



PROFESSIONAL INDEMNITY Accountants Proposal Form

IMPORTANT NOTICE

- Answer all questions, leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered, it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

1 | General Information

Details of entities to be insured (the "Proposer"):

Proposer's name:

.....

ID number (if Sole Trader):

.....

Head Office (Physical Address):

.....

Postal Code:

.....

Subsidiaries/Any other branches:

.....

Postal Code:

.....

Company Reg No.:

VAT No.:

.....

Professional Association(s):

.....

Date Company Established / Services Commenced:

/ /

(If commenced within the past 24 months – Please attach CV of key personnel/ Directors/ Principals)

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Company Legal Constitution:

Partnership / Private Company / Public Company / Close Corporation /
Non-profit Organisation / Government / Sole Proprietor

.....

Website:

.....

AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW
Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.
33 Glenhove Road, Melrose Estate, 2196. Telephone: 011 778 9140, E-mail: camargue@camargueum.co.za, Website: www.camargueum.co.za.

UNDERWRITTEN BY THE LICENSED INSURERS:

Certain underwriters at Lloyd's

Bryte Insurance Company Limited
A Fairfax Company
Co. Reg. No. 1965/006764/06
FSP (17703)

Compass Insurance Company Limited
Co. Reg. No. 1994/003010/06
FSP (12148)

2 | Insurance History

1. Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please state:

Insurers:

Limit of Indemnity:	R
Excess:	R
Premium:	R
Date of expiry of coverage:	
Retroactive date:	

2. For the type of Insurance now being proposed, has any Insurer ever:

(a) Required an increased premium or imposed special terms?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(b) Refused to accept or renew any insurance for the body corporate

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(c) Cancelled the insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES to any of the above 3 questions, please provide full details:

3 | Required Cover

1. State the LIMIT OF INDEMNITY and EXCESS required:

	Option 1:	Option 2:	Option 3:
Limit:	R	R	R
Excess:	R	R	R

2. Do you require backdated retro-active cover?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please advise how many years backdated cover is required:

1 Year	<input type="checkbox"/>	2 Years	<input type="checkbox"/>
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3. Is cover required for predecessor practices of the Proposer/s?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide full details:

Name of Predecessor:	Date Commenced:	Date Ceased:	Reason for Cessation:

4. Is cover required for the previous business activities of any Principal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide full details:

Name of Principal:						
Name of Previous Firm:						
Period:	From	/	/	From	/	/
	To	/	/	To	/	/
Fees for Last 3 years:						
Reason for leaving:						
Position in Firm:						
Is there separate insurance covering the activities of this Firm for the Period stated above?						

5. Is cover required for any past Partner or Principal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please state:

Name of Partner / Principal:	Qualifications:	How long with the Proposer/s:

4 | Previous Losses/Existing Circumstances

1. Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

- (a) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?
- (b) Cause any loss to the Proposer, any predecessor or any past or present Principal?
- (c) Otherwise affect the consideration of this proposal for insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

if YES, please provide full details:

2. In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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if YES, please identify details (including loss date, amount claimed and a brief description):

3. What steps have been taken to prevent a recurrence?

5 | Names and Qualification of Directors/Partners & Key Personnel

1. Please provide details of all current Principals including qualifications:

Name in full of all Principals/ Directors/ Partners	Qualifications:	Date qualified:	How many years full-time practical industry experience?

6 | Staff Compliment

1. Please state total numbers of staff members:

Partners / Principals / Directors:	
Qualified Staff (Excluding principals):	
All other:	
Total:	

2. Is any work put out to sub-contractors?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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if YES, please state:

List all activities / work sub-contracted out

7 | Financial Information

1. Please state for the Proposer/s total gross fees/Income received:

	Last Year:	Current Year Estimate:	Forthcoming financial year:
Year end:	/ /	/ /	/ /
Total fees:	R	R	R
Average fee:	R	R	R
Largest fee:	R	R	R
Revenue derived outside SA - please specify where:	R	R	R

2. Please provide a split of gross fees received for the last complete financial year:

Listed Company Work	%
Audit – Non-Listed Companies	%
Bookkeeping and Accounts (including compliance tax)	%
Combined of Not Split	%
Personal Tax Consultancy	%
Other Tax	%
Executorship/Directorship/Trusteeship	%
Registrar/Company Secretary	%
Management Consultancy	%
IT Consultancy	%
Insolvencies/Liquidations/Receiverships	%
Mergers and Acquisitions	%
Financial Services Work	%
Investment Advice	%
Business Rescue	%
Other Consultancy (please specify)	%
Other work (please give details)	%
Total	100%

3. What proportion of fees in last complete financial year derived from "small" client work of fee value below R350,000 per client

	%
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4. Are any services provided to public/listed companies?

YES		NO	
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If YES, what proportion of fees in the last financial year were derived from services provided to public/listed companies

10% or less		More than 10%	
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5. (a) Has any person for whom insurance is now sought ever been the subject of disciplinary proceedings by any professional organisation?

YES		NO	
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(b) Does any person for whom insurance is now sought act as trustee of any pension fund?

YES		NO	
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(c) Has the Proposer/s at any time undertaken work of any description for clients in the entertainment industry?

YES		NO	
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(d) In the last complete financial year, did more than 20% of fee income derive from one client?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(i) Do you have procedures implemented to prevent incorrect or untimely tax returns?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(ii) Do you have procedures in place to identify fraud?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(iii) Do you have procedures in place to identify bookkeeping errors?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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6. Is the Proposer/s authorised for investment business?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please identify regulator and type/s of business for which authorised:

7. (a) Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(b) Has the proposer/s suffered any loss in the last 6 years through fraud or dishonesty?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please identify regulator and type/s of business for which authorised:

(c) Is cash in hand and petty cash checked independently of the employees responsible at least monthly and additionally without warning at least every six months?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(d) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(e) Are employees receiving cash and cheques in the course of their duties required to pay daily?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(f) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(g) Do you have procedures implemented to prevent incorrect or untimely tax returns?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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8 | Risk Management

1. Do you use a standard form of contract, agreement or letter of appointment?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please attach a copy.

2. Do you limit your liability under contract?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. (a) Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please give full details (including names of the other parties) special arrangement must be made to cover this type of work.

(b) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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4. Do you limit the time in which you can be held liable?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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5. Do you have a person dedicated to risk management of the company?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify.

6. Do you have any risk management procedures in place to avoid claims?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify/attach.

7. Do you have a System to avoid conflict of interest?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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8. Does the practice have any form of quality management in place?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify/attach.



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Declaration:

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

Privacy Statement

I/We consent to Camargue Underwriting Managers processing my/our personal information as per the Privacy Statement which may be accessed here <https://www.camargueum.co.za/legal>.

.....
Name:

.....
Signature

.....
Date: DD/MM/YYYY

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UNDERWRITTEN BY THE LICENSED INSURERS:

Certain underwriters at **Lloyd's**

Bryte Insurance Company Limited
A Fairfax Company
Co. Reg. No. 1965/006764/06
FSP (17703)

Compass Insurance Company Limited
Co. Reg. No. 1994/003010/06
FSP (12148)

