



**AccountantsInsurance**

[www.acc-insure.com.au](http://www.acc-insure.com.au)

*Professional Liability Insurance  
Proposal Form*

---

## Details of Proposer

1. a) Firm Name \_\_\_\_\_
- b) Trading Name \_\_\_\_\_
- c) ABN \_\_\_\_\_
- d) Contact Person \_\_\_\_\_
- e) Dun and Bradstreet Number \_\_\_\_\_
- f) If you intend to claim an Input Tax Credit for the premium paid for this policy, please specify the percentage of the premium you will be claiming: \_\_\_\_\_ %

Policyholder's main office

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Website \_\_\_\_\_ Email Address \_\_\_\_\_

2. a) During the past 3 years has the:
  - i) Name of the firm changed?  Y  N
  - ii) Firm acquired, merged or taken over any other firm(s), or been acquired, merged or taken over by any other firm(s)?  Y  N
- b) Is any acquisition, tender offer or merger pending or under consideration by the firm?  Y  N
- c) Is the firm aware of any proposal relating to its acquisition by another company?  Y  N

*If "Yes" to any of the above, please provide full details (use a separate sheet of your letter headed paper if insufficient room below), including confirmation of the position relating to past liabilities assumed by either party/ firm(s).*

---



---



---

3. Please provide details of the current partners/principals/directors of the firm:

Name of Partner/Principal/Director	Professional Body/ Society Name	Qualification(s)	Year Qualified	How many years as a Partner/Principal/Director	
				This Practice	Prev. Practice

*Use a separate sheet of your letter headed paper if insufficient room above.*

4. To what professional associations does the firm belong? \_\_\_\_\_
- 
- 
-

5. Please provide details of current staff numbers:
- a) Partners/principals/directors \_\_\_\_\_
  - b) Other qualified/technical personnel \_\_\_\_\_
  - c) Administration & clerical personnel \_\_\_\_\_
- Total \_\_\_\_\_

*Details of the Business*

---

6. Please provide the total amount of the firm's gross income/fees for the following periods:
- a) Previous financial year \$ \_\_\_\_\_
  - b) Current financial year \$ \_\_\_\_\_
  - c) Coming financial year (estimate) \$ \_\_\_\_\_
7. Please state the percentage of gross income/fees for each of the activities set out below:

		<i>Past 12 Mths Actual</i>
a)	Accounts preparation & bookkeeping	%
b)	Audit	%
	i) Publicly listed companies*	%
	ii) Unlisted public companies	%
	iii) Financial institutions or offshore companies*	%
	iv) Private companies/Not-for-profit/SMSF	%
c)	Business valuations	%
d)	Company secretarial/registrar	%
e)	Executorships and trusteeships	%
f)	Forensic accounting	%
g)	Insolvencies/liquidations/receiverships	%
h)	Insurance	%
i)	Management consultancy	%
j)	Mergers & acquisitions and corporate advisory services	%
k)	Superannuation funds administration	%
l)	Taxation	%
m)	Other (please specify) _____	%
Total		100%

8. Does any one contract or client represent more than 50% of the firm's gross annual income/fees?  Y  N

*If "Yes", please give details of the name of the client and what service(s) are provided (use a separate sheet of your letter headed paper if insufficient room below).*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details of Audit Activity** - This section (question 9 to 15) is only required if the firm's activities include the Audit of Publicly Listed Companies; Financial Institutions; or Offshore Companies.

9. Does the firm undertake any audit work in relation to any publicly listed companies, financial institutions or offshore companies?  Y  N

*If "Yes" please name the publicly listed company, financial institution or offshore company and specify the exchange (if any) on which they are listed (use a separate sheet of your letter headed paper if insufficient room below).*

Company	Exchange

10. For each entity listed above please specify the audit fees in respect of the last two completed financial years.

Company	Last Financial Year	Previous Financial Year

11. Has the Firm provided any additional professional services to any entity declared in the above questions in the last two financial years?  Y  N

*If "Yes" please specify for each entity what the additional professional services are and the fees earned (use a separate sheet of your letter headed paper if insufficient room below).*

---



---



---

12. In relation to any entity declared in the above questions has the firm ever issued a qualified audit?  Y  N

*If "Yes" please provide for each entity full details and type of qualification (use a separate sheet of your letter headed paper if insufficient room below).*

---



---



---



---

13. Has any entity declared in the above questions ever had reason to restate any financial statements prepared by the firm?  Y  N

*If "Yes" please provide full details for each entity (use a separate sheet of your letter headed paper if insufficient room below).*

---

---

---

---

14. Has the firm ever been dismissed or replaced as auditors to any publicly listed company, financial institution or offshore company in the last five years?  Y  N

*If "Yes" please provide full details for each entity (use a separate sheet of your letter headed paper if insufficient room below).*

---

---

---

---

15. Has the firm provided any professional services in relation to the offering, sale or issuance of any security of any client in the last three years?  Y  N

*If "Yes" please provide full details for each entity (use a separate sheet of your letter headed paper. if insufficient room below).*

---

---

---

---

### *Claims Information*

16. After enquiry of the partners/principals/directors and employees, has there been or is there now pending a claim against the firm, it's predecessors in business or it's current or former partners/ principals/directors or employees for a breach of professional duty?  Y  N

*If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room below).*

---

---

---

---

17. After enquiry of the partners/principals/directors and employees is the firm aware of any circumstance or incident which may give rise to a claim against the firm or it's partners/principals/directors or employees?  Y  N

*If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room below).*

---

---

---

---

18. After enquiry of the partners/principals/directors and employees is the firm aware of any prosecution or investigation (actual or pending) of the firm or any partner / principal/director or employees under any international, commonwealth, state or local statute, legislation, regulation or by law?  Y  N

*If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room below).*

---



---



---

19. After enquiry of the partners/principals/directors and employees, has the firm or any partner/principal/director or employee ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct?  Y  N

*If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room below).*

---



---



---

### *Fidelity Cover*

20. a) As at today's date, does the firm have any fidelity guarantee/crime insurance?  Y  N

If "Yes",

- a) Insurer  
 b) Indemnity Limit  
 c) Expiry Date  
 d) Deductible

---



---



---



---

- b) Have you ever sustained any loss through the fraud or dishonesty of any employee?  Y  N

*If "Yes", please supply the relevant details and advise what precautions have been taken to prevent a recurrence (use a separate sheet of your letter headed paper if insufficient room below).*

---



---



---

- c) Are monies, securities and/or negotiable instruments subject to control by a partner, principal or director, or by at least two employees?  Y  N
- d) Are cheques signed/co-signed by a partner, principal or director, or by at least two employees?  Y  N
- e) Is bank reconciliation carried out by someone not authorised to deposit into or withdraw from the bank accounts?  Y  N
- f) When recruiting or promoting employees to positions or trust involving handling of stock, money, financial or treasury functions, do you undertake independent checks in their employment history?  Y  N

## Details of Insurance

---

21. As at today's date does the firm have professional indemnity Insurance currently in force that has been paid for?  Y  N

*If "Yes", please state*

- a) Insurer \_\_\_\_\_  
 b) Indemnity Limit \_\_\_\_\_  
 c) Expiry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 d) Retroactive Date \_\_\_\_\_

22. Has the firm ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a professional indemnity Insurance Policy?  Y  N

*If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room below).*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. What limit(s) of liability do you require quotations for?

- \$1 million                       \$2 million                       \$3 million  
 \$5 million                       Other: \_\_\_\_\_

24. What limit(s) of self insured retention are you prepared to carry?

- \$1,000                       \$2,500                       \$5,000  
 \$10,000                       Other: \_\_\_\_\_

## Stamp Duty Split

---

25. For the purpose of calculating stamp duty please state the number of current staff (including directors/partners, full/part time and casual employees) located in each state. *(Note the total should equal the answer in Question 5):*

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas

Total of all employees above: \_\_\_\_\_

## Declaration

---

Please Note: Signing the Declaration does not bind the proposer or the Insurer to complete this insurance.

I declare that I have made all necessary inquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the **Important Notice** contained in this proposal and that I have read and understood the content of that Notice.

I confirm that I am authorised by the proposing firm (and its partners/principals/directors if applicable) to complete this proposal form and to accept the quotation terms for this insurance on behalf of the firm (and its partners/principals/directors if applicable).

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

---

Completed proposal forms may be sent by mail, fax or email to the contact details below.

---

### AccountantsInsurance

c/o Jardine Lloyd Thompson Pty Ltd

Head Office Address: Level 11, 66 Clarence St  
Sydney NSW 2000

Head Office Postal Address: Box H25  
Australia Square NSW 1215

National Telephone: 1300 660 511

National Facsimile: 1300 737 578

National Email: [accountantsinsurance@jlta.com.au](mailto:accountantsinsurance@jlta.com.au)

Should you wish to address your proposal form to an individual AccountantsInsurance representative in, or responsible for, your state, contact details can be located at [www.accountantsinsurance.com.au/contacts](http://www.accountantsinsurance.com.au/contacts)

---