



PROFESSIONAL INDEMNITY PROPOSAL FORM FOR SOLICITORS

It is very important that you disclose fully and accurately all material facts. If you require more space please continue on your headed paper and then sign, date and attach to this form. Material facts are those which may affect our assessment of the risk. If you have any doubt as to whether something is a material fact it is recommended that you disclose it.

Please answer all questions and complete this form in ink. This proposal shall form the basis of any insurance contract.

If you are aware of any claims, or potential claims ("circumstances") please be sure that you report them immediately, in a separate letter, to your current broker and/or insurer. The information contained within this proposal form is for underwriting purposes and not for claims processing.

Completion and submission of this form does not obligate either party to offer or complete a contract of insurance.

We would remind you that this type of policy is written on a 'claims made' basis. There are no days of grace for renewal negotiations under this type of policy. All cover will terminate at expiry date.

Midlands Insurance Services, 99-101 Clipstone Road West, Forest Town, Mansfield, Notts. NG19 0BT
Tel: 01623 641386 Fax: 01623 429991

SOLICITORS PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

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 and where you are required to provide details.

1. NAME AND ADDRESS DETAILS

Main office Solicitors Regulation Authority registration number

Practice Name

(Please include all names under which you practice and any other entities for which you are seeking cover, including Trustee and/or Nominee Companies).

Main Office Address

Postcode

Main Office Tel No.

Main Fax No.

Main Office DX No.

Contact Email

Practice Website

Date Established

Do you have any other offices, other than the main office listed above, for which you are seeking cover?

Yes No

If Yes, please list the addresses on a separate sheet. If there is no resident Principal/Member at any office, please identify the office concerned and explain how the office is supervised.

Is your practice a Limited Liability Partnership or a Company registered at Companies House?

LLP

Reg'd Company

2. SOLICITORS' DETAILS

Provide all information requested for every Equity Partner, Salary Partner, Member, Assistant and Consultant who will be employed by your firm as at the inception date of the Policy.

If anyone is a Registered Foreign Lawyer or Registered European Lawyer, please note RFL or REL in the column provided.

If you are a newly established firm, please enclose a Curriculum Vitae for every Principal/Member in your firm.

Title <small>(Mr/Mrs Ms/Other)</small>	Full Name	D.O.B.	Status	RFL/ REL	Full Time/ PT	Roll Number <small>(As shown on practising certificate)</small>

3. OTHER STAFF

Number of legal executives. Please state 'NONE' if none

Number of non-solicitor fee-earning staff. Please state 'NONE' if none.

Number of all other non-fee earning staff. Please state 'NONE' if none.

4. PRIOR PRACTICES

List the names of all prior practices to which this practice has become a 'Successor Practice' in the last fifteen years. 'Successor Practice' is defined in the Solicitors Regulation Authority minimum terms and conditions of professional indemnity insurance. Please state 'NONE' if none.

Name of Practice	Date Established	Date of Succession
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. PRACTICE FEES

Gross fees for the last five financial years ending

<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/>

Gross fees for the last annual accounting period;
If you are a new practice please provide estimated fees for the coming year.

£

Single largest fee for the last financial year.

£

Please provide gross fees for the last annual accounting period paid by clients domiciled in the USA and Canada. Please provide on an additional sheet figures for the previous 5 accounting years if applicable. Please state 'NONE' if none.

£

Please provide details of the client(s) and the work undertaken on a separate sheet and indicate whether the work is undertaken under UK or US law.

Does any one client or group of clients generate 20% or greater of your Annual fees? *If yes, please provide full details of the clients and the work undertaken on a separate sheet.*

Yes No

If you are a newly established firm, please enclose your Business Plan and Cash Flow Statement.

6. PRACTISING CERTIFICATE

In the last ten years has any fee-earner in the practice:

Every been refused a practising certificate? Yes No

Ever been granted a conditional practising certificate? Yes No

Been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal? Yes No

Practiced in a firm subject to an investigation or an intervention by The Law Society or Solicitors Regulation Authority (including the OSS & CSS) Yes No

Had an award for inadequate professional service made against him or her by the Legal Complaints Service (or the former CSS or OSS)? Yes No

Had a civil or criminal judgement against him or her? Yes No

Been investigated by any regulatory body other than The Law Society or Solicitors Regulation Authority? Yes No

In the last 3 years has the firm:

Been the subject of a monitoring visit from The Law Society or Solicitors Regulation Authority? Yes No

Been the subject of any visit or enquiry from the Forensic Investigation Unit of The Law Society or Solicitors Regulation Authority or has notice of any proposed visit or enquiry been given? 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 LCS, former CSS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/or any regulatory body.

7. CLAIMS AND CIRCUMSTANCES

Has your practice, or any other practice, reported any circumstances or claims to the Assigned Risks Pool or to Qualifying Insurers in the:

Insurance Year 2003-2004 Yes No

Insurance Year 2004-2005 Yes No

Insurance Year 2005-2006 Yes No

Insurance Year 2006-2007 Yes No

Insurance Year 2007-2008 Yes No

If yes to any of the above, please provide claims information from Qualifying Insurers or the Assigned Risks pool for all circumstances, incidents or claims reported since 01/09/2003 by your firm and any firm to which you are a successor practice. Please note that you have an obligation under your current Professional Indemnity Insurance Policy to notify these matters to your current insurer and that we may ask you to confirm that you have done so before cover can be put in place.

After making full enquiries of all principals, members and employees of your practice, are you aware of any circumstances, incidents or claims that you have not reported or your current or any prior insurers? *If yes, please provide details.* Yes No

Have any circumstances, incidents or claims reported by your practice or any prior practice in the last ten years arisen as a result of the dishonesty of any principal, member or employee of the practice? *If yes, please provide full details of all incidents on a separate sheet including how the matter was resolved and the procedures/processes in place to avoid re-occurrence.* Yes No

8. RISK MANAGEMENT

Please provide the name and status of the person responsible for the risk management in your firm:

Name Status

Is the practice accredited or in the process of becoming accredited to:

BE EN ISO 9000/01/02 Yes No Date of Accreditation

Lexcel Yes No Date of Accreditation

Community Legal Service Yes No Date of Accreditation

Criminal Defence Service Yes No Date of Accreditation

Is a centralised 'critical date' diary system in operation (e.g. for limitation periods)? *If no, please provide an explanation on a separate sheet.* Yes No

Is the work of assistant solicitors supervised by a partner and subject to regular review meetings? *If no, please provide an explanation on a separate sheet.* Yes No

Are all relevant telephone conversations involving legal matters the subject of a written record on file? *If no, please provide an explanation on a separate sheet.* Yes No

Does the practice have a new client intake procedure that involves at least one solicitor and includes checks to detect potential money laundering and conflicts of interest? Yes No

Does the practice or any Partner/Principal exercise a controlling/financial interest in any company or organisation for which the practice undertakes work? Yes No

Does the firm have procedures for verifying qualifications, previous experience and previous claims/circumstances for new practice acquisitions, new partners, principals, directors, members and employees? Yes No

9. CURRENT COVERAGE

Has your practice or any prior practice ever been in the Assigned Risks Pool? *If yes, please provide details.* Yes No

Has any Qualifying Insurer ever refused to offer your firm or any prior practice terms for professional indemnity insurance? *If yes, please provide details.* Yes No

Please provide details of your current insurance below:

Current Insurer	Limit	Excess	Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. AREAS OF PRACTICE

A. Provide the percentage of gross fees allocated to each Area of Practice, or if you are in a new practice, estimated percentages for the coming year. The total must equal 100%.

	AREA OF PRACTICE (Rounded to the nearest whole percentage)	%		AREA OF PRACTICE (Rounded to the nearest whole percentage)	%
1	Administering oaths, taking affidavits & notary public		21	Lecturing and related activities and Expert Witness work	
2	Agency Advocacy		22	Litigious work other than given in any other category. <i>Please give further details on a separate sheet</i>	
3	Arbitration, Adjudication & Mediation				
4	Children and Family		23	Matrimonial Work	
5	Commercial Litigation		24	Mental Health Tribunal and Welfare	
6	Commercial Work (Company) – Non Securities.		25	Mergers and Acquisitions Work	
7	Commercial Work (Company) – Securities.		26	Non-litigious work other than given in any other category (please give details on a separate sheet)	
8	Conveyancing – Commercial		27	Offices and Appointments	
9	Conveyancing – Residential		28	Parliamentary Agency	
10	Criminal Law		29	Personal Injury – Claimant	
11	Debt Collection		30	Personal Injury – Defendant	
12	Defendant litigious work for Insurers		31	Probate and Estate Administration	
13	Employment – litigious		32	Property selling and management – not including valuations.	
14	Employment – Non litigious		33	Property selling and management – valuation work	
15	Financial advice and services regulated by the Financial Services Authority		34	Town and country planning	
16	Financial advice and services regulated by the Financial Regulation Authority		35	Wills, Trusts and Tax Planning	
17	Immigration		36	Misc./Other (Please give further details on a separate sheet)	
18	Intellectual Property, Patent, Trademark and Copyright			TOTAL MUST EQUAL 100%	100%
19	Landlord and Tenant – Litigious				
20	Landlord and Tenant – Non-Litigious				

B. Has your practice, or any prior practice, ever:

Provided management services or investment advice to any entertainment clients or sporting professionals? *If Yes, please provide details.*

Yes No

Accepted instructions of any class actions or any group litigation?
If yes, provide details.

Yes No

In the last 12 months, on how many occasions has your practice or any prior Practice advised on any non-SHIP Home Income Plans or Equity Release Plans?

Yes No

Please estimate the percentage of personal injury cases (claimant) in each of the following categories:

Small Claims % Fast Track % Multi-Track %

Please estimate the number of personal injury cases you currently have where the expected settlement exceeds £250,000. Please state 'NONE' if none.

Has your firm undertaken any personal injury work referred by The Accident Group, Claims Direct, and/or any other claims management companies? Yes No

Does your practice act, or has your practice or any prior practice in the last three years acted, as a panel solicitor in respect of an After The Event Insurance Scheme, with delegated authority to accept cases into the scheme without referral? *If yes, please provide details.* Yes No

If the firm carried out conveyancing services, please provide the following details:

	Residential	Commercial
Approximate number of transactions in the last full accounting year.	<input type="text"/>	<input type="text"/>
Highest value in the last full accounting year	£ <input type="text"/>	£ <input type="text"/>
Average value in the last full accounting year	£ <input type="text"/>	£ <input type="text"/>

In respect of activity regulated under the Financial Services and Markets Act 2000, can the Proposer confirm that all financial services work is on an introductory only basis, has always been and is only planned on this basis for the future? Yes No

11. FINANCIAL SERVICES

If you undertake financial services work please detail below percentage of work done in each specific field.

FINANCIAL SERVICES <small>(Rounded to the nearest whole percentage)</small>		%	FINANCIAL SERVICES <small>(Rounded to the nearest whole percentage)</small>		%
1	Dealing in Bonds (e.g. Eurodollar)		9	Life/Term Assurance:- Regulated	
				Non-regulated	
2	Dealing in Commodities (Future or Physical)		10	Mortgages	
3	Dealing in Foreign Securities/ Investments		11	Endowments	
4	Dealing with Listed UK Securities		12	Pensions (including transfers/opt outs/non-joiners/AVCs/FSAVCs)	
5.	Institutional Fund Management		13	Private client portfolio management:- Discretionary	
6	Investment in Insurance Bonds				Non-discretionary
7	Investment in Tangibles (e.g. Buildings, Bloodstock, Gems, Fine Art)		14	Split Capital Investment Trusts	
8	Investment in Unit Trusts		15	Structured Capital at Risk Products	
			16	Other (Please specify)	
			TOTAL MUST EQUAL 100%		100%

If none of the above have been undertaken in the last year, has the firm been involved in any of the above since 1988? *If yes, we may require further details* Yes No

12. REQUESTED COVER

The minimum cover required is £2M for a partnership or £3M for LLPs and Companies registered at Companies House.

Limit of Indemnity Required
Limits: £2M £3M Other (Please specify)

Excess Required
Per claim excess

We provide an aggregated excess on all quotations.

13. SIGNIFICANT CHANGE

Do you expect there to be any significant change to or in your practice in the coming year? *If yes, please provide details.*

Yes No

14. OTHER MATERIAL INFORMATION

Is there any other material information that may be relevant to this application? *If yes, please provide details.*

Yes No

15. BASIS OF CONTRACT

By signing the proposal form you consent to Midlands Insurance Services and its recognised representatives using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance intermediaries, third party claims adjusters, fraud detection and prevention services, reinsurance companies, debt recovery agents and insurance regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents and service providers appointed by us, and to insurers (which includes their re-insurers, legal advisors, loss adjusters and agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both in respect of the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a fee) and to have any inaccuracies corrected.

I/We declare to the insurers that after full enquiry of all partners and staff, all claims and circumstances which may give rise to a claim have been reported to previous and/or current insurers and that the statements in this proposal form (and attachments if any) are true and complete and shall form the basis of any contract of insurance effected thereupon. I/We undertake to inform the insurers of any material alterations to the information provided or any new fact or matter arising before completion of the contract of insurance which may be relevant to the contract of insurance.

Signed
(Principal/Member)

Date

Print Name of Principal

Thank you for your assistance in completing this form. If you would like any help please call Chris or Jennifer on 08453 455 855.

CHECKLIST

Before returning your proposal to us please complete your checklist.

- Completed Proposal**
- Headed paper with additional details as appropriate.**
- Claims reports from Qualifying Insurers and Assigned Risks Pool If Applicable.**
- Curriculum Vitae for every Principal of your firm and your Business Plan and Cash Flow Statement (if firm has been established for less than 12 months)**
- A copy of all report and relevant correspondence issued by the former LCS, former CCS or OSS Forensic Investigation Unit, disciplinary Tribunal and/or any other regulatory body.**