



Taxation Disputes Professional Fees Legal Expenses

PROPOSAL FOR INSURANCE – ACCOUNTANT SCHEME

IMPORTANT NOTICE – PLEASE READ PRIOR TO COMPLETING THIS FORM.

Please remember that you must therefore provide Insurers with all material information that is likely to influence the acceptance of this Proposal or the premium or other terms imposed. Failure to provide this information or any misrepresentation of this information may give Insurers the right to reject any claim made or void the insurance altogether. If you are in any doubt as to what constitutes material information consult your insurance agent.

Please write in BLOCK CAPITALS and tick where appropriate so that Insurers can understand your responses.

If necessary, continue on a separate sheet of your headed paper remembering to sign, date and attach any continuation sheets to the main form.

Please keep a record of all information you provide us.

1. THE PRACTICE DETAILS

1.1 Full Name of Accountancy Firm

1.2 Trading Name(s) (*If different*)

1.3 Full Address of Firm

Post Code

1.4 Main Contact

1.5 Tel Number

Fax Number

1.6 Year Established

VAT Number

1.7 In the last three years have you been taken over, merged with, acquired or disposed of any clients or significant business activities, or are any currently under consideration?

Yes

No

If Yes, please provide full details

1.8 Do you currently administer a fee protection scheme?

Yes

No

Existing Scheme - Name of insurers:

18.1 Is it a compulsory or optional scheme?

1.8.2 If optional, how many clients currently purchase cover?

Business

Private

1.9 Have you ever been refused this type of cover by any insurer?

Yes

No

If Yes, please provide details

1.9.1 Excess / Co-insurance

Whilst most schemes have no excess, for a premium reduction you may wish to consider either of the above. Please indicate amounts below:

Excess

£

Co-insurance

%

1.9.2 Aspect Enquiries. Most enquiries are now Aspect Enquiries and including this coverage is recommended.

Do you want cover for Aspect Enquiries as well as full investigations?

Yes

No

2. YOUR BUSINESS ANALYSED

2.1 Business Client Numbers

Sole Traders

Partnerships

Limited Companies

Charities/Trusts

2.2 Total Number of business clients with Turnover less than £2M

2.3 Total Number of business clients with turnover in excess of £2M

2.4 Private Client Numbers

Income below £250,000

Income above £250,000

2.5 Please estimate the percentage of business clients who are predominately cash traders (i.e. retailers including market traders, pubs, restaurants & fast food takeaways, taxi firms etc)

2.6 Total annual income of the accountancy practice

2.7 Your practice maximum charge out rates. These will be used for the duration of your claims work from claims reported in the policy period.

Partner per hour

Manager per hour

Clerical per hour

2.8 Does the Firm employ taxation specialist at rates in excess of above?

Yes

No

If Yes, please provide details of firm(s):

Charge out rate(s):

Please note that charge out rates in excess of your rates may increase the premium. If you are happy to utilise our nominated experts, a discount may be considered.

2.7 Does the Practice provide or have a facility to provide Employment and Health & Safety Advice to its clients?

Yes No

If Yes, do you wish to find out about the Vision Employment Products?

Yes please send me more details No

If No, would you like to consider offering this service to your clients?

Yes please send me more details No

3. CLAIMS / DISPUTES HISTORY

Please show number of disputes / investigations which have commenced in the last two years including those still not completed.

Please exclude claims that would not be covered under the policy such as investigations that were underway when you took on a new client and those cases that fall within Special Compliance Office & VAT Section 60 / 61 (normally involve tax avoidance / fraudulent evasion)

3.1.1 Part A – All claims within £2,500 (completed or anticipated) Excluding VAT

Dispute Type	No. Completed	Ave Cost	No. O/s	Est Ave Cost	Total no. cases
I.R. Aspect Enquiry	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
I.R. Full Enquiry	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
P A Y E Investigation	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
D S S Investigation	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
V A T Disputes/Appeals	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

3.1.2 Part B – All claims where fees are likely to exceed £2,500 (completed or anticipated) Excluding VAT (If necessary, continue on headed notepaper)

Dispute Date	Brief Details	Date Completed	Est Ave Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. THE NEXT STEPS

- Make sure you have fully completed ALL questions.
- Please sign & date any supplementary sheets
- Please take a copy for your reference and send the completed form to your insurance broker.



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