

Practice name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

No. Partners \_\_\_\_\_ Tel \_\_\_\_\_

Contact \_\_\_\_\_ Fax \_\_\_\_\_

Position \_\_\_\_\_ Email \_\_\_\_\_

Number of offices \_\_\_\_\_ Does the practice have any particular specialism? \_\_\_\_\_

### 1. Please provide an approximate breakdown of the client numbers in the following categories:

Limited Companies \_\_\_\_\_

Partnerships \_\_\_\_\_

Sole traders \_\_\_\_\_

Directors/Partners \_\_\_\_\_

Other personal tax \_\_\_\_\_

Total \_\_\_\_\_

### 2. Are you regulated for general insurance?

Category A19 FSA Authorised \_\_\_\_\_

DPB Licensed \_\_\_\_\_

If so, do you have professional indemnity insurance of at least €1,120,200 per claim and €1,680,300 in the aggregate?

Yes \_\_\_\_\_

No \_\_\_\_\_

### 3. Charge out rates

Please provide current hourly charge out rates for all staff who would be dealing with the investigations and disputes. *[Please note that these will be fixed for the period of insurance]*

Partner £ \_\_\_\_\_ Manager £ \_\_\_\_\_ Tax Senior £ \_\_\_\_\_ Audit Senior £ \_\_\_\_\_ Other £ \_\_\_\_\_

### 4. Do you currently have a Professional Expenses Insurance Scheme? (please circle)

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what is your renewal date? \_\_\_\_\_

### 5. Do you require a quote for (please tick)

All Client Scheme \_\_\_\_\_ Client Decide Scheme \_\_\_\_\_ Both \_\_\_\_\_



**6. Please provide a summary of the following Enquiries and Disputes which started in the past three years:**

	Year One (last 12 months)	Year Two	Year Three
<b>(a) Self Assessment Full Enquiries</b>			
Total number	_____	_____	_____
Total cost	_____	_____	_____
<b>(b) HM Revenue &amp; Customs VAT Disputes</b>			
Total number	_____	_____	_____
Total cost	_____	_____	_____
<b>(c) Employer Compliance Disputes (PAYE, NIC, IR35 and P11D)</b>			
Total number	_____	_____	_____
Total cost	_____	_____	_____
<b>(d) Optional cover</b>			
<b>(i) Income Tax Self Assessment Aspect Enquiries</b>			
Required excess	_____	Required Limit of Indemnity	_____
Total number exceeding required excess	_____	_____	_____
Total cost including excess figure	_____	_____	_____
<b>(ii) Corporation Tax Self Assessment Aspect Enquiries</b>			
Required excess	_____	Required Limit of Indemnity	_____
Total number exceeding required excess	_____	_____	_____
Total cost including excess figure	_____	_____	_____
<b>e) Optional Cover</b>			
<b>i) Schedule 36 Pre Dispute</b> - Please give details of Tax/VAT Real Time Record Reviews and routine Employer Compliance & VAT visits.			
Total number	_____	_____	_____
Average cost per case	_____	_____	_____

- Please do not include costs in respect of clients who have joined the practice with ongoing Enquiries/Disputes
- Please include the full costs of the cases prior to any discount or waiver; where the Enquiries/Disputes are not yet settled please include an estimate in respect of the likely fees to conclusion
- Please allocate all costs to the year the Enquiry/Dispute commenced
- Please do not include costs related to Specialist Investigations
- Please provide a brief report of any cases which are unusual or exceptional

I acknowledge that the information included in this document forms part of my insurance proposal and that to the best of my knowledge the information contained is correct.

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

The information contained within this document will be treated in the strictest confidence and will not be divulged to any other party.



**the right people, the right protection**



**Abbey Tax Protection**

One Mitchell Court, Castle Mound Way, Rugby CV23 0UY

Tel: 0845 223 2727 Fax: 0845 223 2728 e-mail: sales@abbeytax.co.uk

**www.abbeytax.co.uk**

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