

Proposal for the Temple Tax Advantage Scheme

Professional Fees Insurance for Clients.

Please complete this form to obtain a quotation for cover. Completion will not commit you to go ahead with this scheme.

Practice Name: _____ **Date Established:** _____
Address: _____ **Telephone No:** _____ **Fax No:** _____ **Facsimile No:** _____
Total Number of Offices: _____ **Number of Offices to be included in this scheme:** _____
 If you do not require cover for all offices, please provide a full explanation:
Number of Partners: _____ **Number of Staff:** _____
Contact Name for this Scheme Proposal: _____ **Contact Position:** _____ **Contact e-mail:** _____

1. Client Profile (this must include all your clients, whether they are to be insured or not)

- a) Cash Traders % _____ Others % _____
 b) Total Annual Fee Income for the Practice: £ _____
 c) Does your firm specialise in any particular trade, group, industry or occupation? If you do, please provide brief details overleaf.
 d) Please also provide details of numbers of clients in the Restaurant, Take-Away, and Motor Trade or similar.
 If yes, please provide details on a separate note.
 e) Please provide a summary if the profile has changed in any way during the last 3 years:
 f) Is it anticipated to change during the next 12 months:

2. Do you currently have a tax scheme, if so please provide the following information

Provider: _____ **Limit:** _____ **Excess:** _____ **Private Client Premium:** _____ **Business Client Premium:** _____ **Expiry Date:** _____

- a) Please attach a copy of your up to date claims history provided by your current provider:
 b) Is the scheme compulsory or optional?

Choosing Your Clients' Cover

The standard premium quotations provided by Temple will be for **Full Enquiries, Employer PAYE Disputes** and **VAT Disputes**.

If you require quotes for Aspect Enquiries, IR35 Disputes or Employment Disputes please tick below indicating the additional cover you are interested in.

Aspect Enquiries: _____ **IR35 Disputes:** _____ **Employment Disputes:** _____

2) Client Splits with Enquiry and Dispute Details

Please complete this table with approximate figures for enquiries and disputes for the last two years. Column 5 and 6 should only be completed if you require quotations for these sections of cover.

	1		2		3		4		5		6	
	Total No of Current Clients		Full Enquires		Employer PAYE Disputes		VAT Disputes		Aspect Enquiries		IR35 Disputes	
	No		No	Average Cost	No	Average Cost	No	Average Cost	No	Average Cost	No	Average Cost
Private Individuals			£		£		£		£			£
Sole Traders			£		£		£		£			£
Partnerships			£		£		£		£			£
Limited Companies			£		£		£		£			£
Public Limited Companies			£		£		£		£			£

In respect of the information provided above please provide a separate analysis of any enquiries or disputes during the last two years where the fees incurred have or would have exceeded £2,000. Special Compliance Office enquiries should not be included in the above table but you must provide full details of any such enquiries or investigations which have occurred in the last three years

Please provide details overleaf of any clients or groups with an annual turnover, which exceeds or may exceed £5m. If many clients are above this £5m t/o figure then please give approximate numbers in £5m bands on a separate note

4. Do you require your firm to do all the work that may be required in the event of a claim?

If YES, please provide details of your hourly charge out rates for any work that you may do in connection with this insurance:

Partner: £ Manager: £ Clerical: £

(If required, Insurers can make arrangements for specialist Tax and VAT Consultants to do the work under this insurance for you or they can assist you)

I / we declare that the statements and particulars contained in this proposal are true and that I / we have not suppressed or misstated any material facts. I / we agree that this proposal form together with any other information supplied by me / us shall form the basis of any contract effected thereon. I / we undertake to inform Insurers of any material alteration to these facts occurring before the completion of the contract or at any time thereafter. I / we declare that we are not aware of any circumstances which may give rise to a claim under this insurance.

Proposers Signature:

Print Name:

Date:

The completion of this proposal does not commit your firm or the Insurer to affect this insurance.