



ACCOUNTANTS

PROFESSIONAL INDEMNITY
PROPOSAL FORM

Coverholder at

LLOYD'S

OBF Insurance Group Ltd. Bridge House, Baggot Street Bridge, Dublin 4. D04 X2P1
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OBF Insurance Group Ltd. is regulated by the Central Bank of Ireland. Registered in Ireland No. 39988. Brokers Ireland Member.

IMPORTANT NOTICE

- This is a proposal for a contract of insurance, in which 'proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- OBF Insurance Group Ltd. draws your attention to the importance of answering all questions honestly and with reasonable care. The answers you give us must be true and complete. This is for your protection because, if you do not give us full and complete information, a claim under your policy could be declined or your cover cancelled. You should also advise us of any material changes in your circumstances which might alter the subject matter of the policy or the nature of the risk being insured. If you do not advise us of such changes, cover under the policy may be lost.
- The proposal form must be fully completed, signed and dated by a person who is of legal capacity and has the authorisation to request this insurance for the Proposer.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.

Please supply the following additional information:

- CVs of Principals
- Copy of Standard Contract Terms and Conditions (if applicable)

DETAILS OF THE PROPOSER

1. Name(s) of the Firm(s):

2. Address(es):

3. Website:

4. Email address:

5. Phone No:

6. Establishment Date of Firm:

7. a) Is the Firm a member of any Association or Institute?

Yes

No

If Yes, please provide details:

b) Is the Firm authorised by their Professional Body to conduct investment business?

Yes

No

c) Has the name of the present Firm been changed in the past five years, or has any amalgamation taken place during this period?

Yes

No

If Yes, please provide details:

8. Please provide details of the Principals, Partners, Directors of the Firm(s) named above:

Name	Qualifications	Date Qualified	Date Commenced

9. Please state total number of:

Principals/Partners/Directors:

Other Technical Staff:

Qualified Staff:

Administrative/Other:

10. a) Has any other practice or business amalgamated or merged with you?

Yes

No

b) Have you purchased any other practice or business?

Yes

No

If Yes to a or b above, please provide full details:

11. Has any Partner, Director or employee of the Firm been made personally bankrupt or been personally associated with any business which has been placed into receivership, liquidation or been wound up at the behest of its creditors?

Yes No

If Yes, please provide full details:

Name of Individual	Name of Previous Business	Date of Leaving Previous Business

12. a) Please provide gross income/fees for:

	Last Financial Year	Current Financial Year	Estimate for Next Financial Year
	/ /	/ /	/ /
Ireland			
UK			
EU (Excluding Ireland and UK)			
USA/Canada			
Rest of the world			
Total			

b) Average Fee from any one client:

c) Largest fee from any one client:

d) Financial Year End:

e) Number of clients by fee size:

Size of Fee	Number of Clients
Less than €10,000	
€10,001 to €25,000	
Greater than €25,001	

13. Please indicate a percentage for the following categories in the last two years:

Category: Audit	Year:	Year:
Quoted Companies	%	%
Unquoted Companies	%	%
Lloyd's Syndicates/Managing Agents	%	%
Financial Institutions	%	%
Others – including farmers, small traders etc.	%	%

Do not include fees in the above which fall into the categories below:

Categories	Year:	Year:
Corporate Tax	%	%
Personal Tax	%	%
Management Consultancy	%	%
Consultancy only	%	%
Secretarial & Share Registration	%	%
Executorship, Trusteeship, Directorship	%	%
Insolvencies, Liquidations and Receiverships	%	%
General Insurance, Building Society & Stock Exchange Commission	%	%
Commission from Investment Business Regulated under FSA(1986)	%	%
Corporate Finance	%	%
Merger and Acquisition	%	%
Entertainment/Leisure Industry	%	%
Investment Advice	%	%
Expert Witness	%	%
Company/Trust Formation & Administration	%	%
Any Other – Please give full details:	%	%
	Total 100%	Total 100%

14. Have you ever undertaken work in any of the following areas?

- a) Banks or other financial institution? Yes No
- b) For Insurance Companies, Lloyd’s Syndicates /Names, Lloyd’s Managing or Members’ Agents? Yes No
- c) For or with any offshore companies? Yes No
- d) Offshore funds and investments (including Isle of Man or Channel Islands) Yes No
- e) For high profile clients (including celebrities, sports people, entertainers, politicians & business leaders)? Yes No
- f) Solicitors? Yes No
- g) Investment business firms as defined by the Investment Intermediaries Act 1995 (and its subsequent amendments and replacements)? Yes No
- h) Advice in respect of employee benefit trusts? Yes No

If Yes, to any of the above , please provide full details:

15. Have your activities changed in the past 5 years or do you anticipate any major changes in these activities in the forthcoming 12 months?

- Yes No

If Yes, please provide full details:

16. Do you conduct business for overseas clients? Yes No

If Yes, please provide full details:

17. Is the Firm authorised for investment business under the Financial Services Act (1986) and its subsequent amendments and replacements? Yes No

If Yes, please identify the types of business you are authorised to undertake:

18. a) Does the Firm use the services of consultants, sub-contractors or agents? Yes No

If Yes, do you require them to maintain their own PI Insurance? Yes No

If Yes, what is the minimum limit of indemnity you require them to carry?

b) What percentage of the Firm's income relates to sub-contracted work? %

c) Do you require cover for claims made against any independent accountant to whom work is Sub-contracted? Yes No

If Yes, please provide full details:

Name	Qualifications	Fees Paid in last financial year

d) Please explain what controls the Firm maintain over such sub-contracted work:

19. Do any of the Principals, Partners, Directors of the Firm have any association with or financial interest in any other practice, company or organisation? Yes No

If Yes, please provide full details:

20. a) Does the Firm always take up written references when engaging staff? Yes No

b) Has any employee the authority to issue cheques bearing his/her signature alone? Yes No

c) If the answer to (b) is Yes, up to what amount?

d) How often are the entries on the Cash Book reconciled against the Bank Statements by a senior person, other than the head bookkeeper?

e) Are all computer records backed up daily?

Yes

No

f) If Yes to (e), are the back-up records maintained off site?

Yes

No

21. Does the Firm obtain engagement letters from all clients?

Yes

No

If Yes, please attach a specimen letter. If No, please explain:

PREVIOUS/CURRENT INSURANCE

1. Does the Firm currently have a Professional Indemnity Insurance policy in force?

Yes

No

If Yes:

a) Insurer

b) Expiry Date

c) Limit of Indemnity

d) Excess

e) Premium

f) Expiry Retroactive Date

2. Has any previous policy for Professional Indemnity insurance been cancelled or refused or had any special terms imposed by any insurer?

Yes

No

If Yes, please provide full details:

3. Please indicate the Limit of Indemnity required:

€500,000

€1,000,000

€1,500,000

€2,000,000

€2,500,000

€3,000,000

€5,000,000

Please specify if other:

4. What Excess is the Proposer prepared to carry uninsured?

€1,000, €2,500, €5,000, €10,000 or 'Other'

CLAIMS/CIRCUMSTANCES INFORMATION

1. Have any civil liability claims ever been made against the Firm or against any Partner, Director or employee of the Proposer, whether successful or otherwise? Yes No
2. Have any claims for dishonesty ever been made against the Firm or against any Partner, Director or employee of the Proposer, whether successful or otherwise? Yes No
3. Have any complaints or investigations ever been made or undertaken against the Firm or against Partner, Director or employee of the Proposer, whether successful or otherwise? Yes No
4. Has the Firm or any Partner, Director or employee of the Proposer ever had a document relating to the Firm's activities unintentionally destroyed, damaged, lost or mislaid? Yes No
5. Has the Firm ever suffered any losses due to dishonesty of any Partner, Director, employee or any other person or organisation? Yes No
6. After full enquiry is the Proposer or any Partner, Director or employee of the Proposer aware of any circumstances relating to the questions 1-5 above which may give rise to a potential claim or request for indemnity under the professional indemnity policy? Yes No

If you have answered Yes to any of the above, please provide full details on a separate sheet, i.e date, circumstances, amount claimed, reserve/amount paid, excess, if closed etc.

PLEASE ONLY COMPLETE THE FOLLOWING SECTION IF A SINGLE PARTNER PRACTICE

1. Are you in full time practice? Yes No

2. Age:

3. Full experience of any assistants and length of service with you:

4. a) What arrangements do you make when your are unable to attend your business?

- b) Do you have any agreement with any other firm or qualified Accountant to assist you when you are away?

DATA PROTECTION

OBF Insurance Group Ltd. recognise that protecting personal information including sensitive personal information is very important and we recognise that you have an interest in how we collect, use and share such information. Our Data Protection Policy is in line with the requirements under the General Data Protection Regulations (GDPR) which are effective from 25 May 2018.

Please read the following carefully as it contains important information relating to the information that you give us or has been provided to us on your behalf. If you provide information relating to anyone other than yourself, you are responsible for obtaining their consent to the use of their data in the manner outlined below.

Full details of how we collect, use, store and protect your data can be found in our Data Privacy Notice, a copy of which is available on request or via our website, www.obf.ie.

What does OBF Insurance Group Ltd. do with your personal data?

Information you provide will be used by OBF Insurance Group Ltd. for the purposes of processing your application and administering your insurance policy. OBF Insurance Group Ltd. may need to collect sensitive personal data relating to you (such as medical or health records) in order to process your application and/or any claim made.

All information supplied by you will be treated in confidence by OBF Insurance Group Ltd. and will not be disclosed to any third parties except (a) to our agents, sub-contractors and reinsurers (b) to third parties involved in the assessment, administration or investigation of a claim (c) where your consent has been received or (d) to meet our legal or regulatory obligations. In order to provide you with products and services this information will be held in the data systems of OBF Insurance Group Ltd. or our agents or subcontractors. The data is held on servers with multiple layers of security. Please note that some servers which may hold your data are located outside the EU.

We will hold data collected from you for the duration of our business relationship with you and for six years after that. This is a requirement under the Central Bank's Consumer Protection Code 2012. Your data may be used for the purposes of automated decision making but will not be used for profiling purposes.

OBF Insurance Group Ltd. may pass your information to other companies for processing on its behalf. OBF Insurance Group Ltd. will ensure that its transfer of data is lawful and that your information is kept securely and only used for the purpose for which it was provided.

Calls to and from OBF Insurance Group Ltd. are recorded for quality assurance or verification purposes.

Your Rights under our Data Protection Policy

You have the right to :

- Access the data we hold about you
- Have the data we hold about you transferred to another person or organisation
- Have inaccurate data about you corrected
- Have information about you erased (this could affect our ability to process your business)
- Object to direct marketing from us
- Restrict the processing of your data (this could affect our ability to process your business)
- Make a complaint to us about the implementation of our data protection policy and procedures.

To access the data we hold about you, please complete and submit a Data Access Request Form, available on request or via our website.

Data Breaches

In the event of a data breach which results in your personal data being compromised, we will advise the Data Protection Commissioner within 72 hours at most, unless the data was encrypted or anonymised. Were there is a high risk to your rights, as set out in the GDPR, we will also advise you of the details of the breach and the steps we have taken to rectify it and prevent its recurrence.

Fraud Prevention, Detection and Claims History

In order to prevent and detect fraud as well as the non-disclosure of material information, and in addition to comply with money-laundering legislation, OBF Insurance Group Ltd. may at any time:

- Share information about you with companies or organisations outside OBF Insurance Group Ltd. including, where appropriate, private investigators and public bodies including An Garda Síochána
- Check your details with fraud prevention agencies as well as databases and other sources of information including, but not limited to, the insurance industry claims database known as InsuranceLink. For information on the functioning of InsuranceLink, please visit insurancelink.ie.

DECLARATION

The undersigned authorised person declares that all questions in this Proposal Form have been answered honestly and with reasonable care and that no information which we requested has been withheld or misrepresented. He/she understands that non-disclosure of material information could result in a claim under the policy being declined. The undersigned agrees that, should any material information change between the date of this proposal and the inception date of the insurance to which this proposal relates, they will advise us thereof. The undersigned agrees that this proposal, together with any other material information supplied to us, shall form the basis of any contract of insurance effected thereon.

Signature:

Name:

Position:

Date: