

ACCOUNTANTS PROFESSIONAL INDEMNITY PROPOSAL FORM

The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind Underwriters to give insurance. Any information given will only be passed to Underwriters for the purpose of quotation and will be treated as confidential.

1) COMPANY NAME/TRADING NAME(S) INCLUDING PREVIOUS TRADING STYLES:					
2) FIRMS PRIMARY ADDRESS AND EIRCODE:					
3) WEBSITE ADDRESS					
4) DATE 1ST ESTABLISHED					
5) FIRMS BUSINESS DESCRIPTION					
6) FIRMS GOVERNING BODY					
7) DETAILS OF MAIN PRINCIPALS, PARTNERS OR DIRECTORS OF THE FIRM: (PLEASE ATTACHED CV'S IF AVAILABLE)					
Full Name	Qualifications			Year Qualified	
8) PLEASE STATE NUMBER OF:					
Partners / Principals / Directors			Other Qualified Staff		All Other Staff
9)	ROI	UK	USA/Canada	Other	Total
Total Gross fees in last financial Year ending:/...../.....	€	€	€	€	€
Total Gross fees in previous financial year 1:	€	€	€	€	€

Total Gross fees in previous financial year 2:	€	€	€	€	€
Estimated Gross fees for next financial year:	€	€	€	€	€
Largest Fee from any one client:	€	€	€	€	€
10) FULL DESCRIPTION OF ACTIVITIES, PERCENTAGE BREAKDOWN (ESTIMATED IF NO HISTORICAL DATA):					
Audit & Accountancy – Quoted	%	Insolvency Work			%
Audit & Accountancy – Unquoted	%	Introductory Insurance Commission			%
Audit & Accountancy – Small / Sole Traders	%	Management Consultancy			%
Bookkeeping	%	Mergers & Acquisitions			%
Company Secretary Work	%	Payroll Services			%
Computer Consultancy	%	Personal Tax Consultancy			%
Corporate / Commercial Tax	%	Trusteeships / Directorships			%
Corporate Finance	%	Other (Please specify)			%
Financial Services Work (including IFA Introductory commission)	%				
Value of largest M&A Transaction undertaken in the last 6 years: (Transaction Value not Fee Earned)		€			
Value of largest Corporate Finance Transaction undertaken in the last 6 years: (Transaction Value not Fee Earned)		€			
11) HAS THE FIRM / INDIVIDUAL EVER UNDERTAKEN OR PLAN TO UNDERTAKE WORK RELATING TO:					
Insolvency Work	YES		NO		
Mergers & Acquisitions	YES		NO		
Offshore Work	YES		NO		
Quoted Companies	YES		NO		
Tax Minimisation Estate Planning / Film Finance / EBTs / VCTs	YES		NO		
Does the Firm / Individual provide any financial advice services under the Financial Services & Markets Act? (This includes commission received for business introduced to Independent Financial Advisors)	YES		NO		
Does the firm / individual undertake any work on behalf of clients in the entertainment or sports industries whose annual income exceeds €250,000?	YES		NO		
Has the Firm ever been involved in, arranged or advised on; Auditing Insurance Companies / Lloyds Syndicates	YES		NO		

Has the Firm ever been involved in, arranged or advised on; Offshore Schemes / Tax Mitigation Schemes	YES		NO	
Has the Firm ever been involved in, arranged or advised on; Any FSA / FCA regulated activities unless such business is covered separately elsewhere (This includes commission received for business introduced to Independent Financial Advisors)	YES		NO	
If you have answered Yes to any of the above, please give details at the end of the form				
12) WHAT PERCENTAGE OF TURNOVER IN THE LAST FINANCIAL YEAR WAS PAID TO SUB-CONSULTANTS?				
13) DO YOU ENSURE THAT SUB-CONSULTANTS HAVE THEIR OWN PROFESSIONAL INDEMNITY INSURANCE?	YES		NO	
14) DOES THE FIRM CURRENTLY HOLD PROFESSIONAL INDEMNITY INSURANCE?	YES		NO	
Current Insurers				
Current PI Broker				
Premium				
Excess				
Renewal Date				
15) WHAT LIMIT OF INDEMNITY IS REQUIRED?				
16) CLAIMS AND OTHER CIRCUMSTANCE STATEMENTS				
(a) No claims for professional negligence, error or omissions or the like have ever been made against The Firm or any predecessor(s) in business or against any Partners/Directors/Principals either directly or in respect of any Company of which they were a Partner/Director/Principal of.	TRUE		FALSE	
(b) After enquiry within The Firm, the Proposer is not aware of any circumstances which have occurred which may give rise to a claim.	TRUE		FALSE	
(c) The Firm or any Partners/Directors/Principal has not had any Insurers decline to offer PI renewal terms, nor has had their PI policy cancelled or voided, or had any special premium increase or special terms being imposed due to a material fact.	TRUE		FALSE	
(d) The Firm or any Partners/Directors/Principal do not act, or have not acted, in any capacity other than those declared	TRUE		FALSE	
(e) The Firm or any Partners/Directors/Principal have not ever been the subject of investigations or disciplinary proceedings by any Regulatory Body.	TRUE		FALSE	
(f) The Firm or any Partners/Directors/Principal do not undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such a partnership, company, organisation.	TRUE		FALSE	
If you answer 'False' to any of the questions above please provide details.				

17) MATERIAL INFORMATION

You must search for all material information and disclose it to us without misrepresentation. Material information is anything which might reasonably influence our decision to offer you insurance or the terms (including the premium) on which any offer is made. It includes facts, circumstances, allegations and events. Material information includes special or unusual facts concerning you or your business, any particular concerns you may have which have led you to seek or increase your insurance cover and any other facts relevant to the risk taken by us. You should assume that all information specifically sought by us is material, whether in this Proposal Form or otherwise.

Please check carefully all the information and advise your insurance adviser if any corrections or additions are required as soon as reasonably practicable.

18) DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature:

Date:

Any Additional Information:

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