

## Solicitors Professional Indemnity Insurance 2013/2014 Proposal Form

### Instructions

- Please provide a full answer to every question.
- The Compliance Officer for Legal Practice (COLP) and Compliance Officer for Finance & Administration (COFA) must both sign and date this form and any separate sheets on behalf of the firm having consulted to ensure that the answers given are true and complete.
- Please include with this form a sheet of your current **HEADED NOTEPAPER**, which can also be used to supplement areas where you may have insufficient space to answer a question
- Before any question is answered, read carefully the declaration 'Disclosure of material facts' on page 13 which you are required to sign.

### SECTION 1 (YOUR DETAILS)

Practice name and all other names under which you practice and any other entities for which you are seeking cover including Trustee and/or Nominee companies and/or incorporated principals

Firm Name:		Main Office SRA No:	
Main Office Address:		Telephone No:	
		Fax No:	
		Primary Contact:	
		Email Address:	
		Practice Website:	
		Date First Established:	

Is your practice an LLP or a Company registered with Companies House?  Yes  No

Do you have any other offices, other than the main office listed above, for which you are seeking cover?  Yes  No

If **yes** please fill in the table below and use a separate sheet if necessary

Address	Postcode	Is there a resident principal? If no, please provide details as to how the office is supervised	Number of fee earners in the office	Percentage of fees in the last financial year billed by this office.
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Has the firm opened any new offices since 1 October 2012 and/or does the firm plan to open any new offices in the next 15 months?  Yes  No

If **yes** please list on a separate sheet of headed notepaper the location of the office, the work to be carried out from the office, how the office will be supervised and by whom. Please provide the office supervisors CV

Please complete the table below for all prior practices to which this practice has become a successor practice in the last 15 years and any names that the practice has previously traded as

Name of Practice	Date established	Date of succession	SRA Number	Was run-off cover purchased for the prior practice?		Number of fee earners joined from the practice?
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Is the practice planning any mergers with another practice in the next 12 months? If **yes** please provide full details.  Yes  No

## SECTION 2 (ALTERNATIVE BUSINESS STRUCTURES)

- a) Has the practice been approved as an Alternative Business Structure? If **yes** please forward a copy of your license and an overview of the changes  Yes  No
- b) Does the practice have an intention to convert to an Alternative Business Structure in the next 12 months? (If **no**, move onto next set of questions. If **yes**, please answer the following)  Yes  No
- c) Has the practice registered its intent to convert with the Solicitors Regulatory Authority?  Yes  No
- d) Is the practice intending to have outside investors?  Yes  No
- e) Does any outside individual or company have a financial or business interest in your firm?  Yes  No
- f) Is the practice intending to become a Multi-Disciplinary Practice? If **yes** please confirm the additional services which are being considered.  Yes  No

Please give an overview of the changes which will happen to the current practice if it is approved as an Alternative Business Structure.

**Legal Disciplinary Practices/Alternative Business Structures** - Please provide all information requested for every Principal who is **not** a solicitor. If necessary, please use additional sheet at the end of the proposal

Title	Full Name	Date of Birth	Role (HR/IT/Finance Director, Barrister, Legal Executive, licensed conveyancer etc.)	Fee Earner (Yes or No)	Full/Part Time	Regulatory Body/Qualifications



## SECTION 4 (DISCIPLINARY AND REGULATION)

In the last ten years has any Partner, Principal, Member, Director, Consultant, or Employee of the firm or any prior practice:

- a) ever had a Practising Certificate refused, withdrawn or suspended or been granted a Conditional Practising Certificate?  Yes  No
- b) ever been reprimanded, fined or otherwise sanctioned by the Solicitors Disciplinary Tribunal?  Yes  No
- c) had an award for inadequate professional service made against him or her by the Legal Ombudsman or by the former LCS, CCS or OSS or entered into any regulatory settlement agreement with the SRA?  Yes  No
- d) practised in a firm that has been subject to an investigation, intervention by any regulatory department of The Law Society or SRA?  Yes  No
- e) been brought before the SDT, and/or been the subject of a notification to the Legal Ombudsman or the former LCS, CCS or OSS, having been charged with a serious arrestable offence?  Yes  No
- f) been investigated or interviewed by any regulatory body other than the Law Society or SRA (e.g. FSA, Council of Licensed Conveyancers, ILEX)?  Yes  No
- g) been (or is currently) the subject of an Individual Voluntary Arrangement (IVA) or other arrangement?  Yes  No
- h) acted as an intervening agent appointed by the Law Society or SRA?  Yes  No
- i) taken over an intervened firm?  Yes  No
- j) ever been investigated, charged, tried or convicted for any criminal offence involving fraud or dishonesty or had a civil judgement made against them?  Yes  No
- k) been the subject of any visit or enquiry from the Forensic Investigation Unit or SRA in the past three years or has notice of any proposed visit or enquiry been given?  Yes  No
- l) been the subject of a monitoring visit from the SRA in the last three years or has any notice of a visit been given?  Yes  No
- m) failed to meet any insurance premium, run-off premium or excess contribution in full or in part when requested including any instalments due to premium finance companies in respect of such payments?  Yes  No
- n) ever been in the Assigned Risk Pool? If yes please explain on a separate sheet  Yes  No

If yes, please provide full details on a separate sheet and include a copy of all reports and relevant correspondence issued by the SRA, Legal Ombudsman, the former LCS, CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/ or any regulatory body.

## SECTION 5 (PRACTICE FEES)

Please complete table below:

	Date of financial year end <input type="text"/>			
	Estimated current year	Last accounting year	Annual accounting period before last	Annual accounting period but two
a) In the UK (for UK clients)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
b) In the UK (for US/CAN clients) *	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
c) In the UK (for all other overseas clients) *	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
d) European offices †	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
e) US/CAN offices †	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
f) All other overseas offices †	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Total fee income</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

\* If you have declared that any of your fee income comes from overseas clients in questions (b) and/or (c) then please provide details of the client, the country in which they are domiciled and the type of work undertaken on a separate sheet of headed notepaper.

† If you have declared that any of your fee income comes from overseas clients in questions (d), (e) and/or (f) then please provide details of where the office is based and the type of work undertaken on a separate sheet of headed note paper.

If any fees or advice relate to clients outside of the UK please provide full details on a separate sheet of headed note paper of the clients, the country in which they are domiciled, the work undertaken for them and whether the work involves advice based on UK, US, Canadian or other law.

g) Please state largest Gross Fee for the last 3 years

h) Please state average Gross Fees for the last 12 months

i) Please state average Gross Fees for the last 5 years

j) Does any one client, group of clients or any referral source continuously generate 20% or more of your annual fees? If **yes** please provide full details of the nature of your client's business, the work undertaken and the gross fees billed to each client on a separate sheet  Yes  No

k) Has your Practice or any Prior Practice ever:

i. Provided management services or investment advice to any entertainment clients, sporting professionals or high net worth individuals?  Yes  No

iii. Does the firm give any foreign legal advice?  Yes  No

(If **yes** to any of the below questions, please provide details on a separate sheet)

## SECTION 6 (AREAS OF PRACTICE)

Please provide the percentage of gross fees, **rounded to the nearest whole percent**, allocated to each area of practice for the past financial year or, if a new practice, estimated percentages for the coming year.

	2010/11 (%)	2011/12 (%)	2012/13 (%)
1 Administering oaths, taking affidavits and notary public	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Agency advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Acting as an arbitrator, adjudicator or mediator	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Children, mental health tribunal and welfare	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 Commercial litigation	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Commercial/corporate work (excluding work related to public companies) <b>(please complete commercial section below)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 Commercial/corporate work for public companies <b>(please complete commercial section below)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Conveyancing - commercial <b>(please complete conveyancing section below)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 Conveyancing - residential <b>(please complete conveyancing section below)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
a. What percentage is re-mortgage work?	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 Criminal law	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Debt collection	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 Defendant litigious work for insurers, including defendant personal injury work	<input type="text"/>	<input type="text"/>	<input type="text"/>
13 Employment - contentious	<input type="text"/>	<input type="text"/>	<input type="text"/>
14 Employment - non-contentious	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Financial advice and services regulated by the Solicitors Regulation Authority <b>(please complete FCA questionnaire)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Financial advice and services where your practice has opted into regulation by the FCA <b>(please complete FCA questionnaire)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17 Immigration	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 Intellectual property including patent, trademark and copyright <b>(please provide details below)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19 Landlord and tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>
20 Lecturing and related activities and expert witness work	<input type="text"/>	<input type="text"/>	<input type="text"/>

21	Litigious work other than given in any other category (please provide details below)			
22	Matrimonial/Family			
23	Non-litigious work other than given in any other category (please provide details below)			
24	Offices and appointments			
25	Parliamentary agency			
26	Personal injury (claimant)			
27	Probate and estate administration			
28	Property management, valuations and real estate agency			
29	Town and country planning			
30	Wills, trusts and tax planning			
<b>TOTAL MUST EQUAL 100%:</b>				

a) Details of litigious work other (see 21 above)

b) Details of non-litigious work other (see 23 above)

c) Details of intellectual property work (see 18 above)

d) Any other details of your practice that you consider to be relevant (e.g. specific client base, specialist, or niche field)

e) Has your practice, or any prior practice, ever accepted instructions for any class actions or other group litigation? If **yes** please provide full details:

## SECTION 7 (COMMERCIAL WORK)

a) Please provide gross fee income for the last accounting period from:

Area	Gross fees non-public companies	Gross fees public companies
i. Company Disposals		
ii. Mergers and Acquisitions		
iii. Debt Issuance/Securitisation		
iv. Project Financing		
v. Pension Schemes		
vi. Tax & Insolvency		
vii. Regulation/Compliance		
viii. Insurance Brokers, Companies, Underwriting Agencies (other than claims handling)		

- ix. Repurchase of Share
- x. Repurchase of Debt
- xi. Issue of New Shares/Share Rights
- xii. Other (please specify)

b) In respect of **commercial work**, please list the five largest matters over the last three years and fees earned in each case

Area of Work	Public or Non-Public company. Please state	Contract Value	Fees Earned	Year Completed
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**SECTION 8 (CONVEYANCING WORK)**

a) In the last three years, has your practice undertaken any residential and/or commercial conveyancing? If **no** please go to next section  Yes  No

b) Has the firm ever been removed from a lender's panel for any reason relating to your professional work? If **yes** please provide details:  Yes  No

c) Name the person(s) responsible for the supervision of the conveyancing department(s) and their position:

This questionnaire must be completed if at any time in the last three financial years gross fees for your firm have been derived from any conveyancing work including remortgages (residential and/or commercial). Continue any explanations on a separate sheet where necessary. We appreciate not all information will be readily available. Please complete the form to the best of your knowledge.

d) Please state the number of fee earners in your firm who undertake or have undertaken conveyancing work.

	Prior completed year (2010)	Prior completed year (2011)	Last completed year (2012)
i. Solicitors	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
ii. Other qualified fee earners	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
iii. Non-qualified fee earners *	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>

\* Please provide separate details of their supervision

e) Please fill in the below table in relation to **Residential & Commercial Conveyancing**:

	Residential Conveyancing			Commercial Conveyancing		
	Prior completed year (2010)	Prior completed year (2011)	Last completed year (2012)	Prior completed year (2010)	Prior completed year (2011)	Last completed year (2012)
i. Gross Fees	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
ii. Number of Transactions	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
iii. Percentage of Transactions relating to re-mortgage work	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
iv. Highest Loan Value	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
v. Highest Capital Value	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
vi. Average Typical Value	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>

f) Over the last 3 years how many completed sales and purchase transactions fall into the following categories:

	Residential Conveyancing			Commercial Conveyancing		
	Prior completed year (2010)	Prior completed year (2011)	Last completed year (2012)	Prior completed year (2010)	Prior completed year (2011)	Last completed year (2012)
i. property - mortgaged	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. property - non mortgaged	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. Total number of back to back transactions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv. Total number of buy to let transactions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
v. Percentage of total conveyancing work from house builders/property developers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
vi. Percentage of total conveyancing work from new build developers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

g) Please provide the percentage of matters where you have accepted instructions from or work introduced by:

	Prior completed year (2010)	Prior completed year (2011)	Last completed year (2012)
i. Irish Lenders	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. Prime Lenders	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. Secondary / sub prime lenders	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv. Intermediaries/brokers/packagers (secured lending which could be prime or sub prime with the instruction coming from a broker or intermediary)	<input type="text"/>	<input type="text"/>	<input type="text"/>
v. Investment/property clubs	<input type="text"/>	<input type="text"/>	<input type="text"/>
vi. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

h) Over the last 6 years have you ever acted for multiple (more than 5) purchasers in the same development or in the same building? If **yes**  Yes  No please provide full details

i) In any of the last three years have more than 10% of your conveyancing instructions originated from any development or from any one client or referrer, e.g. a mortgage broker, developer, financial advisor, estate agent? If **yes** please provide full details  Yes  No

j) Estimate what percentage of all your conveyancing instructions in each of the last three complete financial years relates to the purchase of buy-to-let properties?

Prior completed year (2010)  Prior completed year (2011)  Last completed year (2012)

k) How do you comply with lender requirements on verification of identity?

l) If you do not meet a client prior to a transaction how do you establish identity?

m) Does your firm comply with the Law Society Practice Note on Mortgage Fraud (dated 15<sup>th</sup> April 2009)?  Yes  No

n) In circumstances where a Principal, close family member or friend is the party to the conveyancing transaction; does another Principal sign reports and/or certificates of address to lenders?  Yes  No



o) On approximately how many occasions in the last 24 months have you received requests for conveyancing files from lenders? Please provide full details including the name(s) of the lender(s) and provide confirmation that they have been reported to insurers.

p) How do you ensure you establish the net price paid for a property when acting on behalf of the purchaser? i.e. incentives etc.

q) Does a partner directly supervise all residential conveyancing transactions undertaken by the firm and conduct file audits on residential conveyancing files including partner to partner? If **no** please provide details  Yes  No

r) Does anyone other than a Principal sign reports and/or certificates of title addressed to lenders or their representatives? If **yes** please provide full details including the name(s) of the lender(s) and how this is monitored in the practice  Yes  No

s) Has the practice or any prior practice ever:

- |   |                              |                             | Number                                     |
|---|------------------------------|-----------------------------|--|
| i. undertaken residential or commercial surveys/valuations for lending purposes?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input style="width: 100px;" type="text"/> |
| ii. advised on Equity Release Plans?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input style="width: 100px;" type="text"/> |
| iii. Does the practice plan to do any of the above in the next 12 months? If <b>yes</b> please provide full details | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

t) Is your practice accredited with the Law Society Conveyancing Quality Scheme?  Yes  No

u) In the last 15 years has year your firm or any practice received referrals from a broker or marketing professional in relation to "right to buy" purchases?  Yes  No

If yes, please estimate the number of referrals.

v) In the last 12 months have any clients for whom you conducted a "right to buy" purchase:

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| i.  | Requested their file?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. | Made or intimated a compliant or claim against your practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **yes** please provide full details

w) Have any file requests resulted in a claim/notification being made to Insurers? If **yes** please provide full details below  Yes  No

## SECTION 9 (PERSONAL INJURY WORK)

a) Please state the percentage of Personal Injury Work:

i Claimant  ii Defendant

b) Please state the percentage of gross fee income relating to the following areas of practice:

i. Clinical negligence  ii. Occupational disease   
 iii. All other personal injury (e.g. RTA, employers'/public liability etc.)  iv. Class Actions or Group Litigations

c) Please provide a percentage breakdown of the gross fees billed in respect of the following claimant Personal Injury work undertaken by the practice

i. Multi-Track  ii. No Win No Fee Claims  iii. Small Claims   
 iv. Fast Track  v. All other claims  (Please provide full details on a separate sheet)

d) Please state the number of fee earners in your practice who undertake or have undertaken personal injury work.

	Prior completed year (2010)	Prior completed year (2011)	Last completed year (2012)
i. Solicitors	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. Other qualified fee earners	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. Non-qualified fee earners	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) How many open claimant personal injury cases does your practice currently have?	<input type="text"/>		
f) Please specify the highest settlement on behalf of a claimant in the past 6 years	<input type="text"/>		
g) Please specify the highest settlement on behalf of a claimant in the last 12 months	<input type="text"/>		
h) What is the average settlement received on behalf of the claimant in the past 3 years?	<input type="text"/>		
i) What is the average settlement received on behalf of the claimant in the last 12 months?	<input type="text"/>		
j) How many personal injury cases does your practice currently have where you expect the settlement to exceed £50,000?	<input type="text"/>		
k) How many personal injury cases does your practice currently have where you expect the settlement to exceed £250,000?	<input type="text"/>		
l) Does the practice operate and/or offer Conditional Fee Arrangements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

	Prior completed year (2010)	Prior completed year (2011)	Last completed year (2012)
i. What percentage of gross fees billed is attributable to Conditional Fee Arrangements?	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. How many arrangements did you start?	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. How many arrangements did you complete?	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv. What percentage of such arrangements do you win?	<input type="text"/>	<input type="text"/>	<input type="text"/>
v. What is your average fee?	<input type="text"/>	<input type="text"/>	<input type="text"/>

n) Does one or more partner(s) agree to each CFA before it is offered to the client?  Yes  No  
 o) Do you use a standard written assessment procedure before accepting such arrangements?  Yes  No  
 p) Have any such arrangements been found to be unenforceable?  Yes  No

If **yes** please provide full details

q) What percentage of your current cases has ATE insurance?

r) Please provide the names of all ATE insurance providers you deal with or have dealt with within the last two years

s) Please name any ATE insurance providers that you place more than 20% of your business with and specify the percentage in each case.

t) Have your files been audited or has an audit been proposed by any underwriters or funders? If **yes** please provide details below, including copies of any correspondence relating to any audit or proposed audit

Yes

No

u) Do you receive, or have you received, any time in the last three years, any commission, fees or other financial incentive from any insurer, referral agent or cover holder? If **yes** please provide details below

Yes

No

Please provide a copy of any standard letter that you have advising about the choice of ATE insurer and any commissions, financial incentives or similar that you receive.

v) Do you use any particular provider for expert reports in more than 20% of your cases? If **yes** please provide details below, including identity of provider, percentage of cases and background to the level in instructions

Yes

No

w) Does the practice vet personal injury cases for a third party? If **yes** please provide full details below

Yes

No

x) Have you or do you undertake work or accept any referrals from Claims Management Companies or referral networks?

Yes

No

If **yes** please provide the names of the companies/networks used

y) Has the practice reviewed all Vibration White Finger, Bronchitis and Emphysema or other Industrial disease scheme cases and complied with scheme deadlines for logging claims? If **no** please provide details on a separate sheet

Yes

No

## SECTION 11 (CURRENT COVERAGE)

- a) Has any Qualifying Insurer refused to offer your practice or any prior practice terms for professional indemnity insurance? If **yes** please explain on a separate sheet  Yes  No

CURRENT INSURER	BROKER	PREMIUM	LIMIT	EXCESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Limit of Indemnity (any one claim)

Option 1  Option 2  Option 3

### Excess (each and every claim)

Option 1  Option 2  Option 3

Do you require an Aggregate Excess?  Yes  No

The minimum cover required is £2 million for a partnership or £3 million for LLP's and companies registered at Companies House.

## SECTION 12 (CLAIMS & CIRCUMSTANCES)

- a) Has your **practice** or any **prior practice**, reported any circumstances or claims to the Assigned Risks Pool or to Qualifying Insurers in the:

Insurance Year 2007/2008	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2008/2009	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2009/2010	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2010/2011	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2011/2012	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2012/2013	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide up to date claim summaries (from Qualifying Insurers or the Assigned Risks Pool) for ALL years from 01/10/2007 by your practice and any practice to which you are a successor practice, irrespective if there has been claims/circumstances or not.

- b) Have any circumstances or claims reported by your practice or any prior practice in the past five years arisen as a result of the dishonesty of any principal, member or employee of the practice? If **yes** please explain on a separate sheet  Yes  No
- c) After making full enquiry of all principals, members and employees in your practice, are you aware of any circumstances or claims that you have **not** reported to your current or any prior insurers? If **yes** please explain on a separate sheet  Yes  No

Please note that you have an obligation under your current professional indemnity policy to notify these matters to your current insurer and we shall ask you to confirm that you have done so before cover can be put in place.

- d) Have any notifications been declined by Insurers? If **yes** please provide details on a separate sheet  Yes  No

## SECTION 13 (OTHER MATERIAL INFORMATION)

- a) Has there been any significant change in your practice in the last year or do you expect any significant change in the coming year? If **yes** please explain on a separate sheet i.e. retiring partners, ceasing practice, etc.  Yes  No
- b) Is the practice planning any succession or merger with another practice within the next 12 months? If **yes** please provide full details.  Yes  No

- c) Do you intend to diversify your work split (as declared in the Areas of Practice section), legal entity or location in the next 12 months?  Yes  No  
 If **yes** please provide full details.

All material information must be disclosed as part of the proposal and before insurance commences. Material information includes any fact which we may reasonably wish to know in relation to our assessment of the risk, the exposure and in calculation of any appropriate premium. You must disclose all such information whether or not a specific question has been included in this application form

- d) Is there any other material information that may be relevant to this application? If **yes** please explain on a separate sheet  Yes  No

## SECTION 14 (DECLARATION)

**DISCLOSURE OF MATERIAL FACTS** - Every proposer or insured, when seeking new insurance, amending or renewing an existing policy must disclose any information which might influence the insurer in deciding whether or not to accept the risk, what the terms of the policy should be or what premium to charge. If you fail to disclose all material facts, this may render the insurance voidable from inception (the start of the contract) and enable the insurer to repudiate liability (entitle the insurer not to pay your claims). If you are not sure whether a fact is material, you should disclose it.

- By ticking here, we declare that all statements and particulars are true, full enquiry having been made, and we have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this insurance proposal and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been concluded and throughout the duration of the contact of insurance. We understand that the information we provide will be used by the Insurer in determining acceptance of the application together with the premium charged for the risk and the terms of any policy provided.
- By ticking here, we understand that if the practice acquires, merges with or absorbs another practice during the period of insurance, the Insurer will require similar information in relation to that practice and may charge an additional premium.
- By ticking here, we agree that a credit check may be undertaken against the Firm and the Partners.

**E.U. Disclosure Clause (UK)**

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law. Any enquiry or complaint should be addressed in the first instance to your Broker or Insurer. If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyds to review your case without prejudice to your rights in law.

The address is:  
 Complaints and Advisory Department Lloyd's  
 One Lime Street  
 London  
 EC3M 7HA  
 Telephone: 020 7327 1000

**Data Protection**

Any personal information you provide may be passed to Paragon International Insurance Brokers Ltd and your Insurer(s) in relation to your application for Professional Indemnity Insurance Cover. It may be used by such Broker's or Insurers' relevant staff in making a decision concerning your insurance application and for the purpose of servicing any cover which may be arranged and administering claims. Information may be passed to loss adjusters and reinsurers for these purposes. In the signing of this Proposal form or otherwise seeking insurance through us you are agreeing to the above terms.

Print Name:	<input style="width: 95%;" type="text"/>	Print Name:	<input style="width: 95%;" type="text"/>
Signature of COLP:	<input style="width: 95%;" type="text"/>	Signature of COFA:	<input style="width: 95%;" type="text"/>
Date:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%;" type="text"/>

**Both the COLP & COFA must sign the proposal form**  
**It is very important to read and understand the contract you will be entering into when purchasing insurance.**  
**Completion of this proposal form/questionnaire does not imply that insurance cover will be offered by insurers.**

## DOCUMENT CHECKLIST

Before sending please ensure that you have included the following documents:

- This form; fully completed, signed and dated.
- Additional information where necessary
- Qualifying Insurer claims prints from all qualified insurers or the assigned risk pool, irrespective of whether any claims or circumstances have been reported by your practice and any practice to which you are successor practice since the insurance year 2007.
- A copy of all reports issued by the SRA, legal ombudsman, the forms LCS, CCS or OSS, forensic investigation unit, disciplinary tribunal and/or regulatory body where applicable.
- A sheet of your firm's current **HEADED NOTEPAPER**, crossed 'FOR PARAGON INTERNATIONAL INSURANCE BROKERS LTD'
- A copy of management accounts

## CONTACT DETAILS FOR THE SOLICITORS TEAM

Please return the completed proposal form to. **A copy of this form should be retained for your records:**

Should you require any assistance when completing this form or you simply wish to discuss your requirements then please do not hesitate to contact:

### The Solicitors Team

**Paragon International Insurance Brokers Ltd**  
140 Leadenhall Street  
London  
EC3V 4QT

**Telephone:** 0207 280 8200  
**Facsimile:** 020 7280 8270  
**Website:** [www.paragonbrokers.com/solicitors](http://www.paragonbrokers.com/solicitors)  
**Email:** [solicitors@paragonbrokers.com](mailto:solicitors@paragonbrokers.com)

Janine Parker  
Head of UK Professions  
Direct No: 020 7280 8207  
Email: [jparker@paragonbrokers.com](mailto:jparker@paragonbrokers.com)

James Noon  
Vice President  
Direct No: 020 7280 8242  
Email: [jnoon@paragonbrokers.com](mailto:jnoon@paragonbrokers.com)

Piers Winton  
Vice President  
Direct No: 020 7280 8224  
Email: [piers@paragonbrokers.com](mailto:piers@paragonbrokers.com)

Michael Munns  
Assistant Vice President  
Direct No: 020 7280 8211  
Email: [mmunns@paragonbrokers.com](mailto:mmunns@paragonbrokers.com)

Adam Cossins  
Assistant Vice President  
Direct No: 020 7280 8259  
Email: [acossins@paragonbrokers.com](mailto:acossins@paragonbrokers.com)

