



Strong Roots in Underwriting

ACCOUNTANTS PROPOSAL FORM

This application form must be completed, signed and dated by a Principal, Director or Partner. Please ensure that all questions are answered in full and that where further details are requested or there is insufficient space available in the application form, any relevant additional information is provided on a separate page.

Company name & trading style(s) including previous trading names. Please also include names of individuals or partners if non limited: (The Proposer)

Trading address including postcode:

Website address:

Date business established:

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Full description of your business activities:

Directors, Partners and main principals:

Full Name	Qualifications	Year Qualified	No. of years in this capacity

Please confirm number of staff in the following categories:

Directors, Partner & Principals	 	Other qualified staff	 	All other employees	
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Annual waggeroll (before deductions) plus dividends, overtime, allowances, commissions, bonus payments, the employee's own National Insurance and any private pension contributions	£
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Do you engage sub-consultants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes:		
What percentage of your turnover is paid to professional sub-contractors or specialist consultants?		%
Do you ensure that professional sub-contractors or specialist consultants hold Professional Indemnity Insurance to at least the same level as you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Details of your total annual turnover split as follows:

Turnover undertaken for clients:	Last Complete financial Year	Current financial year	Forthcoming financial year
in the UK, Channel Islands and Isle of Man			
elsewhere in Europe			
in the USA or Canada where the contracts are subject to local laws			
in the USA or Canada where the contracts are not subject to local laws			
elsewhere in the world			
Total			

Financial year end Date:	Largest income from any one client:
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Please provide a breakdown of your activities for the last complete financial year: (Estimate if no historical figures)

Audit	%	Introductory insurance commission	%
Accountancy and compliance taxation	%	IT services and sale of software	%
Bookkeeping	%	Management Consultancy	%
Company Secretary services	%	Mergers and Acquisitions	%
Corporate/Commercial taxation consultancy	%	Payroll Services	%
Corporate finance	%	Personal taxation consultancy	%
Expert witness and forensic services	%	Trusteeships and/or directorships	%
Financial Services work	%	Other (Please provide details)	%
Insolvency Services	%	Total	100%

Has your work ever involved or do you intend to undertake work involving:

Acting as a trustee of any trust or an executor where you have discretionary powers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any 'Offshore' companies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Banks and other financial institutions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance companies, Lloyd's Syndicates, Managing agents or Names	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Investment Business (as defined by the Financial Services and Markets Act 2000 and/or the Financial Services Act 1986?)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Outside board directorship roles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Quoted companies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Services to clients in relation to Tax Mitigation/Avoidance schemes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work for clients in the professional entertainment or sporting industry or celebrity clients	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered Yes to any of the above questions, please provide further details here:

Please provide details of the 5 largest contracts/clients by annual income undertaken in the last 6 years (or anticipated if a new venture)

Date	Client	Specific services provided	Annual income to Proposer

If you currently purchase Professional Indemnity cover, please provide details as follows:

Existing Insurer		Premium	
Excess		Renewal Date	
Indemnity Limit		Retroactive date	

Please confirm covers required and the limit of indemnity required:

Professional Indemnity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
Employers' Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£10,000,000
Public & Products Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£

If Employers Liability is requested, please provide Employers Reference Number(s) as follows:

Entity/Employers Name	Parent (P) or Subsidiary (S)	ERN Number	Exempt Y/N	Exempt reason (See below)

Exempt reasons:

1. The entity has no employees
2. All staff employed earn below the current Pay As You Earn (PAYE) threshold
3. The entity is not registered in England, Wales, Scotland or Northern Ireland

Do you have standard terms of engagement which are used for all clients?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, do the terms clearly state the scope of services provided by you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, do the terms include limitations of liability to your clients?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to comply with the following standards of control:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Standards of Control

- a) all manually prepared cheques or other bank instruments drawn for more than £25,000 shall require two manually applied signatures to be added after the amount has been inserted
- b) no cheque or instrument shall be signed until one signatory has examined the supporting documentation
- c) in respect of computer or machine prepared cheques or other bank instruments for more than £25,000 supporting documentation shall be examined and authorised before requisition is input and shall require one manually applied signature to be added after
- d) bank statements receipts counterfoils and supporting documents shall be checked at least monthly against cash book entries and the balance tested with cash and unpresented cheques independently of the employees responsible at least monthly,
- e) employers receiving cash or cheques in the course of their duties shall be required to remit all monies received or bank in full on the day of receipt or the next banking day
- f) cash in hand shall be checked independently of employees responsible at least monthly and additionally without warning every six months
- g) no one individual shall be permitted to release computer-initiated transfer authorities to the bank. A second person of higher authority must be required to check and then release instructions. Entries by each person must be controlled by unique passwords held by each individual related to the user authorisation and the appropriate authorities are to be built into the computer program
- h) all authorities for the initialisation of written, telephone or facsimile transfers or transfer instructions for more than £25,000 shall require the bank to call back to an authorised person to verify instructions before the transaction is commenced

If No, please provide further information.

Please confirm that the following statements are true or if false, please provide further details:

No claims for professional negligence, error or omissions, whether successful or not, have ever been made against the Proposer as stated above, any predecessor in business or against any director, partner or principal either directly or in respect of any business in which they were a director, partner or principal of.	True <input type="checkbox"/>	False <input type="checkbox"/>
After enquiry, the Proposer is not aware of any circumstance which may have occurred, and which might give rise to a claim.	True <input type="checkbox"/>	False <input type="checkbox"/>
The Proposer or any directors, partners or principals have not had any insurers decline to offer renewal terms, had their policy cancelled or voided or had any special terms imposed in relation to insurance cover to which this proposal relates.	True <input type="checkbox"/>	False <input type="checkbox"/>
The Proposer or any directors, partners or principals have not been the subject of investigations or disciplinary proceedings by any regulatory body or the Health and Safety Executive.	True <input type="checkbox"/>	False <input type="checkbox"/>
The Proposer or any directors, partners or principals have never been declared bankrupt, disqualified from being a company director, had a controlling interest in a company that has gone into liquidation, receivership, had a Debt Relief Order, administration/CVA or had a CCJ (or decree in Scotland) against them.	True <input type="checkbox"/>	False <input type="checkbox"/>
The Proposer or any directors, partners or principals have never been convicted of any offence, other than a motoring offence which carries a fixed penalty, apart from an offence that is now considered 'spent' under the Rehabilitation of offenders Act 1974?	True <input type="checkbox"/>	False <input type="checkbox"/>
The Proposer or any directors, partners or principals have not and do not intend to provide business activities as described above for any partnership, company or organisation in which they have a controlling interest in such entity.	True <input type="checkbox"/>	False <input type="checkbox"/>
The business activities covered under this insurance do not involve any of the countries subject to sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the EU, UK and USA?	True <input type="checkbox"/>	False <input type="checkbox"/>

Material Information

You must search and provide us with all material information and disclose it without misrepresentation (As set out in the Insurance Act 2015). Material information includes anything which may reasonably influence our decision to offer insurance or the terms of any policy, including the premium. Material information encompasses facts, circumstances, allegations, events and any special or unusual circumstances pertaining to you or your business, any specific concerns that prompted you to seek or increase insurance coverage, and any other factors relevant to the risk assumed by us. All information requested by us, regardless of whether it is solicited through this proposal form or other means, should be considered material. Please verify the accuracy of the information provided and inform your insurance advisor of any necessary amendments promptly.

Your Information

Your information has been, or will be, collected or received by us and we will manage personal data in accordance with data protection law and data protection principles. We require personal data in order, to provide good- quality insurance and ancillary services and will collect the personal data required to do this. This may be personal information such as name, address, contact details, identification details, financial information and risk details.

It is our policy only to process that personal information which is essential to the underwriting of each insurance product requested and we will only, process, your data for the purposes of insurance administration always in a lawful manner. In addition, your information will also be used for the purposes of insurance administration by insurers and their associated companies and agents by their reinsurers and by the Insured's insurance intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing Insurers compliance with any regulatory rules or codes. Your information may also be used for offering renewal research and statistical purposes and crime prevention. It may be transferred to any country (including countries outside the European Economic Area) for any of these purposes and for systems administration. Where this happens, we will ensure that anyone to whom your information is passed agrees to treat your information with the same level of protection as if we were dealing with it. If we give information about another person, in doing so you confirm that they have given you permission to provide it to us and for us to be able to process their personal data (including any sensitive personal data) and also that you have told them who we are and what we will use their data for as set out in the notice. In the case of personal data, with limited exceptions (and on payment of any appropriate fee) the data subject has the right to access and, if necessary, rectify information held about them. We or they may have the right to object to or restrict the processing of your or their personal information however, if you or they do this, we may be unable to continue to provide services to you and this may mean that we are unable to process your enquiry or claim or that your insurance cover will stop. Additionally, you or they may require us to erase such data from their records. In all instances such request should be sent to Elmlake MGA Limited, using the contact details below.

In assessing any claims made, we or our agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers, either directly or via those acting for the insurer (such as loss adjusters or investigators).

Contact Details

Elmlake MGA Limited trading as Elmlake Underwriting, Office 2, The Reach 687-693 London Road, Westcliff-On-Sea, Essex SS0 9PA

Office Tel : 01379 771043 Email: info@elmlake.co.uk Website: www.elmlake.co.uk

Credit searches and use of third-party information

To ensure we have the necessary facts to assess your insurance risk and verify your identity or to help prevent fraud and provide you with our best premium and payment options, it may be necessary for us to obtain information relating to the you and your business from third parties at quotation and renewal and in certain circumstances where policy amendments are requested. This information may include a quotation search from a credit referencing agency, which will appear on your credit report and will be visible to other credit providers. It will be clear that this is an insurance quotation rather than a credit application by you to pay by monthly instalments.

Declaration

I/we declare that I/we have made a full and fair presentation of risk to insurers by disclosing all material information which I/we know or ought to know. Further, I/we have provided sufficient information that would put a prudent insurer on notice that it needs to make further enquiries to reveal material information.

Signed:		Date:	
Name:		Position:	