

ACCOUNTANTS' PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM (ISCA SCHEME)

Important Notes

1. Statement pursuant to the Insurance Act (Cap 142) or any amendments thereof: You are to disclose in this application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void
2. No insurance is in force until this application is accepted by us in accordance with policy terms, conditions and exclusions
3. If your proposal is accepted, it is a condition precedent to our liability under the policy that the premium must be paid to and received by us within 60 days from the inception of the insurance, failing which the policy shall be deemed to be automatically terminated and a pro-rata premium will be charged for the period that we are on risk

Please ensure that all questions are answered fully and accurately

1. Name of Business/Practice (hereafter referred to as the Proposer)

2. Addresses of all offices

3. State the nature of the profession/business including full details of activities undertaken and any intended change in these. (It may assist to include copies of brochures, written agreements or conditions of contract used in connection with the business)

4. Date commenced

5. Give details below of partners/directors/sole practitioner

Full Name	Qualifications	Date Qualified	Number of years in this capacity with the Proposer



6. State numbers of other permanent staff

Technical staff:
Non-technical staff:

7. State gross fees for the last and current financial years (including those paid to sub-contractors) payable by clients. If the business is newly established state the estimated gross fees for the forthcoming financial year. For any non-fee-earning business/practice state total turnover.

	Last Financial Year	Current Financial Year (Estimate)
i) In the territory where domiciled		
ii) In the USA/Canada or in the territory where domiciled or elsewhere for clients whose address is in the USA/Canada		
iii) Elsewhere (please state the country)		
Total		

8. a. Please give details of any work undertaken for banks, finance houses, hire purchase and any other concerns providing finance

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Please state the approximate percentage of gross fees (including those paid to sub-contractors) received for such work in

i) the last financial year	%
ii) the current financial year	%

b. Does the Proposer undertake work for Listed Companies?

Yes No

If Yes, please provide percentage income split:

i) Listed Companies	%
ii) Private Companies	%
TOTAL	100%

c. State the approximate percentage of gross fees for the last and current financial years (if the practice is newly established, state the estimated percentage for the forthcoming year) in respect of

	Last Financial Year	Current Financial Year (Estimate)
1) preparation of accounts of; i) public companies ii) other clients	% %	% %
2) audit work of; i) schools and other government audit office work ii) solicitor's trust account work iii) full statutory commercial audits iv) limited scope and all other work	% % % %	% % % %
3) taxation consultancy	%	%
4) examination of business and company accounts in relation to takeovers, mergers and acquisitions	%	%
5) insolvency, liquidation and receiverships of i) public companies ii) other clients	% %	% %
6) executorships and trusteeships	%	%
7) company secretarial services and directorships	%	%
8) investment management services	%	%
9) management consultancy (give details)	%	%
10) all other work (give details)	%	%

9. Does the Proposer undertake work for any company or entity listed in the US or CA or AU stock exchange?

Yes

No

If yes, please provide details of the work undertaken and estimated income.

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10. a. Has any claim been made against the Proposer or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties? Yes No
- b. Has the Proposer or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of the cover? Yes No

If 'Yes' in either case, please give details separately of the circumstances of each incident including any amounts paid and the estimated potential cost of the incident

11. Is the Proposer or any principal, consultant or employee, after enquiry, aware of any circumstances which might
- a. give rise to a claim against the Proposer or his predecessors in business or any of the present or former partners or principals? Yes No
- b. result in the Proposer or his predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of the cover? Yes No
- c. otherwise affect the Company's consideration of this insurance? Yes No

If 'Yes', please give details (by separate note if preferred)

Declaration

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company. I/We agree to accept a policy in the Company's usual form for this class of insurance.

Signature
(Partner or Director)
on behalf of*

Date

*Insert name of firm and Affix Company Stamp

(Signing this form does not bind Proposer to complete the insurance)