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## **PROFESSIONAL INDEMNITY PROPOSAL FORM FOR ACCOUNTANTS**

It is very important that you disclose fully and accurately all material facts, irrespective of any previous disclosure. If you require more space please continue in the space provided at the end of this form, if necessary attaching further details on your headed paper. Material facts are those which may affect insurers' acceptance or assessment of the risk. If you have any doubt as to whether something is a material fact it is recommended that you disclose it. Any misrepresentation, omission, concealment or incorrect statement of a material fact in this form or any supporting information, could be grounds for avoidance.

Please answer all the questions and complete this form in ink, also signing and dating the declaration as provided. This proposal shall form the basis of any insurance contract and all of the information that the Insured provides will become part of the policy, but its completion and submission does not oblige either party to offer or complete a contract of insurance.

If you are aware of any claims, or circumstances which may give rise to a claim, please be sure that you report them immediately, in a separate letter, to your current broker and/or insurer. The information contained within this proposal form is for underwriting purposes and not for claims processing. We would remind you that this type of policy is written on a claims made basis. There are no days of grace for renewal negotiations under this type of policy. All cover will terminate at expiry date.

If you need any assistance in the completion of this form please do not hesitate to contact us.





Has any partner, principal, director or employee (past or present) of any of the proposing entities, or any other individual to be covered under the policy, ever:

- been the subject of disciplinary proceedings by any professional body? **Yes / No**
- been involved in any instance of fraud or dishonesty? **Yes / No**
- been subject to any civil or criminal judgement? **Yes / No**

*If you have answered yes to any of the above, please provide full details.*

### 3 INDEPENDENT SUBCONTRACTOR DETAILS

What proportion (if any) of your annual gross fee income is paid to subcontractors?  %

Please provide details of the activities undertaken on behalf of the firm by subcontractors.

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Do you have a procedure to verify that subcontractors are suitably qualified? **Yes / No**

Are subcontractors required to maintain their own professional indemnity insurance and fully indemnify any loss? *If not, please provide full details of cover required.* **Yes / No**

### 4 FEE INCOME

Please provide gross fee income figures for the following annual accounting periods. If you are a new practice, please advise your projected first year's income and provide in addition a full business plan including cash flow forecasts.

		Previous financial year	Last completed financial year	Current financial year
Financial year end date		/ /	/ /	/ /
Fee income by client domicile	United Kingdom	£	£	£
	USA and Canada	£	£	£
	Rest of World	£	£	£
	<b>Total</b>	£	£	£
Average fee charged		£	£	£

*If you have changed your accounting date in the past three years or for any other reason the figures shown above do not cover an annual period in all cases please provide full details on a separate sheet.*

Please advise the largest cumulative fee charged to a single client or group of clients over any one year in the last three years. *If this exceeds 20% of the total gross fee income for the year, please provide further details.*

Have you in the last five years derived any fee income (including that disclosed in question 3.1) from clients not domiciled in the UK? *If so, please provide further details including the nature of the work undertaken, territory or territories involved, and amount of income generated per accounting period.* **Yes / No**

## 5 BUSINESS ACTIVITIES

Please provide the percentage of your gross fees allocated to each of the following areas of practice or, if you are a new practice, estimated percentages for the first full year of trading.

Type of work	Income Breakdown (last financial year)
Audit and accountancy	
<i>Quoted companies</i>	%
<i>Unquoted companies</i>	%
<i>Other (including sole traders and farmers)</i>	%
Taxation	
<i>Company and corporate</i>	%
<i>Personal</i>	%
Bookkeeping	%
Payroll	%
Company secretarial and share registration	%
Executorships and trusteeships	%
Directorships	%
Insolvencies, liquidations and receiverships	%
Mergers, acquisitions and disposals	%
Computer and IT consultancy	%
Management consultancy	%
Introducer commissions (insurance, financial services, investments)	%
Investment advice	%
Mortgage advice	%
Pensions advice	%
Management consultancy	%
Fund management	%
Other (please provide details)	%
<b>TOTAL</b>	<b>100 %</b>

Has any of the proposing entities ever provided services for companies with assets in the USA or Canada, or for subsidiaries of USA or Canadian companies located outside of those countries? *If so, please provide further details including types of work undertaken and fees received.*

Yes / No

Has any of the proposing entities **ever** been involved in financial services (regulated activities) work or investment business as defined by the Financial Services and Markets Act 2000, including work regulated by the FSA or conducted under licence from the ICA or any other Designated Professional Body, but excluding pure referrals to external advisors? *If so, please request and complete a Financial Services Questionnaire.*

Yes / No



Has any work **ever** been undertaken by any of the proposing entities for clients in the following categories?  
*If so, please provide further details including types of work undertaken and fees received.*

- |   |          |
|---|----------|
| Banks or other financial institutions                         | Yes / No |
| Insurance companies or underwriting agencies                  | Yes / No |
| Lloyd's syndicates, names, managing agents or members' agents | Yes / No |
| Offshore companies  | Yes / No |
| Clients in the entertainment industry                         | Yes / No |
| Solicitors  | Yes / No |

*If you have answered yes to any of the above, please provide full details.*

## 6 CLAIMS AND CIRCUMSTANCES

Has any proposing entity (including any predecessors in business and any former principals, directors or employees) in the past six years made any claim, or notified any circumstance which may give rise to a claim, potential claim or loss, which has or could have impacted on your professional indemnity insurance?

Yes / No

*If so, please provide full details of all claims and circumstances which may give rise to a claim, potential claim or loss, including the nature of the complaint and date of discovery, or provide a copy of your complaints log. In addition please provide details of any payments by insurers or otherwise.*

After full enquiry of all partners, principals, directors and employees, are you aware of any claims or circumstances which may give rise to a claim, potential claim or loss to any proposing entity (including any predecessors in business and any former principals, directors or employees) which have not been notified to previous or current insurers?

Yes / No

*Any new claim or potential claim should be reported immediately to your existing insurer. It may also be helpful to provide details regarding the corrective measures taken to prevent recurrence of any serious incidents reported under both sections above.*

## 7 CURRENT INSURANCE COVERAGE

Is any of the proposing entities currently in the Assigned Risks Pool, or has any insurer ever refused to offer your firm or any predecessor in business renewal terms for professional indemnity insurance, or cancelled a policy already in force?

Yes / No

*If so, please provide full details.*

Please advise the retroactive date, if any, applied to your current professional indemnity insurance policy.

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Insurer

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Premium (excl IPT)

£
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Limit of Indemnity

£
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Excess payable

£
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## 8 REQUIRED INSURANCE COVERAGE

Renewal date

/ /
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Limit of Indemnity

£
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Excess Payable

£
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## 9 SIGNIFICANT CHANGE AND OTHER MATERIAL INFORMATION

Do you expect there to be any significant change to or in your practice in the coming year? *If so, please provide details.*

Yes / No

Is there any other material information that may be relevant to this application? *If so, please provide details.*

Yes / No

### DECLARATION

By signing the proposal form you consent to PYV Limited using the information we may hold about you for the purpose of providing insurance advice and where appropriate assistance in relation to handling claims, if any, and processing sensitive personal data about you where this is necessary (for example, criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance intermediaries, third party claims adjusters, fraud detection and prevention services, reinsurance companies, debt recovery agents and insurance regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents and service providers appointed by us, and to insurers (which includes their re-insurers, legal advisors, loss adjusters and agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both in respect of the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a fee) and to have any inaccuracies corrected.

I/we declare to insurers that, after full enquiry of all partners, principals, directors and staff, all claims and circumstances which may give rise to a claim have been reported to previous and/or current insurers and that the statements in this proposal form (and attachments if any) are true and complete and shall form the basis of any contract of insurance effected thereupon. I/we undertake to inform insurers of any material alterations to the information provided or any new fact or matter arising before completion of the contract of insurance which may be relevant to the contract of insurance.

A copy of this form should be retained for your records.

For and on behalf of the Insured:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Firm name: \_\_\_\_\_



## ADDITIONAL INFORMATION

This space is provided for any additional material information, or any further information requested in respect of previous questions. Please continue on another sheet if necessary.