



Solicitors Professional Indemnity Insurance 2020 Proposal Form

Instructions

- Please provide a full answer to every question.
- Two Principals must sign and date this form and any additional 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.
- If there is insufficient space in any of the boxes please use the Additional Information space at the back or continue on a separate document.
- Before any question is answered, read carefully the 'Declaration', including 'Duty of Fair Presentation', 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 and/or Prior Practices.

Firm Name:	<input type="text"/>	Main Office SRA No:	<input type="text"/>
Main Office Address:	<input type="text"/>		
Telephone No:	<input type="text"/>	Fax No:	<input type="text"/>
		Practice Website:	<input type="text"/>
Date First Est:	<input type="text"/>	Primary Contact:	<input type="text"/>
		Email Address:	<input type="text"/>

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="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

Has the firm opened any new offices since 1 October 2019 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

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 Section 3. 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 that 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 form.

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 3 (SOLICITORS DETAILS)

	2017	2018	2019	2020
a) Principals/Partner/Member/Director (including salaried)				
b) Solicitors & Assistant Solicitors				
c) Consultants				
d) Other fee earning staff (including trainee solicitors)				
e) All other Staff (including secretarial; excluding domestic and catering staff)				
f) Total Number of Staff:				

Provide all information requested for every Principal, Solicitor, Assistant and Consultant who will be employed by your practice as at the inception date of the policy. If anyone listed is a Registered Foreign Lawyer or Registered European Lawyer, please note RFL or REL alongside solicitor's status. If you are a practice established in the last 24 months, please enclose Curriculum Vitae for every Principal in your practice, your Business Plan and Cash Flow Statement. If necessary, please use additional sheet at the end of the proposal.

Title	Full Name	Date of Birth	Solicitors Status (Principal/Assistant/Member etc.)	Office Location	Date Joined Practice	Full/Part Time	Year & Country of Qualification	Roll Number

g) What is your staff turnover (%)?

h) Are any Principals or other Fee Earners **also** Principals, Fee Earners or Employees of **other** Law Practices or any other business? If 'Yes', please provide full details provide details on separate sheet if necessary ☐ Yes ☐ No

i) Do any Principals or other Fee Earners regularly work from home, client's offices or other locations? If 'Yes', please provide details ☐ Yes ☐ No

j) Is the business that of a solicitors firm only? If 'No', please provide full details ☐ Yes ☐ No

SECTION 4 (DISCIPLINARY AND REGULATION)

In the last ten years has any Principal, Partner, 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. FCA, 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 provide a copy of your latest full accounts

	Previous financial year 2 (£)	Previous financial year 1 (£)	Last completed financial year (£)	Estimated current financial year (£)
a) In the UK (for UK clients)				
b) In the UK (for USA/CANADA clients) *				
c) In the UK (for all other overseas clients) *				
d) European offices †				
e) USA/CANADA offices †				
f) All other overseas offices †				
Total fee income				

* 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.

† If you have declared that any of your fee income comes from overseas offices 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.

g) Please state largest single fee for the last 3 years

h) Please state average fee for the last 12 months

i) Does any one client, group of clients or any referral source 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

j) 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

ii. given any foreign legal advice? ☐ Yes ☐ No

k) (If 'Yes', to any of the below questions, please provide details on a separate sheet)

SECTION 6 (FINANCIAL MANAGEMENT)

a) Who is responsible for (please state their Name & Position):

- the financial management of the practice?
- compliance with the SRA Accounts Rule(s)?

b) Are duties segregated so that no one individual can open a new bank account without referral to others? ☐ Yes ☐ No

c) Do all manually prepared cheques and other bank instruments drawn for £25,000 or more require two manually applied signatures added after the amount has been inserted with one signatory examining supporting documentation? ☐ Yes ☐ No

If 'No', please explain your processes for raising cheques and/or sending money via wire transfers, and confirm a second person does sign off the transfer.

d) i. Have Principals been required to provide personal guarantees in relation to any firm related loans or debts? ☐ Yes ☐ No

If 'Yes', please provide details

ii. Has the firm given any undertaking or guarantees in respect of professional practice loans to principals acquiring an interest in the firm?

☐ Yes ☐ No

If 'Yes', please provide details

SECTION 7 (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.

	Previous year 1 (%)	Last completed year (%)
1. Acting as an arbitrator, adjudicator or mediator		
2. Administering oaths, taking affidavits and notary public		
3. Agency advocacy		
4. Children, mental health tribunal and welfare		
5. Commercial litigation		
6. Commercial/corporate work (excluding work related to public companies) (please complete Section 8 Commercial Work)		
7. Commercial/corporate work for public companies (please complete Section 8 Commercial Work)		
8. Conveyancing - commercial (please complete Section 9 Conveyancing Work)		
9. Conveyancing - residential (please complete Section 9 Conveyancing Work)		
a. What percentage is re-mortgage work?		
10. Criminal law		
11. Debt collection		
12. Defendant litigious work for insurers, including defendant personal injury work		
13. Employment - contentious		
14. Employment - non-contentious		
15. Financial advice and services regulated by the Solicitors Regulation Authority (please complete FCA questionnaire)		
16. Financial advice and services where your practice has opted into regulation by the FCA (please complete FCA questionnaire)		
17. Immigration		
18. Intellectual property including patent, trademark and copyright (please provide details below)		
19. Landlord and tenant		
20. Lecturing and related activities and expert witness work		
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		
TOTAL MUST EQUAL 100%		

a) Details of IP work (see 18 above), litigious work other (see 21 above) and non-litigious work other (see 23 above).

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b) Are there any other details of your practice that you consider to be relevant (e.g. specific client base, specialist or niche field?). If 'Yes', please provide details on a separate sheet. ☐ Yes ☐ No

c) Has your practice, or any prior practice, ever accepted instructions for any class actions or other group litigation? If 'Yes', please provide details on a separate sheet. ☐ Yes ☐ No

d) 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? If 'Yes', please provide details on a separate sheet. ☐ Yes ☐ No

e) Has the Firm been involved with or introduced a client(s) to a tax efficient scheme or investment vehicles(s)? ☐ Yes ☐ No

f) Has the Firm provided advice on tax products which advertise themselves as providing savings (including any deferred savings) on income tax, define participants as "contractors" and/or use a loan/repayment system? ☐ Yes ☐ No

g) Has the Firm advised or been involved in any scheme listed on HMRC's Spotlights? ☐ Yes ☐ No

h) Has the Firm advised or been involved in any scheme which:

- is or could be subject to a General Anti Abuse Rule (GAAR) procedure? ☐ Yes ☐ No
- has been notified or is notifiable under the Disclosure of Tax Avoidance Schemes (DOTAS)? ☐ Yes ☐ No

If so, are you involved in tax planning for any corporate entities which (so far as you are aware) are currently graded as 'high' risk by HMRC? ☐ Yes ☐ No

i) Has the Firm advised on or been involved with any scheme in respect of which a "follower notice" or "accelerated payment notice" has been issued? ☐ Yes ☐ No

j) Has the Firm referred any work to third parties who provide advice or products in respect of any of the above? ☐ Yes ☐ No

k) Has the Firm referred any work to third parties who provide advice or products in respect of any of the above? ☐ Yes ☐ No

l) Have you ever carried out work on behalf of overseas investors involving developers or developments? ☐ Yes ☐ No

If 'Yes', to any of the above, please provide the following:

- does your retainer clearly set out the scope of services that your Firm will or will not provide?
- the strategy for the matter is apparent on the file and kept under continual review?
- in complex cases a project plan is developed and kept under continual review?
- a timely response is made to telephone calls and correspondence from the client and others?

SECTION 8 (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		
vii. Insolvency		
viii. Regulation/Compliance		
ix. Insurance Brokers, Companies, Underwriting Agencies (other than claims handling)		
x. Repurchase of Share		
xi. Repurchase of Debt		
xii. Issue of New Shares/Share Rights		
xiii. 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

SECTION 9 (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) Name the person(s) responsible for the supervision of the conveyancing department(s) and their position:

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

	Previous year 2	Previous year 1	Last completed year
i. Principals	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. Solicitors (excluding Principals)	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. Other qualified fee earners (including trainee solicitors)	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv. Non-qualified fee earners *	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please provide separate details of their supervision

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

	Residential Conveyancing			Commercial Conveyancing		
	Previous year 2	Previous year 1	Last completed year	Previous year 2	Previous year 1	Last completed year
i. Gross fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. Number of transactions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. Percentage of transactions relating to re-mortgage work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv. Highest residential transaction value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
v. Highest capital value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
vi. Average typical residential/commercial transaction value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Residential Conveyancing

Commercial Conveyancing

	Previous year 2	Previous year 1	Last completed year	Previous year 2	Previous year 1	Last completed year
i. property - mortgaged						
ii. property - non mortgaged						
iii. Total number of back to back transactions						
iv. Total number of buy to let transactions						
v. Percentage of total conveyancing work from house builders/property developers						
vi. Percentage of total conveyancing work from new developers						
vii. Right to Buy						
viii. What is the average fee charged						

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

	Previous year 2	Previous year 1	Last completed year
i. Prime lenders			
ii. Secondary / sub prime lenders			
iii. Irish lenders			
iv. Intermediaries/brokers/packagegers (secured lending which could be prime or sub prime with the instruction coming from a broker or intermediary)			
v. Investment/property clubs			
vi. Other			

g) 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

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', please provide full details

☐ Yes ☐ No

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?

Previous year 2

Previous year 1

Last completed year

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) 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
n) Have you received any requests for conveyancing files or information from conveyancing files by lenders or a lender's representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', how many files? 	
o) Have you reviewed all the files that have been the subject of file requests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', please provide full details on a separate sheet	
i. Do you have any concerns that there was something in the reviewed file(s) that may constitute a circumstance which may give rise to a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Has notification of all of these requests been reported to your insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Has any potential notification(s) been declined or rights been reserved by your insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered 'Yes' to i. or iii. and 'No' to ii. please provide details in the additional information section at the back of this proposal	
p) Have any file requests resulted in a claim being made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', how many? Realistic Quantum 	
q) Have you made a block notification to your current insurer or any other previous insurer of all claims and circumstances that have arisen out of requests for your conveyancing files by a particular lender or in respect of a particular fee earner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
r) Does a Principal directly supervise all residential conveyancing transactions undertaken by the firm and conduct file audits on residential conveyancing files including Partners files partner? If 'No', please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
s) 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
t) Has the practice or any prior practice ever:	<div style="text-align: right; font-weight: bold; font-size: small;">Number</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> i. undertaken residential or commercial surveys/valuations for lending purposes? </div> <div style="width: 25%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 70%;"> ii. advised on Equity Release Plans? </div> <div style="width: 25%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>
u) Does the practice plan to do any of the above in the next 12 months? If 'Yes', please provide full details	<input type="checkbox"/> Yes <input type="checkbox"/> No
v) Is your practice accredited with the Law Society Conveyancing Quality Scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
w) In the last 15 years has your firm or any practice received referrals from a broker or marketing professional in relation to "right to buy" purchases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please estimate the number of referrals. 	
x) In the last 24 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
If 'Yes', please explain on a separate sheet	
ii. Made or intimated a complaint or claim against your practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
y) In respect of all residential conveyancing, have you in all cases made clear to the buyer the risks arising from onerous leasehold terms, including ground rent increase provisions? If 'No', please provide details on a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
z) Have you in all cases alerted lenders to onerous ground rent provisions in compliance with the CMC handbook? If 'No', please provide details on a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
aa) Do you always explore the availability of multiple dwelling relief when acting for the purchaser? What is your exposure to such transactions? Please provide full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 10 (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.

Previous
year 2

Previous
year 1

Last completed
year

i. Principals

ii. Solicitors (excluding Principals)

iii. Other qualified fee earners

iv. Non-qualified fee earners

e) How many open claimant personal injury cases does your practice currently have?

f) Please specify the highest settlement on behalf of a claimant in the past 6 years

g) Please specify the highest settlement on behalf of a claimant in the last 12 months

h) What is the average settlement received on behalf of the claimant in the past 3 years?

i) What is the average settlement received on behalf of the claimant in the last 12 months?

j) How many personal injury cases does your practice currently have where you expect the settlement to exceed £50,000?

k) How many personal injury cases does your practice currently have where you expect the settlement to exceed £250,000?

l) Does the practice operate and/or offer Conditional Fee Arrangements?

☐ Yes ☐ No

m) i. What percentage of gross fees billed is attributable to Conditional Fee Arrangements?

Previous year 2

Previous year 1

Last completed year

ii. How many arrangements did you start?

iii. How many arrangements did you complete?

iv. What percentage of such arrangements do you win?

v. What is your average fee?

n) Does one or more Principal 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) Please detail what changes the practice has made to policies and procedures to ensure compliance with the Jackson reforms, effective 1st April 2013.

z) What other changes has your firm made in response to the Jackson reforms? e.g. Source of personal injury work

aa) Please provide details of your main sources of Personal Injury work from 1st April 2013.

ab) Have you ever entered into arrangements to facilitate deductions from personal injury damages?

☐ Yes ☐ No

ac) 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)

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) and Excess required

Limit?

Excess?

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 any Participating Insurers or to the Assigned Risks Pool in the:

Insurance Year 2014/15	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2015/16	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2016/17	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2017/18	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2018/19	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2019/20	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide up to date claim summaries (from Participating Insurers or the Assigned Risks Pool) for ALL years from 01/10/2014 by your practice and any practice to which you are a successor practice, irrespective if there has been claims/circumstances or not.

We can obtain past claim summaries on your behalf, but we will require a Letter of Authority. Please contact your Account Executive

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 or employee of the practice? If 'Yes', please explain on a separate sheet ☐ Yes ☐ No

c) After making full enquiry of all Principals 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 (RISK MANAGEMENT)

Please tick your responses as either 'Yes', 'No' or 'WT' (working towards) - please add comments and provide information where appropriate. Note - we encourage minimal use of 'WT'

a) Please provide the name and status of the person in your firm responsible or nominated for:

i. Risk management	Name:	<input type="text"/>	Status and Date joined practice:	<input type="text"/>
ii. COLP	Name:	<input type="text"/>	Status and Date joined practice:	<input type="text"/>
iii. COFA	Name:	<input type="text"/>	Status and Date joined practice:	<input type="text"/>
iv. MLRO	Name:	<input type="text"/>	Status and Date joined practice:	<input type="text"/>
v. Complaints handling	Name:	<input type="text"/>	Status and Date joined practice:	<input type="text"/>
vi. Have both the COLP & COFA been approved by the SRA?				<input type="checkbox"/> Yes <input type="checkbox"/> No

b) Is the practice accredited or in the process of being accredited with LEXCEL, CQS, ISO9001 etc.?

i. Name(s) of Accreditation(s):	<input type="text"/>
ii. What date was the practice accredited:	<input type="text"/>

STRUCTURES AND POLICIES

a) Has your COLP/COFA reported any material breaches to the SRA? If 'Yes', please provide details on a separate sheet. ☐ Yes ☐ No

b) i. Have you adopted a compliance plan which provides an overview of supervisory, management and risk issues within the firm? ☐ Yes ☐ No

ii. Is this readily available and communicated to employees? ☐ Yes ☐ No

c) i Have you conducted a risk review for your practice within the last 18 months? ☐ Yes ☐ No

- does the risk review include the setting of actions to improve the risk profile of the firm? ☐ Yes ☐ No
- have these actions been implemented? ☐ Yes ☐ No ☐ WT
- do you have a risk register? ☐ Yes ☐ No ☐ WT

ii. How often do partners and senior fee earners meet to discuss cases and practice issues?

d) i. Is your Anti Money Laundering and training up to date and regularly reviewed (every 12 months)? ☐ Yes ☐ No

ii. Does the firm comply with the Law Society Practice Note on Mortgage Fraud (dated 31 July 2014)? ☐ Yes ☐ No ☐ N/A

iii. Do you have any additional steps in place to safeguard against mortgage fraud?

iv. Do you regard any parts of your practice as being exempt from the Money Laundering Regulations 2007? If so, which one(s)? ☐ Yes ☐ No

e) Is a register of gifts and entertainment (both received and given) maintained? ☐ Yes ☐ No

If 'No', how is this recorded?

If 'Yes', please advise what limits are set per item, per person?

BUSINESS PLANNING

a) Have you adopted a business plan for the practice which has been reviewed in the last 12 months? ☐ Yes ☐ No

b) Does it contain detailed objectives for the current year at least? ☐ Yes ☐ No

c) How often is the plan reviewed?

UNDERTAKINGS

a) Are staff trained in the giving, recording & fulfilment of undertakings, including associated risks? ☐ Yes ☐ No ☐ WT

b) Are all undertakings given in writing? ☐ Yes ☐ No ☐ WT

c) If 'No', are oral undertakings given in an agreed format and recorded in writing? ☐ Yes ☐ No ☐ WT

d) How do you record, monitor & discharge undertakings?

e) Is there a central register of undertakings, showing all given undertakings & those that are discharged? ☐ Yes ☐ No ☐ WT

FINANCIAL MANAGEMENT

a) Has the firm engaged in discussions or correspondence with the SRA at any time within the last 12 months regarding concerns about the financial stability of the firm? ☐ Yes ☐ No

b) Please state your year end date (DD/MM/YYYY):

c) For the last three accounting years please provide the following information from your annual accounts:

	Previous financial year 2	Previous financial year 1	Last completed financial year
Net profit (loss) after tax and before drawings:	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Total partner/principal drawings or member/director remuneration:	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Net worth of practice (total assets less total liabilities):	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
i. What cash reserves does the practice hold?			£ <input type="text"/>
ii. What is your current total borrowing?			£ <input type="text"/>
iii. Has this changed significantly in the last three years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Are total borrowings greater than net assets?			<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Are VAT payments funded by loans?			<input type="checkbox"/> Yes <input type="checkbox"/> No

d) Has the practice ever breached Banking covenants? ☐ Yes ☐ No

If 'Yes', please provide details

e) Has the client account ever been overdrawn? ☐ Yes ☐ No

If 'Yes', please provide details

f) Has a capital injection ever been required by the partners? ☐ Yes ☐ No

If 'Yes', please provide details

g) Are finance control processes in place to agree and monitor:

- cash flow forecast? ☐ Yes ☐ No
- WIP controls? ☐ Yes ☐ No
- effective credit control? ☐ Yes ☐ No

If you have answered "No" to any of the above, please explain the procedures you have in place. If not applicable please state.

h) At the end of each matter do you:

- report to the client on the outcome and explain any further action that the client is required to take in the matter and what (if anything) the practice will do? ☐ Yes ☐ No
- account to the client for any outstanding money? ☐ Yes ☐ No
- return to the client any original documents or other property belonging to the client if required (save for items, which are by agreement to be stored by the practice)? ☐ Yes ☐ No
- if appropriate, advise the client about arrangements for storage and retrieval of papers and other items retained (in so far as this has not already been dealt with, for example, in the terms of business) and any charges to be made in this regard? ☐ Yes ☐ No
- advise the client whether they should review the matter in future and, if so, when and why? ☐ Yes ☐ No
- archive and destroy files in an appropriate manner? ☐ Yes ☐ No

If you have answered "No" to any of the above, please explain the procedures you have in place. If not applicable please state.

i) Is there an accounts manual (or an accounts section of the Office Manual) and does it address the following?

- authorisations for withdrawals from the client account? ☐ Yes ☐ No
- authorisations for withdrawals from the office account? ☐ Yes ☐ No
- processes for interim and final billing? ☐ Yes ☐ No
- credit control and debt recovery? ☐ Yes ☐ No
- credit limits for new and existing clients? ☐ Yes ☐ No

If you have answered "No" to any of the above, please explain the procedures you have in place. If not applicable please state.

j) i. Do you undertake 'three way' reconciliations of client account(s) as required by s.29 of the SRA Accounts Rules? ☐ Yes ☐ No

ii. Who usually signs these off?

iii. Have there been any anomalies to your client account balances in the last three months? ☐ Yes ☐ No

If 'Yes', please provide details

k) i. Are duties segregated in relation to reconciliation of client and office bank accounts? ☐ Yes ☐ No

ii. Are duties segregated so that no one individual can open a new bank account without referral to others? ☐ Yes ☐ No

iii. Are duties segregated in relation to authorisation and processing payment? ☐ Yes ☐ No

l) Where computer or machine prepared cheques or other bank instruments are used, is the supporting documentation examined and authorised before requisition for cheque or instrument is made? ☐ Yes ☐ No

If you have answered "No" to any of the above, please explain the procedures you have in place. If not applicable please state.

m) Have principals been required to provide personal guarantees in relation to any firm related loans or debts?

☐ Yes ☐ No

If 'Yes', please provide details

CLIENT MONIES

a) i. Is a separate client ledger account opened for each matter that will necessitate handling of client monies?

☐ Yes ☐ No

Comment:

ii. What is the maximum aggregate value of client funds held at any one time during the last 12 months?

£

iii. Please indicate whether you anticipate this amount being exceeded by 25% or more during the forthcoming 12 months?

☐ Yes ☐ No

iv. How many individual clients have balances on a client account?

v. Please indicate whether you anticipate this number being exceeded by 25% or more during the forthcoming 12 months?

☐ Yes ☐ No

b) Does the practice use Scale Rates?

☐ Yes ☐ No

If 'Yes', how are these set?

c) If entering into a Fixed Fee arrangement is this subject to a budget, review & peer review before the fee is agreed?

☐ Yes ☐ No ☐ N/A

d) What percentage of Fixed Fee's are written off?

%

e) If entering into a CFA, is this subject to a budget, review & peer review before the fee is agreed?

☐ Yes ☐ No ☐ N/A

f) Has the firm had to make significant write off's (£10k+) in relation to CFA arrangements?

☐ Yes ☐ No ☐ N/A

g) Were these write-off's caused by overspend or the case being lost?

☐ Yes ☐ No ☐ N/A

INFORMATION AND COMMUNICATION TECHNOLOGY

a) Do you have Cyber Liability Insurance?

☐ Yes ☐ No ☐ Would Like Quote

b) Have you adopted an information security policy?

☐ Yes ☐ No

Does this include:

• virus and firewall controls?

☐ Yes ☐ No

• passwording protocols for terminals in the firm?

☐ Yes ☐ No

• protocols for any device taken outside the firm?

☐ Yes ☐ No

c) Where are your servers kept & maintained? If elsewhere, please provide details on a separate sheet ☐ In House ☐ Elsewhere

d) Does the practice use Cloud computing? ☐ Yes ☐ No

If 'Yes', are you aware if personal data is being held outside the European Economic Area?

e) If you outsource any operational functions do you have an agreement in place with the service provider which covers your firms obligations under the Data Protection Act? ☐ Yes ☐ No ☐ N/A

PEOPLE MANAGEMENT

a) i. Does the firm carry out full recruitment checks in respect of all employees & principals including locum/temporary staff? ☐ Yes ☐ No ☐ WT

ii. Does this include:

- written references? ☐ Yes ☐ No
- investigations into individual PII claims record? ☐ Yes ☐ No
- enquiries as to whether they have any disciplinary record with any past/present regulatory department of the SRA or recognised body? ☐ Yes ☐ No

If you have answered "No" to any of the above, please explain the procedures you have in place. If not applicable please state.

b) i. How often do personnel work from home?

ii. How are they monitored and supervised?

iii. If a permanent home worker, how often are face to face meetings undertaken?

iv. Is there a central register for all files leaving and returning the office?

c) i. Do you maintain induction training for new members of staff? ☐ Yes ☐ No

ii. Does this include:

- individual job responsibilities? ☐ Yes ☐ No
- immediate training requirements? ☐ Yes ☐ No
- all key policies, processes and procedures (including Anti Money Laundering & Mortgage Fraud? ☐ Yes ☐ No

d) Do you have a training policy which addresses all partners and staff, which complies with the SRA's new competence regime? ☐ Yes ☐ No

If you have answered "No" to any of the above, please explain the procedures you have in place. If not applicable please state.

e) What procedures are in place to mitigate risks associated with long term sickness or leave (more than 6 weeks)?

f) Have you ever or would you consider employing a locum to cover a fee-earners work? ☐ Yes ☐ No

g) How are the duties of absent staff members shared amongst remaining staff? Especially if that person had management or accounts duties? Please provide details:

SUPERVISION AND RISK MANAGEMENT

a) Do you have an overall risk manager(s) for the practice? ☐ Yes ☐ No

If 'Yes', please state their name and position within the firm.

b) Is there a designated supervisor for each area of work undertaken? ☐ Yes ☐ No

c) What percentage of the firm's fee income is billed by the highest fee earner? %

d) i. What department of the practice has the highest management to fee earner ratio?

ii. What is the highest management to fee earner ratio? 1 Manager to Fee Earners

e) i. What department of the practice has the lowest management to fee earner ratio?

ii. What is the lowest management to fee earner ratio? 1 Manager to Fee Earners

f) Do you profile the work that the practice will and will not undertake? ☐ Yes ☐ No

g) Do you maintain details of the generic risks and causes of claims associated with the areas of work that are undertaken? ☐ Yes ☐ No

h) Is a general risk assessment undertaken when new instructions are received which is recorded on the file or in a case management system? ☐ Yes ☐ No

i) How are the key dates monitored?

j) i. Does the firm have a conflicts and confidentiality policy? ☐ Yes ☐ No

ii. Do you screen for client conflicts of interests to ensure that they are identified and acted upon in an appropriate manner? ☐ Yes ☐ No

k) Are there processes and procedures to ensure the effective supervision of fee earning work? ☐ Yes ☐ No

Please state which of the following are in place:

- | | |
|--|--|
| • the controlled allocation of new work and reallocation of existing work, if necessary? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • checks on incoming and outgoing correspondence, including letters, emails and faxes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • departmental, team and office meetings and communications? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • one-to-one meetings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you have answered "No" to any of the above, please explain the procedures you have in place. If not applicable please state.

l) Do you operate an independent file review process (including at partner level)? If yes, please provide details of the review ☐ Yes ☐ No

m) Is there a requirement that fee earners consider and report any changes to the risk profile while the matter is being progressed? ☐ Yes ☐ No

- n) Is a concluding risk review conducted on all matters to consider whether there are issues that should be reported to the supervisor or risk manager? ☐ Yes ☐ No
- o) i. Does the practice analyse, at least annually, all risk assessment data generated within the practice and formulate suitable objectives as part of the strategic planning process to achieve suitable and documented improvements? ☐ Yes ☐ No
- ii. Does the review include a consideration of:
- any indemnity insurance claims? ☐ Yes ☐ No
 - data generated by file reviews? ☐ Yes ☐ No
 - an analysis of client complaints trends? ☐ Yes ☐ No
 - client satisfaction surveys? ☐ Yes ☐ No

If you have answered "No" to any of the above, please explain the procedures you have in place. If not applicable please state.

CLIENT CARE

- a) Do you systematically record and confirm client instructions/scope of retainer and costs in all parts of the practice? ☐ Yes ☐ No
- b) Does the firm update the retainer/terms of business for clients when there is a material change in the nature of the initial instructions and/or additional instructions are given? ☐ Yes ☐ No
- c) Does the firm systematically record and confirm in writing all minutes of client meetings regardless if instructions were taken? ☐ Yes ☐ No
- d) i. Do you operate a written complaints handling process? ☐ Yes ☐ No
- ii. Does the process include:
- responsibility for complaints handling? ☐ Yes ☐ No
 - a definition of what the practice regards as a complaint? ☐ Yes ☐ No
 - the provision of appropriate information to the client on the availability of a complaints handling process and the Legal Ombudsman? ☐ Yes ☐ No
 - an obligation within the practice to report all complaints received from clients? ☐ Yes ☐ No
 - a process to investigate and resolve complaints, where possible, and to take preventative action where appropriate? ☐ Yes ☐ No
 - a complaints and resolution log? ☐ Yes ☐ No

If you have answered "No" to any of the above, please explain the procedures you have in place. If not applicable please state.

FILE AND CASE MANAGEMENT

- a) i. Do the Principals control the process by which decisions are taken to accept and allocate instructions? ☐ Yes ☐ No
- ii. How and where is this recorded?
- b) i. Are there documented procedures to ensure that matters are progressed in an appropriate manner? ☐ Yes ☐ No
- ii. In particular:
- the strategy for the matter is apparent on the file and kept under continual review? ☐ Yes ☐ No
 - in complex cases a project plan is developed and kept under continual review? ☐ Yes ☐ No
 - a timely response is made to telephone calls and correspondence from the client and others? ☐ Yes ☐ No
 - appropriate continuing cost information is provided? ☐ Yes ☐ No
 - clients are informed in writing if the person with conduct of their matter changes, or there is a change of person to whom any problem with service should be addressed? ☐ Yes ☐ No

If you have answered "No" to any of the above, please explain the procedures you have in place on a separate sheet

c) Do partners/business heads meet to discuss new (and existing) engagements, clients and the proposed work, and how are such discussions documented and acted upon?

d) Do you have procedures in place to:

- | | | |
|--|------------------------------|-----------------------------|
| • list open and closed matters? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • identify all matters for a single client and linked files (including lenders where relevant)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • record key information on the file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • ensure that you are able to identify and trace any documents, files, deeds, wills or any other items relating to a matter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • safeguard the confidentiality of files and all other client information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • ensure that the status of matters and the action taken can be easily checked by colleagues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • ensure that documents are stored on the matter file in an orderly way? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered "No" to any of the above, please explain the procedures you have in place on a separate sheet

e) In response to the Mitchell case, please explain how you ensure that all critical dates in the course of litigation are complied with, including full details as to how your diary system operates, and what audits or checks are undertaken to ensure it is being used effectively?

SECTION 14 (MANAGEMENT LIABILITY)

a) Has any insured party been disqualified in the past from holding a licence or post? ☐ Yes ☐ No

b) Is the company practice a subsidiary of another? ☐ Yes ☐ No

c) Has any litigation been brought against any past or present partners, directors, members of the practice? ☐ Yes ☐ No

If you have answered "Yes" to any of the above, please explain the procedures you have in place. If not applicable please state.

d) Salary range - what percentage of employees (including all lawyers) have salaries (including bonuses):	Less than £50,000:	<div></div>
	£50,000 to £100,000:	<div></div>
	£100,000 to £250,000:	<div></div>
	>£250,000:	<div></div>

e) Has any employee been made redundant in last 12 months ☐ Yes ☐ No

f) Are you planning to make any employees redundant in next 12 months ☐ Yes ☐ No

g) Does the practice have any employees in the USA? ☐ Yes ☐ No

h) Are there written grievance procedures in place? ☐ Yes ☐ No

i) Is there an established process for vetting and approving new suppliers? ☐ Yes ☐ No

j) Have any losses been incurred as a result of theft or dishonesty of any past or present employees, or directors or officers of the company? ☐ Yes ☐ No

k) Have you charged Professional Indemnity Insurance contributions, bank charges, photocopying charges to your clients' bills? ☐ Yes ☐ No

If 'Yes', has this been done in accordance with the SRA's most recent guidelines? ☐ Yes ☐ No

l) Does the practice have a Privacy Practice procedure? ☐ Yes ☐ No

If 'No', please indicate what position (if any) is responsible for data protection and privacy issues

SECTION 15 (CYBER LIABILITY)

a) Please estimate the total number of Personally Identifiable Information records, including employees and customers that your company holds.

Personally Identifiable Information is defined as: *information that can be used to uniquely identify, contact, or locate a single person or can be used with other sources to uniquely identify a single individual.*

b) Please highlight which bands of Personally Identifiable Information records you hold:

Low Sensitivity

☐ Name ☐ Email address

Moderate Sensitivity

☐ Home address ☐ Telephone numbers ☐ Date of birth
☐ Protected health information ☐ Insurance Policy Number ☐ National insurance number
☐ Driving Licence number ☐ Passport number

Highly Sensitivity

☐ Banking or Saving Account number ☐ Debit Card number ☐ Credit Card number

c) Please estimate what proportion of the total number of Personally Identifiable Information records you hold include a highly sensitive element:

d) Do you seek explicit consent from all third parties before selling or sharing their Personally Identifiable Information? ☐ Yes ☐ No

If 'No' please provide details

e) Do you outsource any part of your IT network including but not limited to data storage, data hosting and/or data-processing of Personally Identifiable Information records? ☐ Yes ☐ No

If 'Yes' please provide the name of the third-party company:

f) Do you have a written contract in place with these third parties that will indemnify you for IT system or data security breaches arising from their services? ☐ Yes ☐ No

If 'No' please provide details

g) Does the practice require all outsourced business process and/or information technology service providers demonstrate adequate security policies and procedures? ☐ Yes ☐ No

h) Are outsourced business process and/or information technology service providers required by contract to indemnify the practice for harm arising from a breach of the Vendor's security? ☐ Yes ☐ No

i) In the event of a failure of the practice's computer network, in whole or in part, what alternative means does the practice have to ensure a continuous operation of the practice? Please include financial impact where possible

j) Do you use encryption tools to ensure the integrity and confidentiality of all Personally Identifiable Information records including those on removable media? ☐ Yes ☐ No

If `No' please provide details

k) **Business impact**

How fast are you likely to incur a loss of profit as a result of an IT network compromise and a total system downtime?

☐ Level 1: 48 hours +

☐ Level 2: 24-48 hours

☐ Level 3: 12-24 hours

☐ Level 4: 1-12 hours

☐ Level 5: Immediately

l) Has the practice undergone an information security assessment, penetration test, data security/privacy compliance review, or any similar process to evaluate the effectiveness of the firm's security program? ☐ Yes ☐ No

If `Yes', please specify by whom and when, and attach a copy of the results.

☐ Yes ☐ No

m) Does the practice have a designated Cyber Security Officer?

☐ Yes ☐ No

If `No', please indicate what position (if any) is responsible for computer security.

n) Is all valuable/sensitive data the in practice's care, custody or control backed-up on a daily basis? ☐ Yes ☐ No

If `Yes', where to?

o) Does the practice grant open access by default to valuable/sensitive data created or maintained in firm systems, including the document management system? ☐ Yes ☐ No

If `No', please describe the controls in place to secure the system: are controls ad hoc or automated by means of commercially available software?

p) Does the practice have a firm-wide policy regarding lawyer and staff activity on cloud-based storage systems (e.g. Dropbox, Google Drive, etc.)? ☐ Yes ☐ No

If `Yes', is such activity monitored?

☐ Yes ☐ No

q) Does the practice have a method to de-provision employees from all electronic systems immediately upon termination or departure, or when team matters change? ☐ Yes ☐ No

If `Yes', please describe the de-provisioning process, if manual or automated (who is responsible for each step? How quickly does the de-provisioning happen?) Please also indicate what type of audit log of this process is maintained.

r) How often does the practice enforce a software update process including installation of software patches?

s) Please describe the practice's network infrastructure and information security vendors

Firewall

Anti-virus

Confidentiality Management Platform

ISP

Intrusion/Detection

SECTION 16 (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 principals, 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) Is there any other material information that may be relevant to this application? If 'Yes', please explain on a separate sheet

☐ Yes ☐ No

d) For the purposes of the Foreign Account Tax Compliance Act (FATCA), please confirm if, when providing legal services, the practice is exposed to property in, liability arising out of an activity in or in connection with the health of a resident of the United States. ? If 'Yes', please explain on a separate sheet

☐ Yes ☐ No

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

SECTION 17 (OTHER INSURANCES)

Name of individual who deals with Office Insurance:

Office Insurance renewal date:

Name of individual who deals with Cyber Insurance:

Cyber Insurance renewal date:

Name of individual who deals with D&O Insurance:

D&O Insurance renewal date:

SECTION 18 (KNOWLEDGE OF THE INSURED)

Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its 'senior management' and those persons responsible for the Insured's insurance. The Act defines 'senior management' as those individuals who play significant roles in the making of decisions about how the insured's activities are to be managed or organised. For these purposes please list below the positions / roles within your firm that you consider to be your Firm's 'senior management' and include the roles of those persons responsible for the Firm's insurances.

Position

Role

SECTION 19 (DECLARATION)

DEFINITIONS OF TERMS USED IN THIS PROPOSAL FORM Senior Management' means, in accordance with the Insurance Act 2015: those individuals who play significant roles in the making of decisions about how the insured's activities are to be managed or organised. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its 'senior management' and those persons responsible for the Insured's insurance.

By submitting this application I declare that all statements and particulars contained in this Proposal are true and that I have made a fair presentation of the risk, by disclosing all material facts which I know or ought to know or, failing that, that I have given Paragon sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. I undertake to inform Paragon before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which maybe relevant to the consideration of my proposal for insurance. I understand that a failure to ensure that the statements and particulars contained in this Proposal are true or a failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may adversely affect the availability of coverage under the policy or result in the voiding of the policy in every respect. By submitting this application, I agree and give permission to Paragon to use my email address and other contact information, as provided in Section 1 (Your Details), to send their quotations or correspondence.

DUTY OF FAIR PRESENTATION Under English law, you owe a duty of disclosure to the insurer which includes your duty to make a fair presentation of the risk. A 'fair presentation' is one:

- o which clearly discloses all material circumstances which the insured's Senior Management, including persons responsible for the insured's insurance, know or ought to know following a reasonable search or which is sufficient to make the insurer ask questions about the risk. A circumstance is material if it would influence an insurer's judgment in determining whether to take the risk and, if so, on what terms. If you are in any doubt whether a circumstance is material we recommend that it should be disclosed;
- o which discloses information in a manner which is clear and accessible to a prudent insurer (i.e. no 'data dumping');
- o in which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith.

Failure to disclose a material circumstance may entitle an insurer to:

- o in some circumstances, avoid the policy from inception and in this event any claims under the policy would not be paid;
- o impose different terms on your cover; and/or
- o proportionately reduce the amount of any claim payable.

This duty applies:

- o before your cover is placed;
- o when it is renewed; and
- o at any time that it is varied.

Your policy wording may also provide that this duty continues for the duration of the policy. You should contact us immediately for assistance if you are unsure whether information may be material, or if it comes to your attention that you may have not disclosed full and accurate information.

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 refer to the Financial Ombudsman Service and/or Complaints and Advisory Department at Lloyd's of London to review your case without prejudice to your rights in law.

The addresses are:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR
Telephone: 0800 023 4567

Complaints and Advisory Department Lloyd's
Fidentia House, Walter Burke Way
Chatham Maritime, Chatham
ME4 4RN
Telephone: 020 7327 5693

Data Protection

Any personal information you provide will be passed to Insurer(s) in relation to your application for Professional Indemnity Insurance Cover. It may be used by Paragon 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 type="text"/>	Print Name:	<input type="text"/>
Signature of Principal:	<input type="text"/>	Signature of Principal:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

Two Principals 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:

- | | |
|---|--|
| <input type="checkbox"/> This form; fully completed, signed and dated. | <input type="checkbox"/> Additional information where necessary |
| <input type="checkbox"/> Participating Insurer claims prints from all 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 2014. | <input type="checkbox"/> A copy of all reports issued by the SRA, legal ombudsman, the former LCS, CCS or OSS, forensic investigation unit, disciplinary tribunal and/or regulatory body where applicable. |
| <input type="checkbox"/> A sheet of your firm's current HEADED NOTEPAPER , crossed 'FOR PARAGON INTERNATIONAL INSURANCE BROKERS LTD' | <input type="checkbox"/> A copy of full report & accounts |

CONTACT DETAILS FOR THE SOLICITORS TEAM

Please return the completed proposal form to The Solicitors Team. **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
Email: lawselect@paragonbrokers.com

Accredited Lloyd's Broker | Authorised and regulated by the Financial Conduct Authority

Janine Parker
Partner and Head of UK Professions
Direct No: 020 7280 8207
Email: jparker@lawselect.net

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Martin MacHale
Assistant Vice President
Direct No: 020 7280 8209
Email: mmachale@lawselect.net

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ADDITIONAL INFORMATION

Additional Information:

Use this space to provide further information in support of answers given to questions in this Proposal. Please state the question number clearly.