



Telephone: 0330 128 9828 | Email: accountants@championpi.co.uk

### Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

### Practice Details

Main Trading Name of the Practice ('The Proposer'):

Principal Address Line One:

Principal Address Line Two:

City:

Postcode:

Website Address:

Main Contact Name:

Telephone Number:

Contact Email:

Business Entity:

Date Established:

Does the Practice have any branch offices?

Yes

No

If 'YES' please provide the following information:

Location	Person Responsible

Is the Person responsible based in the branch office?

Yes

No

If 'NO' please provide details in respect of the supervision of the office:



During the past 6 years, has the name of the Proposer been changed or has any amalgamation, acquisition or take-over taken place or have any Principals departed, retired or died?

Yes

No

If 'YES', please provide details:

Please provide details below of any predecessor practice(s) for which cover is required

Please give the following details of all Principals, Directors or Partners of the Practice:

Name:	Age	Qualification & Date Qualified:	How Long With The Practice:

Please give the following details of all Consultants under a contract of service with the Proposer:

Name:	Age	Qualification & Date Qualified:	How Long With The Practice:

Please provide a CV providing details of business experience, as appropriate for the following:

**Newly established practice** - for all Principals

**Existing practice** - for each Principal who has held such position with the Proposer for less than 5 years



Where the Proposer is a sole Principal, give details of the arrangements for office supervision when the Proposer is absent

Please state the numbers of employees:

	Principals, Directors, Partners	Qualified Staff	Administration	Other	Total
This year					
Last Year					
Two Years Ago					

What is the annual average percentage rate of staff turnover for the last two years?

 %

Specify to which professional body the Practice belongs:

ICAEW    ICAI    ICAS    ACCA    ATT    AAT    Other (Please Specify)

Is cover required for Partners' Previous Business?

Yes    No

(This extension covers liability incurred as a Partner in a previous accounting practice)

If 'Yes', state

For Which Partners	Name of Previous Business	Date Partner Left Business	Limit of Indemnity Required
			£
			£
			£

Do you currently have a professional indemnity policy in place?

Yes    No

If 'YES', please provide details:

Name of Current Insurer:	
Name of current Broker:	
Renewal Date:	
Limit of Indemnity	
Premium:	
Excess:	
Retroactive Date:	



## Business Activities

In your own words please provide a full description of all your activities:

Please provide details of your financial year end and fee income/turnover

Financial Year End Date:				
	Previous:	Last Complete:	Current:	Estimate:
Total Turnover/Fee income	£	£	£	£
Estimated split of your turnover / fee income for:				
Work carried out for UK clients	£	£	£	£
Work carried out for European (excluding UK) clients*	£	£	£	£
Work carried out for US / Canadian clients*	£	£	£	£
Work carried out for Australian clients*	£	£	£	£
Work carried out for Asian clients*	£	£	£	£
Work carried out for clients anywhere else in the world*	£	£	£	£

\* State countries, amounts involved and nature of work undertaken for clients domiciled outside the UK

Is the practice represented in any way outside the UK? Yes      No

If 'YES', state where and how (e.g. by subsidiary company, local office, local representative or by any other person or concern holding a power of attorney on behalf of the practice)



State the approximate percentage of last year's gross fees and of the fees estimated for the forthcoming year (including those paid to sub-contractors) payable in respect of:

	Last Year	Forthcoming Year
Work for banks, finance houses, hire purchase and credit sales organisations, building societies and any other concerns providing finance	%	%
Auditing		
of public companies	%	%
of other clients	%	%
Preparation of accounts		
of public companies	%	%
of other clients	%	%
Compliance taxation		
of public companies	%	%
of other clients	%	%
Tax planning and consultancy*	%	%
Insolvency, liquidation and receiverships	%	%
Management consultancy**	%	%
Computer consultancy**	%	%
Insurance and building society commissions	%	%
Executorships and trusteeships	%	%
Investment advice and other Financial Services work ***	%	%
Directorships	%	%
Company registrar work	%	%
Mergers, acquisitions, take-overs and disposals	%	%
Payroll services	%	%
Probate	%	%
All other work**	%	%
Must equal 100%	%	%

\* State countries, amounts involved and nature of work undertaken for clients domiciled outside the UK efficient schemes involving offshore trusts, film financing etc

\*\* If fees are received in connection with Management consultancy, Computer consultancy or All other work give brief details of the type of work undertaken in the box below:

\*\*\* If there are any fees in relation to Investment and other Financial Services work a Financial Services Questionnaire must be completed. [This is available via our website by clicking here.](#)



For any activities where you have answered nil above, but have undertaken work in the past 6 years please provide details below:

Please state

	Last financial year	Estimate for current financial	Estimate for forthcoming financial year
Largest total fee any one client or group	£	£	£
Average fee per client or group	£	£	£

If the Proposer anticipates any major change in the largest total fee or average fee for one client or group in the forthcoming year give details in the box below:

If work is undertaken for public companies or where the largest fee for any one client or group declared last year exceeds £50,000, please provide the following details:

- a) Name of client(s)
- b) Nature of business of the client(s)
- c) Nature of the services provided by the Proposer to such client(s)

Does the Proposer undertake or has the Proposer undertaken work of any description for any of the following: Yes      No

- i) Banks, investment funds or schemes and other Financial Institutions
- ii) Insurance Companies, Lloyd's Syndicates, Lloyd's managing or members' agents or Underwriting Agencies
- iii) Any 'off-shore' companies
- iv) Entertainment industry clients or sporting professionals

If 'YES' to any of the above, please give details of the name(s) of clients, fees earned and the services provided in the box below:

If tax planning and consultancy is undertaken give the following details:

- a) What type of tax planning/consultancy services are offered?(give examples)



b) What specialist qualifications and experience do those involved in this work have?

is there any involvement with tax efficient schemes?\*

Yes No

If 'YES', please [download and complete the Tax Efficient Schemes Questionnaire](#)

*\* Tax efficient schemes or packages include loans investments and trusts which are preplanned artificial transactions designed to produce a specific tax outcome including but not limited to tax loss, tax deductible allowance or tax exempt profit. Examples include offshore trusts, film partnership scheme, film production partnership scheme, film finance schemes, stamp duty land tax (SDLT), employee benefit trust (EBT) and employer finance retired benefit schemes (EFRBS) or schemes listed or similar to those on HMRC Spotlights.*

Are any Principals, Consultants or employees members of any Professional Body's taxation faculty?

Yes No

What registers are maintained by the Proposer in relation to taxation deadlines? (for example, in connection with the dissolution of partnerships)

If insolvency, liquidation and receivership work is undertaken, give the following details:

a) What types of arrangements are handled?

b) What typical and maximum values are handled for each type of arrangement?

c) What Specialist qualifications and experience of those involved in this work?

Is the Proposer:

a) licensed to undertake insurance mediation work as defined in the Designated Professional Body Handbook of the Institute of Chartered Accountants in England and Wales/of Scotland/in Ireland

Yes No

b) authorised to undertake insurance mediation work by the Financial Conduct Authority

Yes No

If 'YES' to b) please provide full details, including FCA status, i.e. FCA authorised, Appointed Representative or Introducer Appointed or other



Has the Proposer ever been involved in, arranged or advised on:

- |    |   |     |    |
|----|---|-----|----|
| a) | Pension transfers, alternatively secured pensions or Qualified Recognised Pension Schemes?                                | Yes | No |
| b) | Pension fund administration or management?  | Yes | No |
| c) | Offshore bonds, structured products or unregulated collective investment schemes?   | Yes | No |
| d) | Investment vehicles designed specifically for tax mitigation reasons?   | Yes | No |
| e) | High risk investments (including but not limited to hedge funds, split capital, emerging markets, venture capital, etc.)? | Yes | No |
| f) | Any investment products where the provider or fund is insolvent or has a known liquidity problem or has otherwise failed? | Yes | No |
| g) | Equity release or home reversion type products?   | Yes | No |
| h) | Self-certification mortgages?   | Yes | No |

If 'YES' to any of the above, please complete a Financial Services Questionnaire ([This is available via our website by clicking here.](#))

Is the proposer authorised to undertake investment work by the FCA or any Designated Regulatory body? Yes No

If 'YES', state the Authorising Body and the category of authorisation

If fees are declared in respect of 'investment advice or other financial services work', please state the percentage breakdown of the amount declared as follows:

a) Independent financial advice*	%
b) Restricted financial advice*	%
c) Introduction to a financial adviser	%
d) Introduction direct to a product provider**	%
Total must equal 100%	%

\* If any fees are declared for a) or b) above, please complete a Financial Services Questionnaire ([This is available via our website by clicking here.](#))

\*\* If any fees are declared for d) please state below:

- i) The terms upon which the introduction is made
- ii) The names of the providers
- iii) Type of products
- iv) whether the provider gives advice
- v) The values invested
- vi) Number of clients





Is the Proposer authorised or licensed to undertake Probate Work as defined under the Probate Regulations of the Institute of Chartered Accountants in England and Wales? Yes No

State below how You handle pension work including auto enrolment. Do You:

- |  |  |  |
|--|--|--|
| <b>a)</b> Support Your clients in their selection of a pension scheme?   | Yes  | No   |
| <b>b)</b> Identify pension providers?  | Yes  | No   |
| <b>c)</b> Recommend pension providers?   | Yes  | No   |
| <b>d)</b> Compare investment funds, charges and services applicable on schemes?  | Yes  | No   |
| <b>e)</b> Signpost to the government workplace pension NEST?   | Yes  | No   |
| <b>f)</b> Refer to another advisor?  | Yes  | No   |
| <b>g)</b> Undertake payroll related activities?  | Yes  | No   |
| <b>h)</b> Please confirm fees or commission (if any) received in the last 6 years  | <input style="width: 150px; height: 20px;" type="text" value="£"/>   |  |
| <b>i)</b> Number and value of schemes  | <input style="width: 150px; height: 20px;" type="text" value="No."/> | <input style="width: 150px; height: 20px;" type="text" value="£"/> |
| <b>j)</b> Exclude in Your Terms Of Engagement liability for advice, introductions or signposting to pension providers?   | Yes  | No   |
| <b>k)</b> Where advising the employer, do You specify in Your letter of engagement that any advice to an employer is provided to them in their capacity as an employer and not as an individual? | Yes  | No   |

If you use sub-contractors, please state the gross fees paid:

Last year	<input style="width: 150px; height: 20px;" type="text" value="£"/>	Forthcoming year (estimated) for new and existing practices	<input style="width: 150px; height: 20px;" type="text" value="£"/>
-----------	--	---	--

Please give the following details of sub-contractors in the box below:

- i)** Names
- ii)** Qualifications
- iii)** Limit of Indemnity of own Professional Indemnity Insurance

Is there any written agreement between the Proposer and sub-contractors? Yes No

Describe what work is sub-contracted and how the Proposer reviews such work in the box below



## Risk Management

Can You confirm that:

- |           |   |     |    |
|-----------|---|-----|----|
| <b>a)</b> | The practice is accredited to (or in the process of accreditation to) ISO 9001, Cyber Essentials or subject to a similar form of external assessment?   | Yes | No |
| <b>b)</b> | The practice works to a professional code of ethics or practice, such as ICA, ACCA or similar?  | Yes | No |
| <b>c)</b> | You have taken steps to ensure compliance with the latest data privacy legislation?   | Yes | No |
| <b>d)</b> | You operate commercially licensed and purchased anti-virus software across your network and regularly apply patches & updates in accordance with the suppliers' recommendations?  | Yes | No |
| <b>e)</b> | You back up critical/sensitive data at least weekly to a different secure location (i.e. offsite, cloud)?   | Yes | No |
| <b>f)</b> | You have a Business Continuity Plan or Disaster Recovery plan and it addresses cyber risks including back up of data?   | Yes | No |
| <b>g)</b> | Written contract conditions are used in every case?   | Yes | No |
| <b>h)</b> | The practice has written work instructions or checklists for the services provided?   | Yes | No |
| <b>i)</b> | The practice has identified the risks associated with its field of work and taken action to minimise these risks?   | Yes | No |
| <b>j)</b> | Management review working procedures at least every six months to ensure their continuing suitability?  | Yes | No |
| <b>k)</b> | Prior to contracts being accepted the practice checks that contract specifications and customer requirements can be met by ensuring that they have the technical ability to undertake the contract, the resources and time? | Yes | No |
| <b>l)</b> | Records are kept of the original contract, subsequent amendments, verbal agreements and telephone conversations?  | Yes | No |
| <b>m)</b> | Work done by staff is reviewed using spot checks and periodic reviews?  | Yes | No |
| <b>n)</b> | Reviews of staff, Partners, Directors or members of LLPs are completed at least once every 12 months?   | Yes | No |
| <b>o)</b> | Regular file reviews and audits are conducted at least once every 12 months for all fee earners, including Principals?  | Yes | No |
| <b>p)</b> | Staff and Principals have training and development plans in place (e.g. participation in a Continued Professional Development programme)?   | Yes | No |
| <b>g)</b> | Recruitment procedures include:   | Yes | No |
|           | - obtaining written references,   |     |    |
|           | - verifying qualifications and previous experience,   |     |    |
|           | - checking for any previous Professional Indemnity claims or circumstances?   |     |    |

If 'NO' to any of the above, please explain why not:



Has the Proposer or any member of staff, past or present, been the subject of any disciplinary proceedings by any professional or regulatory body? Has the Proposer dismissed or is the Proposer considering dismissing any member of staff?

Yes No

If **'YES'**, please provide details:

Does the practice undertake work for any firm, company or organisation in which any Principal holds a position whereby he or she is able to make major policy decisions on behalf of such firm, company or organisation?

Yes No

If **'YES'**, please provide details:

Please state the number of data records currently processed/stored:

Do you accept payment via Card-not-Present transactions?

Yes No

If **'YES'**, do you use 3rd party payment gateways to process payments?

Yes No

If **'NO'**, please provide details why not:

Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied?

Yes No

If **'YES'**, please provide details:

Has any person for whom this Insurance is Proposed:

- a) ever been convicted of or charged with (but not yet tried in respect of) a criminal offence other than a motoring offence?
- b) ever been declared bankrupt?
- c) ever been a principal of a business which has gone into insolvent liquidation or been the subject of a receivership or an administration order?

Yes No  
Yes No  
Yes No

If **'YES'**, please provide details:



Is there any other information that you consider material to the insurance required?

Yes No

If 'YES', please provide details:

For what limits of indemnity are quotations required?

£250,000	£500,000	£1,000,000	£2,000,000
£3,000,000	£5,000,000	£10,000,000	£15,000,000
Other	£	£	£

Does the Proposer wish to contribute towards each and every claim?

£1,000	£2,500	£5,000	£10,000
Other	£	£	£

**Note.** In most cases, a contribution will be compulsory

Do you currently have insurance cover in place for the following:

Policy type:	Insurer(s)	Broker	Expiry date
Cyber Liability			
Directors & Officers			
Office Combined or EL / PL policy			
Employment Practices Liability			
Crime Insurance			
Motor Fleet			
Key Man			

**Champion Professional Risks are able to arrange and advise on a wide range of insurance products in addition to Professional Indemnity. Please contact us for more information**

## Fidelity

Has the Proposer suffered any loss during the past five years through fraud or dishonesty of any employee?

Yes No

If 'YES', please provide details:



Can You confirm the following Minimum Standards of Control:

- |    |   |     |    |
|----|---|-----|----|
| a) | All cheques fund transfers instructions for disbursements of assets or fund investments for more than £10,000 shall require two independent signatories or authorisers.   | Yes | No |
| b) | No cheque fund transfer instruction for disbursement of assets or fund investment shall be authorised until at least one signatory or authoriser with appropriate authority and independent of the individual requisitioning such transfer disbursement or investment has examined and approved the supporting documentation. | Yes | No |
| c) | Any electronically initiated transactions must be controlled by unique passwords held by each individual related to the user authorisation and the appropriate authorities integrated into any computer program or system used for such transaction.  | Yes | No |
| d) | Cash and cheques received shall be remitted to the bank in full on the day of receipt or next banking day.  | Yes | No |
| e) | Bank statements cash cheques stock and securities held shall require a physical check against supporting documents by someone other than those persons responsible at least quarterly.  | Yes | No |
| f) | All requests to create and alter third party bank details (including those of any supplier or client) must be received in writing and independently verified by telephone with a known contact at the organisation making the request before any transaction takes place  | Yes | No |

## Claims & Circumstances

Has any claim been made against the Proposer or any Principal, Consultant or employee during the last 10 years in respect of the risks to which this Proposal relates? Yes      No

If 'YES' to any of the above, please provide the following details:

Date of Claim/Loss:	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding
		£	£
		£	£
		£	£
		£	£

What steps have been taken to prevent a recurrence?



Are you, after full enquiry:

Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners? Yes No

Aware of any shortcoming in your work for a client who is likely to give to a claim against you? This includes: Yes No

- i. A shortcoming known to you, but not your client, which you cannot reasonably put right?
- ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?
- iii. An escalating level of complaint from your client on a particular project?
- iv. A client withholding payment due to you after any complaint?

If 'YES', to any of the above, please provide details:

---

## Tax Efficient Schemes

Please complete the following:

- |  |     |    |
|--|-----|----|
| 1a) Do You ensure Your own Terms & Conditions exclude advice provided by any Third Party specialist advisors? If 'YES', a copy must be attached            | Yes | No |
| 1b) Do You ensure the clients enter into separate contracts with such promoters/providers?   | Yes | No |
| 2) Are multiple clients entered into the same schemes?   | Yes | No |
| 3) Have any of Your clients entered a tax mitigation scheme which is being investigated or challenged by the HMRC?   | Yes | No |
| 4) Have any of Your clients entered a tax mitigation scheme which is the same or similar to a scheme listed under HMRC "Spotlights" tax avoidance schemes? | Yes | No |
| 5) Have any schemes been or are currently being investigated under the General Anti Abuse Rule (GAAR)?   | Yes | No |
| 6) Have any of Your clients received an Accelerated Payment Notice (APN) or a Follower Notice?   | Yes | No |
| 7) Are You still actively introducing or do You intend to introduce to tax mitigation schemes?   | Yes | No |

If You answered 'NO' to questions 1a) or 1b) or 'YES' to questions 2), 3), 4), 5), 6), and 7) or please provide additional information

- 8) Please confirm how often tax efficient schemes are checked to ensure they remain compliant and who is responsible?



- 9) Are clients made aware of the risks associated with entering into tax mitigation schemes including the risk that the transactions may not succeed in their objective? Yes      No

If 'YES' how is this communicated and over what period of time has this been the procedure?

- 10) Please state the gross fee income/commission received for tax schemes in the last 6 years

Last Year	2nd Year Back	3rd Year Back	4th Year Back	5th Year Back	6th Year Back
£	£	£	£	£	£

- 10) Please With regards to tax efficient schemes or investment schemes which Your clients have entered or been introduced to in the last 10 years, please download and complete the Tax Planning Questionnaire.

[Click here to download the Tax Planning Questionnaire](#)

## Additional Information

Please use the section to provide any additional information:

## Data Protection Notice

Any information provided on this form, which may include sensitive data (e.g. medical history, criminal convictions, age), will be processed by Champion Professional Risks in accordance with our Privacy Notice and will only be used for the purposes of providing insurance cover and handling claims arising.

In the course of our duty as insurance brokers we may be required to provide such data to limited third parties including Insurers and/or circumstance required by law. A copy of the form and any additional documents submitted should be retained for your records.

For full details of our Privacy Policy please visit: <http://www.championprofessionalrisks.co.uk/privacy>

## Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms.

The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

## Declaration

On behalf of the proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

**IMPORTANT - Please save a version of the proposal form before signing. Once the form has been signed no further changes can be made.**

Date:

Signature of principal / director / partner:

**This form allows you to create a digital signature by following the instructions after you click on the signature box.**

**However, you can instead choose to print and sign the form or send it to us unsigned and we will send you a signature request via email once quotes are agreed and you are ready to proceed with cover.**

**Please don't forget to attach/send any required additional information to support your submission.**