



Underwriting Agency Pty Limited

# PROPOSAL FORM

FOR

## ACCOUNTANTS

ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND BELIEF. DO NOT LEAVE ANY QUESTIONS UNANSWERED.

ALL MATERIAL FACTS MUST BE DISCLOSED, AS FAILURE TO DO SO MAY NULLIFY ANY POLICY OR CERTIFICATE ISSUED.

IF YOU CONSIDER THAT ANY QUESTION REQUIRES KNOWLEDGE WHICH YOU ARE UNABLE TO PROVIDE, INDICATE THIS IN YOUR ANSWER OR ASK **HIGH STREET UNDERWRITING AGENCY PTY LIMITED** FOR ADVICE.

**High Street Underwriting Agency Pty Limited**

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**PROFESSIONAL INDEMNITY INSURANCE**  
**PROPOSAL FORM**  
**FOR**  
**ACCOUNTANTS**

**This proposal must be completed in ink by a Partner, Director or Principal of the Firm. If there is insufficient space to answer any questions use additional sheets of the Firm's headed paper and attach it to the form.**

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**1. Name of the Firm**  
(including all current/former firm(s) for whom cover is required)

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**2. Address:** (all offices must be shown)

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**3. Date of commencement of:**

(a) **Current Firm** \_\_\_\_\_

(b) **Cessation of Former Firm(s)** \_\_\_\_\_

**4.**

| <b>Names in full of all Partners/Directors/ Principals</b> | <b>Qualifications</b> | <b>Date Obtained</b> | <b>How long a Partner/ Director/ Principal</b> |
|--|-----------------------|----------------------|--|
|  |                       |                      |  |

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**5. Please give total number of:**

- (a) Partners/Directors/Principals \_\_\_\_\_
- (b) Qualified staff \_\_\_\_\_
- (c) Other Staff \_\_\_\_\_

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**6. (a) Does the firm enter into any written agreements or letters of appointment? YES/NO**

**If YES please enclose copies.**

**(b) Does the firm issue any literature, etc. describing the services offered? YES/NO**

**If YES please enclose examples**

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- 7. Does the Firm or any Partners/Directors/Principals/Owners have an association with or a financial interest in any other firm or organisation? (other than as a stockholder in a PLC )** **YES/NO**

If YES please give full details.

- 8. Please provide division of gross fees for the last three years, plus an estimate for the forthcoming year:**

|                     | AUSTRALIA | OVERSEAS |
|---------------------|-----------|----------|
| 20                  | \$ _____  | \$ _____ |
| 20                  | \$ _____  | \$ _____ |
| 20                  | \$ _____  | \$ _____ |
| <b>Current Year</b> | \$ _____  | \$ _____ |
| <b>Coming Year</b>  | \$ _____  | \$ _____ |

Please state date of Financial Year End \_\_\_\_\_

|  | 20 | 20 | Last Financial Year | Estimate for Next Year |
|--|----|----|---------------------|------------------------|
| <b>1. Audit, Accountancy, Company Tax</b>              |    |    |                     |                        |
| i) Quoted Companies                                    | \$ | \$ | \$                  | \$                     |
| ii) Unquoted Companies                                 | \$ | \$ | \$                  | \$                     |
| iii) Others  | \$ | \$ | \$                  | \$                     |
| <b>2. Taxation only</b>                                | \$ | \$ | \$                  | \$                     |
| <b>3. Consultancy Only (Please give details)</b>       | \$ | \$ | \$                  | \$                     |
| <b>4. Executorship and Trusteeship</b>                 | \$ | \$ | \$                  | \$                     |
| <b>5. Insolvencies, Liquidations and receiverships</b> | \$ | \$ | \$                  | \$                     |
| <b>6. Directorships</b>                                | \$ | \$ | \$                  | \$                     |
| <b>7. Mergers, acquisitions and disposals</b>          | \$ | \$ | \$                  | \$                     |

|   |    |    |    |    |
|---|----|----|----|----|
| 8. Computer consultancy<br>(Please give details)                | \$ | \$ | \$ | \$ |
| 9. Building Society Agency                                      | \$ | \$ | \$ | \$ |
| 10. Insurance Fees and<br>Commissions other than<br>in 9. above | \$ | \$ | \$ | \$ |
| 11. Stock exchange<br>commissions                               | \$ | \$ | \$ | \$ |
| 12. Other<br>(Please give details)                              | \$ | \$ | \$ | \$ |
| <b>TOTAL</b>  | \$ | \$ | \$ | \$ |

**N.B.** For any of the types of work described above where you have answered 'Nil' for each of the past three years, please provide details if you have been engaged in such activities in the last six years.

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**9. Has the Firm or any of the Partners/Directors/Principal ever been a member of a consortium or joint venture? YES/NO**

If YES please give details.

**10. Do you require this insurance to provide for legal actions bought:**

(a) Only in the Courts of Australia. YES/NO

(b) In Courts any where in the world other than the USA & Canada YES/NO

**11. Has any Insurer ever, in respect of the Firm and or the Partners/**

**Directors/Principals/Owners and/or its former Partners/Directors/Principals/Owners:**

- |                                   |        |
|-----------------------------------|--------|
| (a) Declined to insure            | YES/NO |
| (b) Imposed special terms         | YES/NO |
| (c) Cancelled or avoided a policy | YES/NO |

**If YES to any of the above please supply full details.**

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- 12. Is the Business/Practice represented in the USA or Canada and/or their territories? YES/NO**

**If YES then full details must be given.**

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- 13. Please give the following details:**

- (a) Name of current Insurers \_\_\_\_\_
  - (b) Limit of Indemnity \_\_\_\_\_
  - (c) Excess applicable \_\_\_\_\_
  - (d) Expiry date \_\_\_\_\_
  - (e) Premium \_\_\_\_\_
- 

- 14. Has any claim for professional negligence, error or omission ever been made against the Firm and or Partners/Directors/Principals/Owners or employees and or their predecessors in the Firm whether insured or not? YES/NO**

**If YES please give full details.**

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- 15. Are any of the Partners/Directors/Principals/Owners or employees AFTER ENQUIRY aware of any circumstances which are likely to give rise to a**

**claim against the Firm or its predecessors in business or any of its present or former Partners/Directors/Principals/Owners or employees?  
YES/NO**

**If YES please give full details.**

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**16. For what limits of indemnity do you require quotation?**

- \$ 500,000
  - \$1,000,000
  - \$2,000,000
  - \$ .....Other (please specify)
- 

**17. Do you require any of the following extensions?**

- |  |               |
|--|---------------|
| <b>(a) Libel &amp; Slander</b>                     | <b>YES/NO</b> |
| <b>(b) Dishonesty of Employees</b>                 | <b>YES/NO</b> |
| <b>(c) Loss of Documents</b>                       | <b>YES/NO</b> |
| <b>(d) Unintentional Breach of Copyright</b>       | <b>YES/NO</b> |
| <b>(e) Unintentional Breach of Confidentiality</b> | <b>YES/NO</b> |
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## DECLARATION

**I/We declare and warrant that all the statements and particulars here given are true and that no information whatever has been withheld which might influence a prudent Insurer's judgement and the acceptance of this Proposal. Should the above Particulars alter in any way I/we will advise Insurers as soon as possible.**

**I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may result in Insurers refusing to provide indemnity or voiding the policy in every respect.**

**I/We hereby agree that this Declaration shall be the basis of the contract between me/us and Insurers.**

**Name of Proposer** \_\_\_\_\_

**Signed by** \_\_\_\_\_  
**on behalf of all Partners/Directors/Principals**

**Date** \_\_\_\_\_