

INSURER: -----

# Professional Indemnity Policy (Accountants)

## PROPOSAL FORM

QUESTIONS	ANSWERS					
1. Name and address(es) of the Firm.						
2. Full name of each Partner, qualifications and when qualified, how long practising as a partner in the Firm, and name(s) of Firm(s) in which he previously practised.						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"><u>Name</u></th> <th style="width: 20%;"><u>Qualifications</u></th> <th style="width: 20%;"><u>When Qualified</u></th> <th style="width: 20%;"><u>How long practising as a partner in the Firm</u></th> <th style="width: 20%;"><u>Previous Firm(s)</u></th> </tr> </thead> </table>	<u>Name</u>	<u>Qualifications</u>	<u>When Qualified</u>	<u>How long practising as a partner in the Firm</u>	<u>Previous Firm(s)</u>	
<u>Name</u>	<u>Qualifications</u>	<u>When Qualified</u>	<u>How long practising as a partner in the Firm</u>	<u>Previous Firm(s)</u>		
3. Total numbers of Partners and Staff						
(a) Partners	(a)					
(b) Staff, other than Typist and Office Boys	(b)					
(c) Typists and Office Boys	(c)					
4. When was the Firm Established						
5. Does the Firm's practice extend or has it ever extended to activities abroad? If so, please indicate						
(a) what percentage this is/was of the Firm's total business and	(a)					
(b) method of handling such business	(b)					
6. Total indemnity required (inclusive of any extensions).						

### EXTENSIONS

(These Extensions are not necessarily available to Firms practising outside Ghana )

7. If available, do the Firm require:-	Insert "Yes" or "No"
Extension 1 - Libel and Slander	1
Extension 2 - Partners' Previous Business	2
(a) Incoming Partners	(a)
(b) Outgoing Partners	(b)
Extension 3 - Amendment of Dishonesty Exclusion	3
Extension 4 - Fidelity	4
( Extension 4 is granted only in conjunction with Extension 3)	
Extension 5 - Loss of Documents	5

8. If Extension 2(b) (Outgoing Partners) is required please give	
(a) full names of the former Partner to whom it is to apply and	

(b) dates when they ceased to be partners in the Firm	(a)
<p>9. If Extension 4 (Fidelity) is required please answer the following questions:-</p> <p>(a) Amount of insurance required.</p> <p>(b) Have the Firm any Fidelity Guarantee in force at present? If so, please give particulars.</p> <p>(c) Have any insurers ever cancelled or refused to accept or continue any Fidelity Guarantee for the Firm or in respect of any of the Firm's present employees?</p> <p>(d) Have the Firm sustained any loss through the fraud or dishonesty of any employee? Do the Firm know of any fraud or dishonesty at any time of any present or former employee? If so, please give details, and state the precautions taken to prevent a recurrence.</p> <p>(e) Do the Firm always require satisfactory references when engaging employees?</p> <p>(f) Is any employee allowed to sign cheques on his signature alone</p> <p>(g) How often and by whom are the entries in the Cash Books checked with the vouchers and reconciled with the Bank Statements?</p>	<p>(b)</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>e</p> <p>(f)</p> <p>(g)</p>
<p>10. Has any application for insurance of this nature made on behalf of the Firm or their predecessors in business or any of the present Partners ever been declined or has any such Insurance ever been cancelled or renewal refused or have special terms been imposed? If so, please give full particulars.</p>	
<p>11. Have any claims ever been made against the Firm or their predecessors in business or any of the present or former Partners? If so, please give full particulars.</p>	
<p>12. Are any of the Partners, after enquiry, aware of any circumstance which is likely to give rise to a claim against the Firm or their predecessors in business or any of the present or former Partners? If so, please give full particulars</p>	

I/We hereby declare that the above Statements and particulars are true and that I/We have not suppressed or misstated any material facts and I/We agree that their Proposal Form shall be the basis of the contract with the Underwriters.

**Name of Firm** \_\_\_\_\_

**\*By (Partner)** \_\_\_\_\_

**Date** \_\_\_\_\_

\*This Proposal Form must be signed by a Partner. Signature of the Form does not bind the Firm or the Company to complete the Insurance.