



Solicitors Professional Indemnity Insurance 2014/2015 Proposal Form

Instructions

- Please provide a full answer to every question.
- Two Principals (unless you are a sole practitioner) must 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 17 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:

Is your practice an LLP or a Company registered with Companies House?

☐ Yes

☐ No

Date First 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 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 2013 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 15 months? If **yes** please provide full details regarding the business and due diligence carried out. ☐ 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 15 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 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

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)

	2011	2012	2013	2014
a) Partner/Principals/Member/Director (including salaried)				
b) Solicitors & Assistant Solicitors (including trainee solicitors)				
c) Consultants				
d) Other fee earning staff				
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	Full/Part Time	Year & Country of Qualification	Roll Number

- g) 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 - ☐ Yes ☐ No
Provide details on separate sheet if necessary

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

- i) Is the business that of a solicitors firm only? If **no**, please provide full details ☐ Yes ☐ No

- j) Do all Partners, fee earners and employees in the practice devote all their work time and attention to the business of the firm? If **no**, please provide full details in Additional Information ☐ Yes ☐ No

- k) How many people have left the practice in the past 12 months?

SECTION 4 (OFFICE HOLDERS & ACCREDITATION)

- a) Please provide the name and status of the person nominated as the Compliance Officer for Legal Practice ("COLP") or Head of Legal Practice ("HOLP") in the case of an ABS.

Name Status

- b) Please provide the name and status of the person nominated as the Compliance Officer for Finance and Administration ("COFA") or Head of Finance and Administration ("HOFA") in the case of an ABS.

Name Status

- c) Please provide the name, status and email address of the person responsible for risk management in your firm

Name Status

Email

Is your firm accredited with LEXCEL? ☐ Yes ☐ No If yes, please provide date of accreditation

Does your firm have any other quality accreditation? (e.g. ISO9001, CQS etc.) ☐ Yes ☐ No If yes, please provide details below:

SECTION 5 (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. 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) Has any participating insurer refused to offer your practice or any prior practice terms for professional Indemnity insurance? ☐ Yes ☐ No
- o) 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 6 (PRACTICE ACCOUNTS)

Please provide the following information for the last three accounting periods:

	Last completed accounting year	One year prior to last accounting year	Two years prior to last accounting year
Net profit (loss) after tax and before drawings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total principal / partner drawings or director / member remuneration	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net worth of the firm (total assets less total liabilities)	<input type="text"/>	<input type="text"/>	<input type="text"/>

- a) How much debt does your firm carry?
- b) What cash reserves does the practice hold?
- c) Are VAT payments funded by loans? ☐ Yes ☐ No
- d) Do you have written drawings policy? If **yes**, please attach the policy ☐ Yes ☐ No

(Please provide a copy of the annual accounts for the firm for the last two complete financial years)

- e) Please confirm the total fees outstanding to your firm as at the date of this application
- f) What percentage of this amount was billed more than 90 days ago?
- g) What is the total unbilled work in progress as at the date of this application?
- h) Does the firm currently have an overdraft facility? ☐ Yes ☐ No
- If **yes**, what is the balance owing at the date of this application?
- i) Does the firm have any loans or other borrowings from a third party? ☐ Yes ☐ No
- If **yes**, what is the amount owing and for what purpose were the funds raised?

j) How does your accounts manual deal with authorisation of withdrawals from the client account?

k) Are there any undischarged undertakings that you have given, the discharge of which is not entirely within your control?

☐ Yes ☐ No

If **yes**, please provide details in Additional Information

l) In the past 12 months have you had a situation where an undertaking does not reconcile with a client account?

☐ Yes ☐ No

If **yes**, please provide details in Additional Information

SECTION 7 (PRACTICE FEES)

Please complete table below:

Date of financial year end

Please provide a copy of your latest management accounts

	Estimated current year (£)	Last accounting year (£)	Annual accounting period before last (£)	Annual accounting period but two (£)
a) In the UK (for UK clients)	<div></div>	<div></div>	<div></div>	<div></div>
b) In the UK (for USA/CANADA clients) *	<div></div>	<div></div>	<div></div>	<div></div>
c) In the UK (for all other overseas clients) *	<div></div>	<div></div>	<div></div>	<div></div>
d) European offices †	<div></div>	<div></div>	<div></div>	<div></div>
e) USA/CANADA offices †	<div></div>	<div></div>	<div></div>	<div></div>
f) All other overseas offices †	<div></div>	<div></div>	<div></div>	<div></div>
Total fee income	<div></div>	<div></div>	<div></div>	<div></div>

* 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 your largest single fee from any one client in the last 3 years

h) Please state your average single fee in the last 12 months

i) Please state your average annual gross fee income over the past 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

ii. 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 8 (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.

	Prior Completed Year 2011/12 (%)	Prior Completed Year 2012/13 (%)	Last Completed Year 2013/14 (%)
1. Administering oaths, taking affidavits and notary public			
2. Agency advocacy			
3. Acting as an arbitrator, adjudicator or mediator			
4. Children, mental health tribunal and welfare			
5. Commercial litigation			
6. Commercial/corporate work (excluding work related to public companies) (please complete commercial section)			
7. Commercial/corporate work for public companies (please complete commercial section)			
8. Conveyancing - commercial (please complete conveyancing section)			
9. Conveyancing - residential (please complete conveyancing section)			
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) (Please complete personal injury section)			
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 litigious work other (see 21 above)

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

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

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

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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:

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SECTION 9 (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	<input type="text"/>	<input type="text"/>
ii. Mergers and Acquisitions	<input type="text"/>	<input type="text"/>
iii. Debt Issuance/Securitisation	<input type="text"/>	<input type="text"/>
iv. Project Financing	<input type="text"/>	<input type="text"/>
v. Pension Schemes	<input type="text"/>	<input type="text"/>
vi. Tax	<input type="text"/>	<input type="text"/>
vii. Insolvency	<input type="text"/>	<input type="text"/>
viii. Regulation/Compliance	<input type="text"/>	<input type="text"/>
ix. Insurance Brokers, Companies, Underwriting Agencies (other than claims handling)	<input type="text"/>	<input type="text"/>
x. Repurchase of Share	<input type="text"/>	<input type="text"/>
xi. Repurchase of Debt	<input type="text"/>	<input type="text"/>
xii. Issue of New Shares/Share Rights	<input type="text"/>	<input type="text"/>
xiii. Other (please specify) <input type="text"/>	<input type="text"/>	<input type="text"/>

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 10 (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:

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

	Prior completed year (2011/12)	Prior completed year (2012/13)	Last completed year (2013/14)
i. Principals			
ii. Solicitors (excluding Principals)			
iii. Other qualified fee earners			
iv. Non-qualified fee earners *			

* Please provide separate details of their supervision

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

	Residential Conveyancing			Commercial Conveyancing		
	Prior completed year (2011/12)	Prior completed year (2012/13)	Last completed year (2013/14)	Prior completed year (2011/12)	Prior completed year (2012/13)	Last completed year (2013/14)
i. Gross Fees						
ii. Number of Transactions						
iii. Percentage of Transactions relating to re-mortgage work						
iv. Highest Loan Value						
v. Highest Capital Value						
vi. Average Typical Value						

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 (2011/12)	Prior completed year (2012/13)	Last completed year (2013/14)	Prior completed year (2011/12)	Prior completed year (2012/13)	Last completed year (2013/14)
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 (2011/12)	Prior completed year (2012/13)	Last completed year (2013/14)
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**, 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?

Prior completed year (2011/12) Prior completed year (2012/13) Last completed year (2013/14)

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 6th October 2011)? ☐ 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) Has the firm or is the firm intending in the next 12 months to carry out residential or commercial surveys / valuations for lending purposes or perform residential or commercial estate agency work? ☐ Yes ☐ No

If **yes**, please provide details in Additional Information

- p) Does anyone other than a principal sign reports and / or certificates of title addressed to lenders? ☐ Yes ☐ No

- q) Do you use a software package to track all undertakings to ensure timely compliance? ☐ Yes ☐ No

If **yes**, please provide details in Additional Information

- r) Have you made any block notifications 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? ☐ Yes ☐ No

- s) Have you received any request for conveyancing files from lenders in the last 12 months? If so, please state the total number of individual files and name(s) of the lender(s) ☐ Yes ☐ No

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

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

- v) 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

- w) 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

- x) 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 type="text"/> |
| ii. advised on Equity Release Plans? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| iii. 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 | |

- y) Is your practice accredited with the Law Society Conveyancing Quality Scheme? ☐ Yes ☐ No

- z) 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.

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

i. Requested their file?

☐ Yes ☐ No

ii. Made or intimated a complaint or claim against your practice?

☐ Yes ☐ No

If yes, please provide full details

SECTION 11 (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.

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) How many fee earners are members of APIL?

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

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

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

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

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

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

m) Has your firm entered into arrangement to facilitate deductions from personal injury damages?

☐ Yes ☐ No

n) Has your firm conducted work on behalf of a trade union or similar body? If yes, please provide details in Additional Information

☐ Yes ☐ No

o) Does the practice operate and/or offer Conditional Fee Arrangements and damaged based arrangements?

☐ Yes ☐ No

p)

Prior completed year
(2011/12)

Prior completed year
(2012/13)

Last completed year
(2013/14)

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

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?

q) Please provide your standard terms and conditions for using CFAs and DBAs

i. Have you entered into any collective CFAs relating to class actions?

☐ Yes ☐ No

If **yes**, were advocacy or litigation services provided before 1st April 2013? (Please provide details in Additional Information)

☐ Yes ☐ No

ii. Do you intend to enter into any DBAs in the next 15 months?

☐ Yes ☐ No

iii. Does one or more partner(s) agree to each CFA before it is offered to the client?

☐ Yes ☐ No

iv. Do you use a standard written assessment procedure before accepting such arrangements?

☐ Yes ☐ No

v. Have any such arrangements been found to be unenforceable?

☐ Yes ☐ No

If **yes**, please provide full details

r) What percentage of your current cases have ATE insurance?

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

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

s) 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

t) 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.

u) 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

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

☐ Yes ☐ No

w) 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

x) 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

y) What changes have you made to the way you source your work in response to the Jackson reforms?

z) What other changes has your firm made in response to the Jackson reforms?

SECTION 12 (COSTS MANAGEMENT)

Please provide standard terms and conditions for clients where cost management will apply

a) Do you have a diary system in place to ensure that deadlines for filing budgets are complied with? ☐ Yes ☐ No

b) Do you ensure all parties are informed of costs overrun as soon as you are aware and get necessary amendments agreed by the Court? ☐ Yes ☐ No

c) How often do you review costs to ensure that case management costs are within budget?

SECTION 13 (FINANCIAL SERVICES WORK)

a) Has your firm undertaken any regulated activities as defined in the Financial Services and Markets Act 2000 or acted as an introducer in respect of such activities? ☐ Yes ☐ No

b) Has your firm undertaken work in relation to selling or advising on any mortgage endowment policies? ☐ Yes ☐ No

c) Has your firm advised on equity release plans? ☐ Yes ☐ No

If you answered yes to any of the above, please contact Solicitorassist to request a financial services questionnaire.

d) Do you undertake tax planning advice other than inheritance tax? ☐ Yes ☐ No

If **yes**, please state the percentage that is for:

i. Implementation of schemes devised by others

ii. Devising tax mitigation schemes yourself

iii. Schemes endorsed by your firm

SECTION 14 (CHANGES TO YOUR PRACTICE)

a) Does your firm intend to carry out legal services in the next 15 months that it currently does not perform? ☐ Yes ☐ No

If **yes**, please provide details in Additional Information

b) Does your firm perform or intend to perform in the next 15 months any professional services that are not regulated by the SRA? ☐ Yes ☐ No

If **yes**, please provide details in Additional Information

SECTION 15 (RISK MANAGEMENT)

a) Average number of files per fee earner

b) Number of CPD hours recorded by your firm in the past 12 months

c) Do you operate a key dates management system?

☐ Yes ☐ No

If **yes**, how often are entries monitored?

d) Do you have a template / checklist document that is consistently used to record notes of client meetings, discussions and instructions?

☐ Yes ☐ No

e) Do you obtain sign off from the client confirming the notes of the client meetings, discussions and instructions?

☐ Yes ☐ No

If **no**, please provide details:

f) Who is authorised to give undertakings on behalf of the firm?

g) Who is entitled to authorise payment from the client account?

i. Do all cheques over £25,000 require two partner's signatures?

☐ Yes ☐ No

ii. Is there any dual control over electronic funds transfer so that no one person can transfer money without the knowledge of another?

☐ Yes ☐ No

If **no**, please provide details of the security surrounding electronic transfer

h) Does the practice provide professional services for any client in which any principal holds a partnership / directorship or has any other financial interest?

☐ Yes ☐ No

If **yes**, are these services carried out by a principal / solicitor other than the principal connected with the client?

☐ Yes ☐ No

If **no**, please provide details

i) Do you currently provide or intend to provide 'unbundled legal advice'?

☐ Yes ☐ No

If **yes**, please provide details of the areas of practice and how you manage or intend to manage the client engagement process with regard to the scope of the retainer in these cases

j) Does the practice carry out regular audit / reviews on all active files (including partners casework)?

☐ Yes ☐ No

If **yes**, please provide details of how many files are audited, how often and by whom

Please provide details of any further information relating to the risk management procedures or tools within your firm that you consider would be of interest to underwriters (e.g. Reliance, Completion Monitor, Certainty etc.)

SECTION 16 (CURRENT COVERAGE)

CURRENT INSURER

BROKER

PREMIUM

LIMIT

EXCESS

--	--	--	--	--

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 17 (CLAIMS & CIRCUMSTANCES)

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

Insurance Year 2008/09

☐

Yes

☐

No

Insurance Year 2009/10

☐

Yes

☐

No

Insurance Year 2010/11

☐

Yes

☐

No

Insurance Year 2011/12

☐

Yes

☐

No

Insurance Year 2012/13

☐

Yes

☐

No

Insurance Year 2013/14

☐

Yes

☐

No

Please provide up to date claim summaries (from Qualifying Insurers or the Assigned Risks Pool) for ALL years from 01/10/2008 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 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 18 (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) 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 full details. ☐ 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

- 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 19 (OFFICE INSURANCE)

Name of individual who deals with Office Insurance: Office Insurance renewal date:

SECTION 20 (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, I/We declare on behalf of the Practice that the statements and particulars in this Proposal (and attachments if any) are true and that I/We have not misstated nor suppressed any material facts. I/We agree that this Proposal, together with any other information supplied by me/us form the basis of any Contract of Insurance affected thereon. I/We undertake to inform Underwriters of any material alterations to these facts occurring before completion of the Contract of Insurance. Signing this declaration does not bind the proposer or Underwriter to complete a contract of Insurance. We agree that we have a continuing obligation to notify insurers of any material matters during currency of policy.

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 your broker 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:

Signature of Principal:

Date:

Print Name:

Signature of Principal:

Date:

Two Principals must sign the proposal form (Unless you are a Sole Practitioner)
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 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 2008.

☐ 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.

☐ A sheet of your firm's current **HEADED NOTEPAPER**

☐ A copy of management accounts

☐ If you are a newly established firm, a curriculum vitae for every principal of the practice with your business plan and cash flow statement.

CONTACT DETAILS

Please return all documents to ::

Solicitorassist.com and/or
Ashfield House
Windermere Avenue
Menston
West Yorkshire
LS29 6NR

Solicitorassist.com
c/o IMI Insurance Brokers Limited
ILKLEY
DX28402

Tel 0845 338 6080
Fax 0845 338 6061
Email enquiries@solicitorassist.com
Web www.solicitorassist.com

ADDITIONAL SOLICITOR DETAILS

[illegible]

Legal Disciplinary Practices/Alternative Business Structures

[illegible]

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.