



## PROFESSIONAL INDEMNITY PROPOSAL FORM FOR ACCOUNTANTS

1. Name of Firm(s): _____																														
2. Address(es): _____																														
Telephone No: _____ Fax No.: _____																														
3. Is(Are) the firm(s) members of any association? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details: _____																														
4. Has (have) any changes been made to the style and title of the firm(s) or amalgamations taken place during the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details: _____																														
5. Please provide details of all partners:																														
<table border="1"><thead><tr><th>Name Qualified</th><th>Qualifications</th><th>Date</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Name Qualified	Qualifications	Date																											
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6. Details of Staff:																														
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7. Is any work sub-contracted to Independent accountants? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give detail:																														
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Do you require cover for claims made against any independent accountant to whom work is subcontracted?

Yes  No

If yes, please give details of controls the firm(s) maintain over such sub-contracted work.

\_\_\_\_\_

\_\_\_\_\_

8. Please state Financial Year End \_\_\_\_\_ And Gross Fees earned for the last five years

19 / 19 / 19 / 19 / 19 /

SR \_\_\_\_\_ SR \_\_\_\_\_ SR \_\_\_\_\_ SR \_\_\_\_\_ SR \_\_\_\_\_

9. Of the above please provide approximate % for each of the following categories in the last two years.

A)

i. Audit accountancy and company tax

- Quoted companies \_\_\_\_\_ % \_\_\_\_\_ %  
- Unquoted Companies \_\_\_\_\_ % \_\_\_\_\_ %  
- Others (Including farmers, smaller trader etc) \_\_\_\_\_ % \_\_\_\_\_ %

ii. Taxation Only \_\_\_\_\_ % \_\_\_\_\_ %

iii. Management consultancy \_\_\_\_\_ % \_\_\_\_\_ %

iv. Consultancy Only \_\_\_\_\_ % \_\_\_\_\_ %

v. Secretarial and share registration \_\_\_\_\_ % \_\_\_\_\_ %

vi. Executorship and trusteeship \_\_\_\_\_ % \_\_\_\_\_ %

vii. Insolvencies, liquidations and receiverships \_\_\_\_\_ % \_\_\_\_\_ %

viii. Insurance, building society & stock exchange commissions \_\_\_\_\_ % \_\_\_\_\_ %

ix. Directorships \_\_\_\_\_ % \_\_\_\_\_ %

x. Entertainment/Leisure Industry \_\_\_\_\_ % \_\_\_\_\_ %

xi. Investment advice \_\_\_\_\_ % \_\_\_\_\_ %

xii. Any other – please give full details \_\_\_\_\_ % \_\_\_\_\_ %

B) Largest total fee from any one client or group in the last two financial years \_\_\_\_\_ % \_\_\_\_\_ %

C) Estimated total gross fees for the current financial year \_\_\_\_\_ % \_\_\_\_\_ %

D) Average fee for the last financial year \_\_\_\_\_ % \_\_\_\_\_ %

E) Do you conduct business for overseas client  
Yes  No

If yes, please give details

\_\_\_\_\_

\_\_\_\_\_

F) Give the percentage of income attributable to each office \_\_\_\_\_ %

10. Limit of Indemnity required: SR. \_\_\_\_\_  
Self-Insured excess required: SR. \_\_\_\_\_

11. Do the firm(s) currently carry Professional Indemnity?

If yes, please give the following details: Yes  No

a. Name of Insurers \_\_\_\_\_

b. Limits of Indemnity \_\_\_\_\_

Excess \_\_\_\_\_

Premium \_\_\_\_\_

c. The expiry date of the current policy \_\_\_\_\_



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12. Is cover required for any partners for liability arising out of a previous business? Yes  No

If yes, please give the following details:

Name of Partner	Name of Previous Practice	Date of Leaving

13. The insurance covers direct pecuniary loss sustained by the insured as a result of fraud or dishonesty on the part of past or present partners, directors or employees of the firm(s). As such, please answer the following:

- a. Have any loss been sustained by fraud or dishonesty? Yes  No
- b. Are you aware of any fraud or dishonesty on the part of past or present partners or employees? Yes  No
- c. Do you always take up written references when engaging staff? Yes  No
- d. Has any employee the authority to issue cheques bearing his or her signature alone? Yes  No   
If yes, up to what amount?
- e. Are the cash books of the firm(s) checked against bank statements independently of the chief cashier, book-keeper or (in the case of insolvency appointments) manager? Yes  No   
If yes, how frequently?

14. Do you have separate insurance arrangement for physical loss of or damage to your property and/or the property of others in your care, custody or control? Yes  No

15. Does the firm obtain engagement letters from all clients? Yes  No   
If yes, please attached examples

16. a. Have any claims been made against the firm(s) or their predecessors in business? Yes  No   
If yes, please give details including quantum involved

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b. Have these matters been notified to Insurers? Yes  No

17. Are the partners aware, after full enquiry, aware of:

- a. Any circumstances which may give rise to a claim or claims against the firm, its predecessors in business, or any present partner? Yes  No



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- b. The receipt of any complaint whether oral or in writing regarding services rendered or advice given by the firm or on behalf of the firm. Yes  No
- c. Any loss or losses or potential loss or losses sustained by the firm arising from the loss or destruction of or damage to any books and documents or other property Yes  No

If yes, please give details

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18. Has the firm(s) or persons named in this proposal ever been refused similar Insurance or had special terms imposed?

Yes  No

If yes, please give details:

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### TO BE COMPLETED BY SOLE PRACTITIONERS ONLY

1. Are you in full time practice Yes  No
2. Age
3. Full experience or any assistants and length of service with you.
4. What arrangements are made when you are unable to attend business?  

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5. Do you have arrangements with any other firm to assist you when you are unable to attend your business? Yes  No

If yes, please give details:

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I/We declare that the answers given and information disclosed in this proposal are true and that no material facts has been mis-stated or withheld.

I/We further agree that this proposal shall form the basis of the contract between me/us and the insurers and shall be deemed to be incorporated therein.

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_