

**PROFESSIONAL INDEMNITY INSURANCE SCHEME
ICAEW MEMBERS PROPOSAL FORM (1-4 PARTNERS)**



INSTRUCTIONS

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

QUESTION ONE

Practice name (include all names under which you practice)

Main office address

Postcode:

Main office telephone number

Main office fax number

Contact e-mail address

Practice website

Date established

List number of branch offices

PLEASE LIST ON A SEPARATE SHEET ALL BRANCH OFFICES INCLUDING ADDRESSES FOR WHICH YOU ARE SEEKING COVER.

QUESTION TWO

Please advise the following (including details of sole practitioner).

Name of all Partners / Directors / Members	Qualifications	Date Qualified	How long as Partner / Director / Member of the Firm(s)

Is cover required for any Partner, Director, Member in respect of his/her liability arising from any previous business? If 'Yes', please provide details on a separate sheet. Yes No

QUESTION THREE

Please advise total number of staff **excluding** Partners, Directors, Members:

Professionally qualified Unqualified assistants All others (e.g. Secretarial)

QUESTION FOUR

Please provide details of your Gross Fee Income for the following:
(If this proposal is for a new firm, provide an estimate for the first year)

Last Financial Year £

Largest Fee from any one client £

Fees paid to sub consultants £

QUESTION FIVE

Please provide a breakdown of the Gross Fee Income declared in Question 4.

(i) Audit, Accountancy and Compliance Tax	<input type="text"/>	%	(v) Financial Services	<input type="text"/>	%
(ii) Other Tax	<input type="text"/>	%	(vi) Corporate Finance	<input type="text"/>	%
(iii) Insolvencies, Liquidations & Receiverships	<input type="text"/>	%	(vii) Mergers, Acquisitions & Disposals	<input type="text"/>	%
(iv) Executorships, Directorships & Trusteeships	<input type="text"/>	%	(viii) All Other Work (please give details)	<input type="text"/>	%

Details of 'All Other Work':

Do you undertake any work for Banks and other Financial Institutions, Insurance Companies, Lloyds Syndicates, Funds or Managing Agents (including Captive Insurance Companies), Offshore Companies, or PLCs? If 'Yes', please provide details on a separate sheet. Yes No

Have you undertaken any work for any entertainment or professional sports client(s) where you have obtained an individual fee greater than £5,000 in any one Financial Year? If 'Yes', please provide details on a separate sheet. Yes No

QUESTION SIX

Have you undertaken any work for any clients based outside the UK or for clients based in the Channel Islands or Isle of Man during the past six years? Yes No

If 'Yes', please provide details for each client on a separate sheet including the nature and turnover of their business, their location, the fee(s) earned for each of the last three years and the services provided.

QUESTION SEVEN

Does any partner, director, member or employee of the Company/Firm act as a **sole** Trustee or have **sole** discretionary powers for any Trust(s)? If 'Yes', please provide details on a separate sheet. Yes No

QUESTION EIGHT

Does the firm have a DPB licence from the ICAEW or any other professional body? Yes No

QUESTION NINE

Have you or any firm you have acquired, ever carried out any regulated activities as defined in the Financial Services and Markets Act 2000 (other than in connection with general insurance products) as:

(a) Financial adviser; Execution only; Tied agent or appointed representative? Yes No

(b) Introductory agent only Yes No

If you have answered 'YES' to (a), above a Financial Services Questionnaire will be required.

Available to download at www.bluefingroup.co.uk/professions or alternatively, call 0117 929 3344.

If you have answered 'YES' to (b) above please answer the following questions:

(i) Do you have any financial interest or controlling interest in the company that you are an introducer to? Yes No

(ii) Can you confirm that gross commission/fees received in any one of the last six financial years as introductory agent did not exceed £10,000 or 10% of your total fee income? Yes No

(iii) Can you confirm that you only introduce to an independent financial adviser who is authorised and regulated by the FSA? Yes No

QUESTION TEN

After **FULL ENQUIRY** are you aware of any claim against the Firm(s) or its predecessors in business or the present or former partners / directors / members, or any circumstances, allegations or incidents which may give rise to a claim? If 'Yes', please provide details on a separate sheet. Yes No

QUESTION ELEVEN

Are you aware of any fraud or dishonesty of any partner, director, member or employee of the firm? If 'Yes', please provide details on a separate sheet, including measures taken to prevent recurrence. Yes No

QUESTION TWELVE

Has any partner, director, member or employee, either past or present, during the last six years been subject of a disciplinary proceeding by any professional organisation? If 'Yes', please provide details on a separate sheet. Yes No

QUESTION THIRTEEN

Please give details of the firm's current Professional Indemnity Insurance.

DO NOT COMPLETE THIS QUESTION IF YOU ARE ALREADY A CLIENT OF BLUEFIN

Limit of Indemnity	Excess	Premium	Name of Insurer	Renewal Date
£	£	£		

QUESTION FOURTEEN

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of Indemnity	£	£	£
Excess	£	£	£

CONFIRMATION**DISCLOSURE OF MATERIAL FACTS**

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

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

THIS FORM MUST BE SIGNED BY A PRINCIPAL OF THE FIRM

Signature: _____

Date: _____

Print name: _____

Position: _____

Please return this Application Form along with any other supplementary information sheets to the address detailed below:-

Bluefin | Professions Division | Castlemead | Lower Castle Street | Bristol | BS1 3AG
t: 0117 929 3344 | f: 0117 925 1594 | e: icaew@bluefingroup.co.uk | w: www.bluefingroup.co.uk/professions

APPOINTED
PARTNER



Bluefin

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