

Accountants Liability Proposal

Important notice

Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

Non-disclosure/misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and therefore decline to pay any claim.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

A Applicant details

1. Please provide the names of all entities requiring cover, including any service, administrative, nominee, subsidiary or newly created companies. (For any entity created in the past 12 months, please state the services provided.)

2. Details of head office or principal office:

Address

Phone number

Email address

3. Website address

4. Date on which the practice was established

dd / mm / yyyy



5. Please provide the following details:

Name of all partners/principals/directors	Age	Qualifications	Date qualified	Membership of any professional body or association	Time practising as partner/principal/director at this practice
			dd / mm / yyyy		
			dd / mm / yyyy		
			dd / mm / yyyy		
			dd / mm / yyyy		
			dd / mm / yyyy		
			dd / mm / yyyy		

6. Does anybody named above require cover for work undertaken whilst employed by a previous practice? Yes No

If 'Yes', please provide details on a separate sheet, including name of partner, name of previous firm(s), position(s) held and dates employed, and tick to indicate enclosure.

Enclosed

7. Please supply a breakdown of personnel, falling into the following categories:

(a) partners/principals/directors	<input type="text"/>	(d) non-technical administrative staff	<input type="text"/>
(b) professionally staff ACA or FCA qualified	<input type="text"/>	(e) other staff (eg contractors - please specify below)	<input type="text"/>
(c) other technical staff or staff in training	<input type="text"/>	<input type="text"/>	
			Total <input type="text"/>

8. Are you a sole proprietor? Yes No

If 'Yes', please describe what arrangements you have in place to cope with temporary absences (eg annual leave, sickness or unforeseen emergency).

B Business details

1. (a) Has the name of the practice ever changed? Yes No

If 'Yes', please provide full details.

(b) Has any other practice or business amalgamated or merged with you, or have you purchased any other practice or business? Yes No

If 'Yes', please provide full details.

2. Is any partner, principal or director connected or associated (financially or otherwise) with any other practice or business?

Yes No

If 'Yes', please provide full details.

3. Please detail the approximate percentage of fee income derived from the following activities:

(a) audits*	<input type="text" value=""/>	%	(g) receiverships/liquidations/bankruptcies	<input type="text" value=""/>	%
(b) trusteeships*	<input type="text" value=""/>	%	(h) taxation	<input type="text" value=""/>	%
(c) outside directorships/secretarial positions*	<input type="text" value=""/>	%	(i) IT consulting	<input type="text" value=""/>	%
(d) investment advice/investment management*	<input type="text" value=""/>	%	(j) legal services	<input type="text" value=""/>	%
(e) financial planning and insurance broking*	<input type="text" value=""/>	%	(k) other (specify)	<input type="text" value=""/>	%
(f) accounts preparation/bookkeeping	<input type="text" value=""/>	%	Total		100 %

* Please complete the relevant supplementary questionnaire for this activity.

4. Have you ever been involved in the promotion or creation of investment-gearred taxation schemes, wrap mortgages or other tax minimisation schemes?

Yes No

If 'Yes', please provide full information on a separate sheet of your letterhead, and tick to indicate enclosure.

Enclosed

5. Have you ever been involved in the promotion of a non-contributory mortgage scheme?

Yes No

6. Do you perform work for clients outside of New Zealand?

Yes No

If 'Yes', please supply the following information:

Name of client	Type of work	Estimated fee	Location
		NZD	
		NZD	
		NZD	
		NZD	
		NZD	

7. Has the practice been the subject of a review by the Peer Committee of the New Zealand Institute of Chartered Accountants or any other independent review body in the past five years?

Yes No

If 'Yes', please provide details and the result.

8. Has the practice ever sustained a loss through the fraudulent activity or dishonesty of an employee? Yes No
9. Is any member of the practice's staff able to transfer funds or sign cheques on his/her signature alone? Yes No
10. Does the practice always require and obtain satisfactory references when engaging employees? Yes No
11. If applicable, what policies and processes has your organisation put in place to comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009? Not applicable

Please provide brief details.

C Financial details

1. What is the date of your financial year end? / /

2. Please detail your gross income/fees (excluding GST) for the following:

	New Zealand	Overseas work/client
(a) current financial year (estimate)	NZD	NZD
(b) last financial year	NZD	NZD
(c) previous financial year	NZD	NZD

3. What is the largest fee you received from any single client?

D Claims experience

1. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct? Yes No

If 'Yes', please provide full details.

2. During the past five years, have any claims for negligence or breach of professional duty been made against the practice, its predecessors, or any prior practice of any of the present or former partners, principals or directors, or have any circumstances been notified to insurers that might give rise to a claim? Yes No

3. After enquiry, are any partners, principals, directors or senior staff aware of any claim or circumstance that might give rise to a claim? Yes No

If 'Yes', to D2 or D3 above, please provide full details including dates, circumstances and, where appropriate, paid/estimated amounts and whether the matter is finalised or outstanding.

E Prior insurance

1. Does the practice carry, or has it ever carried, Professional Indemnity insurance? Yes No

2. Has the practice or any partner, principal or director ever been refused Professional Indemnity insurance or had similar insurance cancelled, an application of renewal declined or had special terms imposed? Yes No

Declaration

I/We declare, on behalf of all proposed insureds, that:

- (a) All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- (b) If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- (c) I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, this information.
- (d) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal.
- (e) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signed by applicant

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

PRINT