elsewhere	£	£	£

b. Is any work performed outside of the UK?

Yes  No

If Yes, please give full details

c. On what date does your financial year end?

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21. Please confirm:

- a. Your largest total fee from one client in the last year                   £ .....
- b. Your average fee per client in the last year                               £ .....

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22. Division of work:

Please detail the approximate percentage breakdown of your last financial years income/fees in the following categories:

Audit		
i.) Quoted Companies		%
ii.) Others		%
General Accountancy and Company Tax		%
Taxation only		%
Management Consultancy		%
Consultancy only		%
Company Secretary/Register Work		%
Executorship and Trusteeship		%
Insolvencies, Liquidations and Receiverships		%
Insurance, Building Society & Stock Exchange Commissions		%
Directorship Fees		%
Computer Consultancy		%
Corporate Finance, Mergers, Acquisitions		%
Investment Advice		%
Other work (please specify)		%

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23. Do you act as Auditors to any of the following:

- a. Banks or other Financial Institutions   Yes  No
- b. Insurance Companies or Funds (including captive Insurance Companies)   Yes  No
- c. Any other 'offshore' Companies   Yes  No

If the answer to any of the above is Yes, please give details of clients, the nature of work performed for them and your annual fee

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24. Do you have any clients in the Entertainment Industry?

Yes  No

If Yes, please give details of clients, the nature of work performed for them and your annual fee

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25. In respect of your quality control procedures:

a. How do you ensure that taxation deadlines are not missed?

b. What records are kept of telephone conversations and attendance at meetings?

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26. Have you ever carried out any activities other than those disclosed in this proposal?

Yes  No

If Yes, please provide details:

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Please use the space below to provide details of any other material facts which potential insurers should be advised:

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I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

.....  
Signature of Principal/Partner/Director

.....  
Dated

Please retain a copy of this form for your own records and return to:

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**Sudbury, Suffolk CO10 1RE**  
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