



Burke Insurances Ltd.

Woodquay, Galway Ireland.

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ACCOUNTANTS PROFESSIONAL INDEMNITY

Please complete all questions fully – If this is a start up you need estimate fees for the coming year –

• estd. 1965

Dirs: S. Burke, A. Burke.

Registered in Ireland - Registered offices as above - Registration Number 42826

Burke Insurances Ltd. is regulated by the Financial Regulator

1 –Practice/Firm Details

Name of Practice/Firm:

2 - Business Description

Give full details below of activities undertaken and of any intended change in these

3 - General Questions

Is this Practice/Firm insured for professional negligence as at the date of this Submission Form?

Yes

No

If **'No'**, please provide a reason

If **'Yes'**, please provide the name of Insurer:

Effective/Cover/Renewal Date :

Date Practice/Firm commenced.

Website address:

4 - Postal/Risk Address

Address of Principal Office (including any representative offices or any other form of representation overseas).

Phone No:

Email

Note: If there is more than one Postal/Risk Address, please provide details. The Postal Address must always be the first Address on the also state details (for each office) of staffing, supervision indicating resident principal name and if there is no resident principal give detail supervised. Where the practice is a sole practitioner, give details for office supervision when the sole practitioner is absent

5 - Details of Principals and Partners (including details if Sole Principal)

Name	Qualification	Date Qualified dd/mm/yy	Number of years in this capacity with Pra

6 - Details of Consultants

Name	Qualification	Date Qualified dd/mm/yy	Number of years in this capacity with Pra

7 – Practice’s Other Staff Numbers

State the number of Other permanent staff	Qualified Full Time	Qualified Part Time	All Other Full Time	All Other Part Time

8 - Partners Previous Business Extension

Do any of the listed partners/principals require Partners Previous Business Extension? If ‘Yes’ , please state	Yes		No
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Partner/Principal Name	Title of Previous Business	Date Partner left the business	Nature of work undertaken by previous business

Please record the following additional information per partner/principal if Partners Previous Business Extension is required:

(a) During the past 10 years were there any claims made against the previous business or were there any circumstances or incidents which gave rise to a claim? Yes/No (If **‘Yes’** please provide details)

(b) Was the previous business at any time refused similar insurance or were special terms imposed? Yes/No (If **‘Yes’** please provide details)

9 – Controlling Interests

Does the Practice/Firm undertake work for any firm, company or organisation in which any partner/principal holds a position whereby he or she is able to make major policy decisions on behalf of such firm, company or organisation?	Yes	No
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If 'Yes', please provide details

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10 - Retroactive Cover

Note: This Insurance covers only claims or losses notified to the Company during the Period of Insurance. The Company is not liable in respect of claims occurring or committed prior to the "Retroactive Date". For Chartered Accountants the 'retroactive date' must be at least 6 years before the start of the current policy or when the Practice/Firm started, if more recent.

Is Retroactive Cover Required?	Yes	No
If 'Yes', Please state the Retroactive Date required		
Has Professional Indemnity Insurance been held previously ?	Yes	No

If 'No' please give reason and advise why cover is being sought now. Please also advise how long the Practice/Firm has been operating

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11 – Basis of Cover for Limit of Indemnity

Any One Claim	Aggregate + 1 Reinstatement	Aggregate
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12 - Fee Source Information

State total gross fees (including those paid to sub contractors and/or sub consultants), excluding VAT, paid by clients for work undertaken

Fee Source for work undertaken	Last 12 Months €	Previous 12 Months €	Next 12 Months (Estimated)
a) in Republic of Ireland (excluding (e) and (g) below)			
b) in the United Kingdom including Northern Ireland, Channel Islands and the Isle of Man			
c) in the remainder of the European Union *			
d) in U.S.A. and its territories and possessions and Canada			
e) in the Republic of Ireland and United Kingdom or elsewhere (excluding USA and Canada) for clients domiciled in the USA, its territories and possessions or Canada including work for USA Companies and subsidiaries of USA Companies or USA subsidiaries of Companies based elsewhere			
f) elsewhere* (excluding USA, Canada and European Union)			
g) in the Republic of Ireland for clients domiciled elsewhere (excluding USA and Canada) *			
Total of a), b), c), d), e), f) and g) above			

*State countries, amounts involved and nature of work undertaken

13 - Risk where Fee Source is outside Republic of Ireland

(a) Is the Practice/Firm represented in any country outside the Republic of Ireland? (i.e. where there is a legal or physical presence there, including employees, branches, offices, companies based there or person/concern holding power of attorney on behalf of the Practice/Firm)?	Yes		No
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If 'Yes' list all countries and provide details of form of representation and the fees generated from these sources:

(b) Do the activities of any office located in the USA and/or Canada (and/or any territories which come within the jurisdiction of the USA or Canada) come under the ownership control or management of any USA and/or Canadian incorporated entity and/or partnership?	Yes		No
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If 'Yes' please provide details

(c) Please advise fee income derived from office(s) located in the USA and/or Canada (and/or any territories which come within the jurisdiction of the USA or Canada)	€		
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(d) Do partners/principals and/or employees temporarily visit the USA and/or Canada (and/or any territories which come within the jurisdiction of the USA or Canada) in the course of their business?	Yes		No
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If 'Yes' please estimate fee income derived from such visits	€		
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14 - Claims History

(a) Has any claim been made against the Practice/Firm or any principal, consultant or employee during the last 10 years in respect of the risks to which this request for insurance relates? If 'Yes' please provide full details below	Yes		No
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b) Is any partner, principal, consultant or employee, after enquiry, aware of any circumstances which might i. Give rise to a claim against the Practice/Firm or any predecessors in business or any of the present or former partners or principals?	Yes		No
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ii. Otherwise affect the Company's consideration of this insurance?	Yes		No
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If 'Yes' to (b) i. or ii. please provide full details including maximum potential cost

Claims History Details for last 10 Years

Notification Date	Details of Claim/Loss or Expense	Amount Paid €	Amount Outstanding €

**15 - Category of Work
Gross Fees excluding VAT (Including those paid to sub-contractors)**

Category	Category Description	Last 12 Months Fees €	% of Fees	Next 12 Months Fees estimated €
1A	Work for merchant banks, finance houses, hire purchase and credit sales firms and any other concerns providing finance other than building societies			
1B	Work for insurance companies, Lloyd's syndicates, Lloyd's managing or members' agents or underwriting agencies			
1C	Work for offshore companies			
1D	Insolvency, Liquidation and receivership work			
2A	Auditing of public companies			
2B	Auditing of other clients			
3A	Preparation of Accounts of public companies			
3B	Preparation of Accounts of other clients			
4A	Compliance taxation of public companies			
4B	Taxation Consultancy			
5A	Management Consultancy			
5B	Computer Consultancy			
6A	Insurance and Building Society Commissions and Agency			

6B	Investment Advice and other Investment work			
6C	Advice in respect of Pensions			
6D	Advice in connection with endowment mortgages			
7A	Executorships and Trusteeships			
7B	Directorships			
8	Company Registrar work			
9	Mergers Acquisitions and Takeovers and entertainment industry clients or sporting professionals			
10	All other work			
Total			0	

(a) Have fees been received in connection with Categories 5A, 5B, 6A, 6B, 6C, 6D or 10? Yes No

If 'Yes' please provide details of the type of work undertaken

b) Have fees been received in connection with categories 1A, 1B, 1C, 2A, 3A or 9? Yes No

If 'Yes', please provide details of the type of work undertaken

16- Largest Fee Information

	Last 12 Months €	Previous 12 Months €	Next 12 Months
i. largest total fee from any one client or group			
ii. average fee per client or group			

17 - Sub-Contractors Fees

Are fees paid to sub-contractors (excluding consultants under a contract of service)? If 'Yes' please provide details Yes No

Gross Fees (excluding VAT)	Last 12 Months €	Next 12 Months (estimated) €

Please detail name(s) and qualification(s) of the subcontractor(s); the limit of indemnity, basis of cover and Insured's Contribution of sub-Professional Indemnity Insurance and how the Practice/Firm reviews such work

18 - Limit of Indemnity/Insured's Contribution

Limit of Indemnity:	€130k	€325k	€650k	€1.3m	€1.5m
Other - Please specify	€				
Insured's Contribution					

19 - Risk Management

Quality Questions

1(a) Does the Practice/Firm work to a professional code of practice? Yes No

1(b) Does the Practice/Firm have written work procedures or checklists for all services provided including confirmation that the procedure checklists relate to all staff and services and are they reviewed at least annually to ensure their continuing suitability?	Yes		No
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If 'No' to 1 (a) or 1 (b) please give details of how project development, work procedures and customer relations are monitored

2. Has the Practice/Firm or any member of staff past or present been the subject of any disciplinary proceedings by any professional regulatory body? Has the Practice/Firm discharged or considered discharging any member of staff?	Yes		No
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If 'Yes' please provide details

Fidelity Questions

1(a) Has the Practice/Firm suffered any loss during the past five years through fraud or dishonesty?	Yes		No
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If 'Yes' state date, circumstances, amount and steps taken to prevent recurrence.

1(b) Do all cheques drawn for more than €35,000 require two signatures?	Yes		No
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1(c) Is cash in hand and petty cash checked independently of the employee's responsible			
i. at least monthly?			
ii. Additionally, without warning, at least every six months	Yes	Yes	No No

1(d) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against cash book entries, independently of the employees making cash book entries or paying into the bank?	Yes		No
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1(e) Are employees receiving cash and cheques in the course of their duties required to pay in daily?	Yes		No
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If 'No' to any of Questions 1(b) to 1(e) please give details of the present system in place.

Declaration

I/We declare that the above statements made by me/us or made on my/our behalf are true and complete and will form part of the contract with the Company. I/we agree to accept a policy in the Company's usual form for this class of business.

Signature (Partner/Principal) _____ **Date** _____

On behalf of (insert name of Practice/Firm) _____

Signing this form does not bind you to complete this insurance

