



wexfordinsurances
understanding your insurance needs

Proposal Form

Accountants Professional Indemnity

Wexford Insurances Limited
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Wexford

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Wexford Insurances Ltd is registered in Ireland. Company registration No: 301940
Registered office: 86 South Main Street, Wexford.

Wexford Insurances Ltd is regulated by the Central Bank of Ireland.

THIS PROPOSAL MUST BE SIGNED BY EITHER A DIRECTOR, PARTNER, PRINCIPAL OR PROPRIETOR OF THE BUSINESS. ALL QUESTIONS MUST BE ANSWERED AND ADDITIONAL INFORMATION PROVIDED WHEN REQUESTED TO ENABLE A QUOTATION TO BE GIVEN. THE COMPLETION AND SIGNATURE OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE.

PLEASE USE AN ADDITIONAL SHEET OF PAPER WHERE NECESSARY TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS.

1	Name(s) of the firm(s) including Trading and Business Name :				
2	Web address:	www.			
3	Date of commencement of the firm :				
4	Address (registered office and all branches)				
5	Is a Partner/Director/Principal in full-time attendance at each address?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If No, please identify the office and give details of how the office is supervised.				
6	During the past six years has the Firm/Partnership been reconstituted in any way by amalgamation, acquisition, merger or otherwise, or has the name been changed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If 'Yes', please give full details				
	(N.B. Acquisitions and mergers are not automatically included and coverage must be requested. Please state name of predecessor Firm/Partnership for which cover is required as well as dates of operation.)				
7	Names in full of all Partners/Directors/Principals	Age	Qualifications	Year obtained	Length of time practicing as Partner/Director or Principal in this firm
8	Do you require cover for the previous business activities of any Partner/Director/Principal? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If 'Yes', please give details:				

9	Please state the total number of staff you have in the following categories: (Please do not include Principals, Partners or Directors in this question):				
	Technical/Qualified Staff:	Full-Time	<input type="text"/>	Part-Time	<input type="text"/>
	Administrative/Secretarial staff/other:	Full-Time	<input type="text"/>	Part-Time	<input type="text"/>
10	Do you retain the services of any self-employed person (sub-contractor)? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If 'Yes', please give details: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>				
11	Sub-contractors:	Last Complete Year	Current Year Estimate		
	(I) Please state gross fees in Euro paid to sub-contractors:		<div style="border: 1px solid black; width: 100px; height: 30px;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px;"></div>	
	(II) What type of work do you use them for?		<div style="border: 1px solid black; width: 350px; height: 25px;"></div>		
	(III) Are sub-contractors required to carry professional indemnity insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	(IV) What is the limit of indemnity provided by that insurance?		<div style="border: 1px solid black; width: 150px; height: 25px;"></div>		
	(V) Are terms of engagement or is a written contract always agreed and signed by sub-contractors and suppliers so that they accept full responsibility for their own professional neglect, error or omission		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12	Please state gross fees for each of the three financial periods below:				
		Last Complete Year	Current Year	Forthcoming Year	
	Please state Year	20__	20__	20__	
	Total Gross Fees and commission.	€	€	€	
	Largest Fee/Commission from any one client or Group	€	€	€	
	What is the date of your financial year end?		<div style="border: 1px solid black; width: 150px; height: 25px;"></div>		
13	Has any work been carried out for clients domiciled:				
	(I) In the United States of America or Canada?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Or (II) Work carried out for a subsidiary of a client domiciled in the United States of America or Canada?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Or (III) Elsewhere overseas?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If 'Yes', please give details below:				
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>				

14	Please state the approximate percentage applicable to the following categories expressed as a percentage of gross fees in the last available financial year: (New firms should provide an estimate).	
	Audit, Accountancy and Company Tax, split between:	
	(i) Listed Public Companies	%
	(ii) Unquoted Companies	%
	(iii) Banks, Financial Institutions, Insurance Companies, Underwriting Agencies or Offshore Companies.	%
	(iv) Others (including farmers, small traders, etc.)	%
	Management Consultancy	%
	Computer Consultancy	%
	Investment Advice	%
	Personal Taxation only	%
	Secretarial and Share Registration	%
	Executorships and Trusteeships	%
	Merger and Acquisitions	%
	Insolvencies, Liquidations and Receiverships	%
	Insurance, Building Society, Stock Exchange and Investment commissions	%
	Life assurance, pensions advice commissions/brokerage	%
Other work – please give details below:	%	
	Do you anticipate any major changes in these activities in the forthcoming 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If 'Yes', please give full details below:	
15	Does the Proposer always obtain satisfactory references (verbal & written) from former employers when engaging staff? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Does the Firm ensure that any cheques above €25,000 are signed by more than one Partner/Director? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Is the electronic transfer of money authorised by more than one Partner/Director? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Are internal audits undertaken on an ad hoc basis in addition to the external audits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If 'No', please give details below:	

16	<p>Have you ever received a visit/audit/inspection from your professional organisation or Regulatory body? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give specify the date and what response have you made to any finding below:</p>
17	<p>Have you, or any person for whom insurance is sought, ever been, the subject of disciplinary proceedings by a professional organization or Regulatory body? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give specify the date and provide full details</p>
18	<p>Does the Firm/Partnership or any Partner/Director/Principal have a Partnership or Directorship or have a financial interest in any other Firm/Partnership or Company? (other than as shareholders or stockholders in a publicly quoted company) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give name of Firm/Partnership or Company, sphere of operation and business derived from the Firm/Partnership or Company.</p>
19	<p>Has the business recently discharged any employee or severed relationships with any partner or director within the past twelve months? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>If 'Yes', please give details below:</p>
20	<p>During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and/or its Predecessors in business ever:</p>
	<p>(I) Declined to Insure? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>(II) Imposed special terms? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>(III) Cancelled or voided a policy? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>(IV) Requested the withdrawal of a claim? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>If 'Yes', please give details below:</p>

21	(I) Have any claims or potential claims been made against the Firm/Partnership, their predecessors in business, or any of the present Partners/Directors/Principals or to the knowledge of the Firm/Partnership, against any past Partners/Directors/Principals ?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(II) Is any Partner/Director/Principal aware, after enquiry , of any circumstances which may result in any claims being made against the Firm/Partnership, their predecessors in business or any of the present or past Partners/Directors/Principals?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If 'Yes' is answered to (I) or (II) above, please provide details on a separate sheet including steps taken to prevent a recurrence									
22	If you are currently insured for Professional Indemnity please give the following details:									
	Name of Current Insurers									
	Limit of Indemnity									
	Insured's Contribution (Excess)									
	Premium									
	Expiry Date									
23	What Limit of Indemnity do you require?		€100,000	<input type="checkbox"/>	€250,000	<input type="checkbox"/>				
			€325,000	<input type="checkbox"/>	€500,000	<input type="checkbox"/>				
			€650,000	<input type="checkbox"/>	€1,000,000	<input type="checkbox"/>				
			€1,300,000	<input type="checkbox"/>	€1,500,000	<input type="checkbox"/>				
			€2,000,000	<input type="checkbox"/>	Other €	<input type="checkbox"/>				
24	What Insured's Contribution (Excess) do you wish to pay?		€500	<input type="checkbox"/>	€1,000	<input type="checkbox"/>				
			€1,250	<input type="checkbox"/>	€1,500	<input type="checkbox"/>				
			€2,000	<input type="checkbox"/>	Other €	<input type="checkbox"/>				
DECLARATION (I) I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. (II) 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. (III) I/We undertake to inform Insurers or any material alteration to these facts occurring before completion of the Contract of Insurance.										
Signature of Principal/Partner/Director (Please delete as appropriate)										
Name of signatory (Please Print)										
Date										

A COPY OF THIS PROPOSAL FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS