



## **Securus Insurance Limited**

### **Proposal Form**

## **Accountants Professional Indemnity**

Securus Insurance Limited  
Suite 3, Stafford House  
Strand Road  
Portmarnock  
Co Dublin

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Securus Insurance Ltd is registered in Ireland. Company registration No: 410614.  
Registered office: Suite 3, Stafford House, Strand Road, Portmarnock, Co Dublin.

Securus Insurance Limited is regulated by the Central Bank of Ireland.

Securus Accountants Proposal 09/2020

**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.**

|          |   |  |                |               |   |
|----------|---|--|----------------|---------------|---|
| <b>1</b> | Name(s) of the firm(s) including Trading and Business Name :  |  |                |               |   |
| <b>2</b> | Web address:  | <b>www.</b>  |                |               |   |
| <b>3</b> | Date of commencement of the firm :  |  |                |               |   |
| <b>4</b> | Address (registered office and all branches)  |  |                |               |   |
| <b>5</b> | 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.   |  |                |               |   |
| <b>6</b> | 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.) |  |                |               |   |
| <b>7</b> | Names in full of all Partners/Directors/Principals  | Age  | Qualifications | Year obtained | Length of time practicing as Partner/Director or Principal in this firm |
|          |   |  |                |               |   |
|          |   |  |                |               |   |
|          |   |  |                |               |   |
|          |   |  |                |               |   |
|          |   |  |                |               |   |
| <b>8</b> | 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:  |  |                |               |   |
|          |   |  |                |               |   |

|           |  |                                     |                                    |                                |
|-----------|--|-------------------------------------|------------------------------------|--------------------------------|
| <b>9</b>  | 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"/> |
| <b>10</b> | Do you retain the services of any self-employed person (sub-contractor)? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>  |                                     |                                    |                                |
|           | If 'Yes', please give details:   |                                     |                                    |                                |
| <b>11</b> | <b>Sub-contractors:</b>  | Last Complete Year                  | Current Year Estimate              |                                |
|           | (I) Please state gross fees in Euro paid to sub-contractors:   | <input type="text"/>                | <input type="text"/>               |                                |
|           | (II) What type of work do you use them for?  | <input type="text"/>                |                                    |                                |
|           | (III) Are sub-contractors required to carry professional indemnity insurance?  | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |                                |
|           | (IV) What is the limit of indemnity provided by that insurance?  | <input type="text"/>                |                                    |                                |
|           | (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 | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |                                |
| <b>12</b> | 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?   |                                     | <input type="text"/>               |                                |
| <b>13</b> | Has any work been carried out for clients domiciled:   |                                     |                                    |                                |
|           | (I) In the United States of America or Canada?   | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |                                |
|           | Or (II) Work carried out for a subsidiary of a client domiciled in the United States of America or Canada?   | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |                                |
|           | Or (III) Elsewhere overseas?   | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |                                |
|           | If 'Yes', please give details below:   |                                     |                                    |                                |
|           | <input type="text"/>   |                                     |                                    |                                |

|  |  |   |
|--|--|---|
| <b>14</b>  | 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? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |  |   |
| If 'Yes', please give full details below:  |  |   |
|  |  |   |
| <b>15</b>  | Does the Proposer always obtain satisfactory references (verbal & written) from former employers when engaging staff? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>         |   |
|  | Does the Firm ensure that any cheques above €25,000 are signed by more than one Partner/Director? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                             |   |
|  | Is the electronic transfer of money authorised by more than one Partner/Director? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>   |   |
|  | Are internal audits undertaken on an ad hoc basis in addition to the external audits? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>   |   |
| If 'No', please give details below:  |  |   |
|  |  |   |

|                  |  |
|------------------|--|
| <p><b>16</b></p> | <p>Have you ever received a visit/audit/inspection from your professional organisation or Regulatory body?      <b>Yes</b> <input type="checkbox"/>      <b>No</b> <input type="checkbox"/></p> <p>If 'Yes', please give specify the date and what response have you made to any finding below:</p>  |
|                  |  |
| <p><b>17</b></p> | <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?      <b>Yes</b> <input type="checkbox"/>      <b>No</b> <input type="checkbox"/></p> <p>If 'Yes', please give specify the date and provide full details</p>   |
|                  |  |
| <p><b>18</b></p> | <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)      <b>Yes</b> <input type="checkbox"/>      <b>No</b> <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> |
|                  |  |
| <p><b>19</b></p> | <p>Has the business recently discharged any employee or severed relationships with any partner or director within the past twelve months?      <b>Yes</b> <input type="checkbox"/>      <b>No</b> <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?      <b>Yes</b> <input type="checkbox"/>      <b>No</b> <input type="checkbox"/></p>   |
|                  | <p>If 'Yes', please give details below:</p>  |
|                  |  |
| <p><b>20</b></p> | <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?      <b>Yes</b> <input type="checkbox"/>      <b>No</b> <input type="checkbox"/></p>  |
|                  | <p>(II) Imposed special terms?      <b>Yes</b> <input type="checkbox"/>      <b>No</b> <input type="checkbox"/></p>  |
|                  | <p>(III) Cancelled or voided a policy?      <b>Yes</b> <input type="checkbox"/>      <b>No</b> <input type="checkbox"/></p>  |
|                  | <p>(IV) Requested the withdrawal of a claim?      <b>Yes</b> <input type="checkbox"/>      <b>No</b> <input type="checkbox"/></p>  |
|                  | <p>If 'Yes', please give details below:</p>  |
|                  |  |

|   |   |                              |                             |            |                          |  |
|---|---|------------------------------|-----------------------------|------------|--------------------------|--|
| <b>21</b>   | (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, <b>after enquiry</b> , 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   |                              |                             |            |                          |  |
| <b>22</b>   | 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   |                              |                             |            |                          |  |
| <b>23</b>   | 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"/> |  |
| <b>24</b>   | 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"/> |  |
| <b>DECLARATION</b>  |   |                              |                             |            |                          |  |
| <b>(I)</b> 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.           |   |                              |                             |            |                          |  |
| <b>(II)</b> 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. |   |                              |                             |            |                          |  |
| <b>(III)</b> 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<br>(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**