



PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR MEMBERS OF THE IRISH TAX INSTITUTE

1. (a) Full legal title of the Practice and trading name(s):

Date of commencement of Practice: _____

Tax Advisor Identification Number (TAIN): _____

(b) Title(s) of any former (including Predecessor in Business) Practice(s) for which cover is required:

Date of cessation of Practice(s): _____

(c) During the past six years has the name of the Firm(s) been changed or has any amalgamation, acquisition or take-over taken place?

YES / NO

If "Yes", please provide details

2. (a) Address(es) of the Practice:

Contact Phone number: _____

Contact Email address: _____

(If more than one office, please indicate the Principal/Partner/Director in charge of each office and which address should be used for communication in relation to this insurance)

3. Please state the total number of:-

(a) Partners/Principals/Directors: _____

(d) Admin Staff: _____

(b) Professionally Qualified Staff: _____

(e) Contract Hire: _____

(c) Other Staff (ex Admin): _____

4. (a) Details of Partners/Principals/Directors:

| Name | Qualifications / Professional memberships | Date Qualifications Obtained | Period of time as Partner / Principal / Director |
|------|---|------------------------------|--|
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If there are more than 6 Partners/Principals/Directors please continue on a separate sheet

(b) Is cover required for any Partner or Director in respect of their liability arising from any previous Business?

YES / NO

If "Yes", please provide details

5. (a) Gross fees (excluding VAT) invoiced in each of the past 5 years and for the forthcoming year:-
(N.B. Figures must INCLUDE all amounts paid by the Practice to Sub-Consultants)

| | | | | | Last Year | Projected for coming year |
|--------------|--|--|--|--|-----------|---------------------------|
| Ireland / UK | | | | | | |
| USA / Canada | | | | | | |
| Elsewhere | | | | | | |
| Total | | | | | | |

On a separate sheet, please provide full details of any contracts executed or work undertaken outside of Ireland / UK.

(b) When does your financial year end? _____

(c) Does any one client represent more than 20% of your annual fee income?

YES / NO

If "Yes", please provide details

(d) Please indicate the largest total fee from any one client or group received in the past 12 months:

(e) Approx average fee per client or group:

6. Please state division of gross fees (as a percentage of the total) for the last complete financial year.

| | | Ireland / UK % | USA / Canada % | Elsewhere % |
|---|---|-------------------|-------------------|----------------|
| A | Audit: <ul style="list-style-type: none"> Listed Public Limited Companies | | | |
| B | Audit: <ul style="list-style-type: none"> Unquoted Companies and others (including farmers, small traders etc. other than listed PLCs) | | | |
| C | Audit: <ul style="list-style-type: none"> Banks, Financial Institutions, Insurance Companies, Underwriting Agencies or Offshore Companies | | | |
| D | Accountancy and Company Tax: <ul style="list-style-type: none"> Listed Public Limited Companies | | | |
| E | Accountancy and Company Tax: <ul style="list-style-type: none"> Unquoted Companies and others (including farmers, small traders etc. other than listed PLCs) | | | |
| F | Accountancy and Company Tax: <ul style="list-style-type: none"> Banks, Financial Institutions, Insurance Companies, Underwriting Agencies or Offshore Companies | | | |
| G | Management Consultancy | | | |
| H | Insolvencies, Liquidations and Receiverships | | | |
| I | Directorships | | | |
| J | Taxation | | | |
| K | Insurance Commissions/Brokerage (Non-Life and Non-Pension Business) | | | |
| L | Life Assurance as acting Intermediary | | | |
| M | Investments Advice | | | |
| N | Mortgage Advice/Broking | | | |
| O | Entertainment Industry | | | |
| P | Pensions Advice | | | |
| Q | Interim Management | | | |
| R | Any Other Activities – please provide full details below | | | |

Details of "Any Other Activities" or any overseas work as disclosed above:

7. (a) If you engage the services of any Consultant(s) in the conduct of your business please indicate:

| Name of firm / individual | Services provided | Fees paid last financial year |
|---------------------------|-------------------|-------------------------------|
| | | |
| | | |
| | | |
| | | |

(b) Are these Consultants required to maintain their own Professional Indemnity insurances?
YES / NO

8. Investment Business - If you are authorised for investment business please state the name of the regulatory body and category of authorisation:

9. Lloyd's Activities - Other than in respect of taxation work for individual Lloyd's names, do you undertake or have you ever undertaken work of any description for Lloyds of London, Lloyd's Managing or Members' Agents or work for individual or corporate Lloyd's names, whether past or present?
YES / NO

If "Yes", please specify the name of the Agency(ies) & Syndicate Number(s)

10. Pension Fund Trustee –

Do you act as Trustee(s) for your own Pension Fund?
YES / NO

Do you act as Trustee(s) of a Pension Fund other than your own staff Pension Fund?
YES / NO

If "Yes", please identify the Fund(s), indicate if they are a PLC or have funds in excess €1,000,000 and confirm whether you hold an indemnity for the employer(s)

11. (a) Does the Practice or any Principal/Partner/Director have any association with or financial interest in any other Practice, Firm, Company or Organisation (other than as shareholders or stockholders in a public quoted company)?
YES / NO

If "YES", please provide details of the nature of the association, including the name of any other Practice, Company or Organisation

- (b) Does the Practice or any Principal/Partner/Director act on behalf of or undertake work for any Company, Firm or Organisation in which the Practice, or any Principal/Partner/Director has a financial interest?

YES / NO

If "YES", please provide details

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12. Does the Firm(s) always require satisfactory references (whether written or unwritten) when engaging senior employees?

YES / NO

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13. Do all cheques drawn for more than €50,000 require TWO Signatures?

YES / NO

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14. Are checks carried out at least quarterly on all entries in the cash book with paying-in books, receipts, unrepresented cheques, independently of employees receiving or banking monies in respect of monies belonging to the firm as well as in trust on behalf of others?

YES / NO

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15. Have you received a visit from any regulatory, investigatory or monitoring unit from your professional organisation?

YES / NO

If "Yes", please give date and name of Professional organisation and what response you have made to any finding:

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16. Have you, or any person for whom insurance is sought, ever been the subject of disciplinary proceedings by any professional organisation?

YES / NO

If "Yes", please provide full details

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17. (a) Has the Firm(s) sustained any loss through the fraud or dishonesty of any Person?

YES / NO

- (b) Does the Firm(s) know of the fraud or dishonesty at any time of any past or present Partner, Director, Consultant, employee or subcontractor of the Firm(s)?

YES / NO

If "Yes", please advise the precautions taken to prevent a recurrence.

18. Do you currently hold Professional Indemnity Insurance? YES / NO

(AON clients need not complete this section)

For how long have you been continuously insured? _____

Renewal Date: _____ Current Broker: _____

Current Insurer: _____ Current Premium: _____

Current Limit of Indemnity: _____ Current Excess: _____

19. Please state the Limit of Indemnity you require:

(1) €.....

alternatively (2) €.....

What level of Policy Excess you would be willing to accept? €.....

20. Has any Insurer:

(a) Ever declined a proposal for this Practice or any Partner, Director or Principal? YES / NO

(b) Ever declined to offer renewal terms? YES / NO

(c) Ever cancelled or voided a Policy? YES / NO

(d) Ever required a special premium increase or special terms? YES / NO

If "YES" to any of the above please provide full details

21. (a) Have any claims for professional negligence error or omission (successful or otherwise) been made against the Practice its Predecessors in Business or its present past Partners/Principals? YES / NO

(b) Are any of the Partners/Principals aware, after enquiry, of any claims pending or of any circumstances which are likely to give rise to a claim against the Practice, its Predecessors in Business or any of its present or past Partners/Principals? YES / NO

If "YES" to (a) or (b) please provide full details



22. ADDITIONAL INFORMATION

Please provide any additional information which you feel to be relevant to this proposal

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence a prudent Insurer's judgement and acceptance of your proposal. If your proposal is a renewal, it would also include any change in facts previously advised to Insurers. If you are in any doubt about facts considered material, disclose them.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Insurers to void the Policy.

I/WE hereby declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. 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. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.

Signature of Partner, Principal or Director _____

Name of Signatory (PLEASE PRINT) _____

Dated _____

For and on behalf of (name of Practice) _____

** Before returning this form, please ensure you have enclosed any additional information requested **
** Please feel free to enclose any additional information which you feel to be relevant to this proposal**