

## **SOLICITORS PROFESSIONAL INDEMNITY** **PROPOSAL FORM**

**Please Note:**

- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- Please answer all the questions giving full and complete answers. Please use a separate sheet of paper if insufficient space. If necessary please write additional relevant facts on a separate sheet of paper.
- The proposal form must be completed, signed and dated by a principal of the practice along with and separate sheets.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.
- All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of any claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters. If you are in doubt as to what constitutes a material fact, you should consult your broker.

**Please supply the following additional information:**

- Company Brochure
- Copy of letter headed paper
- CV's of Principals, Business Plan and cash flow forecast (If you are a start up practice)
- A copy of all reports issued by the LCS (formally the CCS/OSS) Forensic Investigation Unit, Disciplinary Tribunal and/or any other regulatory body (if applicable)
- Up to date qualifying insurers claims summary for the last six years.

The Engineering Office, 2 Michael Road, London SW6 AD  
Telephone 020 7751 3075 Facsimile 020 7751 3083 E-mail [solicitor@piibrokers.co.uk](mailto:solicitor@piibrokers.co.uk)

Authorised and Regulated by the Financial Services Authority reference no. 431039  
Registered Office: The Engineering Office, 2 Michael Road, London SW6 2AD. Registered in England No. 5377189

**A) Details of the proposer:**

1. Practice Name

Please include all other names under which the practice and any other entities for which you are seeking cover including Trustee and/or nominee companies and/or incorporated principals.

2. Solicitors Regulation Authority Registration Number

Date of Establishment

3. Main Address:

Primary Contact:

  
  

Tel: \_\_\_\_\_ Postcode: \_\_\_\_\_

Fax: \_\_\_\_\_

4. Web-Site/Email Address

/

5. Is the practice a Limited Liability Partnership or a company registered at Companies House? **Yes/No**

6. Do you have any offices other than the main office listed above, for which you are Seeking cover ? **Yes/No**

*If yes please list the address on a separate sheet. If there is no resident Principal/Member/Director at these offices, please identify the office concerned and explain how the office is supervised.*

7. Please list the names of all prior practices to which this practice has become a successor practice in the last fifteen years. Please refer to successor practice definition. Use a separate sheet if necessary.

Practice Name	Date established	Date of succession

Have any of the listed practices reported any circumstances or claims in the last five years? **Yes/No**  
*If yes, please provide copies of the claims information from other Qualifying Insurers or the Assigned Risks Pool for all circumstances and claims reported since 01/10/2005*

Is the practice planning any succession or merger with another practice within the next twelve months ?  
 Is so please provide full details. **Yes/No**


**B) Details of all Directors/Partners/Principals:**

- Please provide full details of every Principal, Member, Director, Assistant and Consultant who will be employed by your practice at the inception date of the policy. If anyone listed is a Registered Foreign Lawyer or Registered European Lawyer, please note RFL or REL along side status.  
If you are newly established practice, please enclose the curriculum vitae for every Principal, Member, Director in your practice, your business plan and a Cash Flow Statement.

Title (Mr/Mrs)	Solicitors Full Name	D/O/B	Status (Principal/Member/Consultant/ Assistant)	Full/Part Time	Roll Number (as per practising certificate)	Year of admission in England and Wales

**C) Legal Disciplinary Practices:**

- Please provide all information requested for every Principal, Member, Director or Partner who is **not** a solicitor.

Title	Full Name	D/O/B	Role (eg HR/IT/Finance Director,Barrister ,Conveyancer)	Full/Part Time	Fee Earner Yes/No	Regulatory Body

**D) Work for other practices:**

- Do any principals or fee earners also work for any other law firms or businesses? **Yes/No**  
If yes , please provide full detail on a separate sheet.
- Number of non-solicitor fee earning staff (please state if none):
- Number of all other staff, including secretarial (please state if none):

**E) Details of activities/income/fees:**

1. Please provide gross income for the last three completed accounting periods and an estimate of gross fee income for the current accounting period, from your clients in the following territories.

	Day	Month	Year	UK	USA/Canada	Elsewhere	Total
Estimated Current Year			20				
Last Completed year			20				
Prior Completed year –(1)			20				
Prior Completed year –(2)			20				

2. Does any one client, group of clients or any referral source generate more than 20% or greater of your annual fees?

**Yes/No**

*If yes, please provide full details of these clients or referrers, fees earned/percentage generated and the work undertaken and the work undertaken on a separate sheet.*


3. If your practice has any fees from clients in USA/Canada or elsewhere, please provide full details of the clients, the work undertaken for them and whether the work involved advice under UK, US, Canadian law (please specify)


4. Please provide the percentage of gross fees allocated to each Area of Practice in the last three completed accounting periods. If you are a new practice, please provide estimated percentages for the coming year.

Area of practice (Entered to the nearest whole percentage)	Last Completed year	Prior Completed year (-1)	Prior Completed Year (-2)
1.Administering oaths, taking affidavits and Notary Public.			
2.Agency Advocacy.			
3.Arbitration, Adjudication, and Mediation.			
4. Children, Mental Health Tribunal and Welfare			
5.Commercial Litigation.			
6.Commercial work (excluding work related to public companies) (please completed E6)			
7.Conveyancing – Commercial (please complete E7)			
8.Conveyancing – Residential (please complete E7)			
9.Criminal Law			
10.Debt Collection			
11.Defendant litigious work for insurers, Defendant Personal injury work.			
12.Employment Contentious			
13.Employment Non-Contentious			
14.Financial Advice and services Regulated by the Solicitors Regulation Authority			
15.Immigration.			
16.Land lord and tenant.			
17.Lecturing and related activities			
18.Litigious other than given in any other Category. Please provide a breakdown on a separate sheet			
19.Matrimonial/Family			
20.Non-Litigious work over than given in any either category. Please provide a breakdown on a separate sheet			
21.Office & Appointments.			
22. Parliamentary Agency.			
23.Personal Injury (Claimant) (please complete E8)			
24.Probate and Estate Administration.			
25.Property Selling, Valuations and real estate agency.			
26.Town and County Planning.			
27.Wills,Trusts and Tax Planning.			
28.Commercial/corporate Work for public companies (please complete E6)			
29.Financial Advice and Services where your practice has opted in to FSA regulation (please complete the FSA questionnaire)			
30. Intellectual Property including patent trademark and copyright. (Please provide full details on a separate sheet)			
<b>Total must equal 100%</b>			

5. Has your practice, or any prior practice, ever accepted instructions for any class actions or other group litigation? Yes/No

6. Commercial

In respect of commercial work, please provide gross fee income for the last accounting period from:

Area	Gross fees Non-public companies	Gross fees Public-companies
Mergers and acquisitions		
Debt issuance/securitisation		
Project financing		
Pension schemes		
Tax		
Insolvency		
Regulation/compliance		
Other (please specify)		
Other (please specify)		
Other (please specify)		

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?	Contract Value	Fees earned	Year completed

7. Conveyancing

Please state the number of fee earners in your practice who undertake or have undertaken conveyancing work:

	Last completed year	Prior completed year (-1)	Prior completed year (-2)
Solicitors			
Other qualified fee earners			
Non-qualified fee earners			

Please fill in the below table in relation to residential conveyancing:

	Last completed year	Prior completed year (-1)	Prior completed year (-2)
Gross fees			
Number of transactions			
Highest capital value			
Average typical capital value			
Percentage of total relating to remortgage work			

Please fill in the below table in relation to commercial conveyancing:

	Last completed year	Prior completed year (-1)	Prior completed year (-2)
Gross fees			
Number of transactions			
Highest capital value			
Average typical capital value			



- In any year in the last three, have more than 10% of your conveyancing instructions originated from any one development or from any one client or referrer, e.g. mortgage broker, developer, financial adviser, estate agent?

Yes/No

*If yes please provide full details on a separate sheet*

- 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:

Last completed year	<input type="text"/> %	Prior completed year (-1)	<input type="text"/> %	Prior completed year (-2)	<input type="text"/> %
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- What identity checks do you carry out on conveyancing clients?

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

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

- Over the last three years what safeguards have you had in place to ensure that any information indicative of mortgage fraud (e.g. back to back transactions, discounts, incentives) is:

a) Identified
b) reported to lender clients?

- Does anyone other than a Principal sign reports and/or certificates of title addressed to lenders?

*If yes please provide full details on a separate sheet*

Yes/No

- On approximately how many occasions in the last 12 months have you received requests for conveyancing files from lenders?

Please provide full details including the name(s) of the lender(s)

<b>Has the practice or any prior practice in the last twelve months:</b>	<b>Yes/No</b>	<b>Number</b>
a) undertaken residential or commercial surveys/valuations for lending purposes?		
b) advised on Equity Release Plans?		

- Does the practice plan to do any of the above in the next twelve months? **Yes/No**  
*If yes please provide full details on a separate sheet*

### 8. Personal Injury

<b>Please advise your current personal injury work by percentage</b>	<b>%</b>
Clinical negligence	
Occupational disease	
All other personal injury (e.g. RTA, Employers/Public Liability etc)	

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

- What was your average personal injury settlement over the last twelve months?

- What was your highest personal injury settlement over the last twelve months?

- Please estimate the percentage of personal injury work (claimant) you currently have in each of the following:

Small Claims	<input style="width: 50px; height: 20px;" type="text"/>
Fast Track	<input style="width: 50px; height: 20px;" type="text"/>
Multi Track	<input style="width: 50px; height: 20px;" type="text"/>

- Please estimate the number of personal injury cases you currently have where the expected settlement exceeds £250,000

- Please state the number of fee earners in your practice who undertake or have undertaken personal injury work:

	<b>Last completed year</b>	<b>Prior completed year (-1)</b>	<b>Prior completed year (-2)</b>
Solicitors	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
Other Qualified fee earners	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
Non-Qualified fee earners	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

- Do you undertake work or accept referrals from Claims Management Companies or referral networks? **Yes/No**  
*If yes please provide full details on a separate sheet*

- Does the practice vet personal injury cases for a third party? **Yes/No**  
*If yes please provide full details on a separate sheet*

- What percentage of your current cases have ATE insurance?   
*Please provide the names of all ATE insurance providers you deal with or have dealt with in the last two years:*

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

- Have your files been audited or has an audit been proposed by any underwriters or funders? **Yes/No**  
*If yes, please provide full details on a separate sheet*

- Do you receive, or have you received, any time in the last three years, any commission or other financial incentive from any insurer? **Yes/No**  
*If yes, please provide full details on a separate sheet*

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

- Do you use any particular provider for expert reports in more than 20% of your cases? **Yes/No**

*If yes, please provide full details, including identity of provider, percentage of cases and background to the level of instructions*

## **F) Practising certificate and regulatory issues**

1. In the last ten years has any **principal or fee earner** in the practice:

- Ever been refused a practicing certificate? **Yes/No**
- Ever been granted a conditional practising certificate? **Yes/No**
- Been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal? **Yes/No**
- Practised in a firm subject to an investigation or an intervention by the Law Society or Solicitors Regulation Authority? **Yes/No**
- Had an award for inadequate professional service made against him or her by the Legal Complaints Service (LCS) or the former CCS or OSS or entered into any regulatory settlement agreement with the SRA? **Yes/No**
- Had a civil or criminal judgment against him or her ? **Yes/No**
- Been investigated by any regulatory body other than the Law Society or Solicitors Regulation Authority (e.g FSA Council of Licensed Conveyancers, ILEX)? **Yes/No**
- Has **the firm** been the subject of a monitoring visit from the Solicitors Regulation Authority in the last three years? **Yes/No**
- Has the Firm been the subject of any visit or enquiry from the Forensic Investigation Unit of the Solicitors Regulation Authority in the past three years Or has notice of any proposed visit or enquiry been given. **Yes/No**

*If you have answered yes to any of the above questions, please provide full details on a separate sheet and include a copy of all reports and relevant correspondence issued by the LSC, former CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/or any regulatory body.*

**G) Claims/Circumstances information**

1. Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or past or present partners, principals or directors?

Insurance Year	Yes	No
2003 – 2004		
2004 – 2005		
2005 – 2006		
2006 – 2007		
2007 – 2008		
2008 – 2009		
2009 – 2010		

*If yes to any of the above insurance years, please provide with this form claims information from other Qualifying Insurers or the Assigned Risks Pool for all circumstances or claims reported since 01/09/2003 by your practice or any practice to which you are a successor practice.*

2. Have any circumstances or claims reported by your practice or any prior practice in the last five years arisen as a result of the dishonesty of any principal, member director or employee or the practice. Yes/No

*If yes, please provide full details on a separate sheet including how each matter was resolved and the procedures/processes in place to avoid re-occurrence.*

3. Are you or any partners, directors, members or principals, after having made full enquiry, including all employees aware of any of the following matters?

- Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, director principals or employees? Yes/No
- The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by any past or present partner, director principals or employees? Yes/No
- Aware of any circumstances or claims that you have not reported to your current or any prior insurers? Yes/No

*If yes, please provide full details on an additional sheet of paper.*

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

**H) Risk Management**

1. Please provide the name and status of the person responsible for risk management in your firm.  
 Name : ..... Status : .....  
 Are you accredited with LEXCEL? **Yes/No**  
 If yes please provide date of accreditation / /

2. Are regular file audits undertaken in each department including Principals' files? **Yes/No**

*If yes, how many files are audited, how often and by whom?*

3. Who is authorised to give undertakings on behalf of the practice?

4. Who is entitled to authorise payment from the client account?

5. 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 always carried out by a Principal/solicitor other than the Principal connected with the client? **Yes/No**  
*If no, please provide full details on a separate sheet*

**I) Previous/Current Insurance**

1. Has your practice or any prior practice, ever been in the Assigned Risks Pool **Yes/No**  
*If yes please explain on a separate sheet.*

2. Has any previous policy for Professional Indemnity Insurance been cancelled or refused or had any special terms imposed by any insurer? **Yes/No**  
*If Yes, please provide full details on a separate sheet of paper.*

3. Please circle the Limit of Indemnity required:  
 £2,000,000, £3,000,000, £4,000,000, £5,000,000, £6,000,000, £7,000 000, £8,000,000, £9,000,000, £10,000,000

4. What Excess is the Proposer prepared to carry uninsured?  
 Nil, £1000, £2,500, £5,000, £10,000, £25,000, £50,000, £75,0000  
 or 'Other'

Would you like quotes with an aggregate excess? **Yes/No/Both**

5. Please provide details of your current insurance:

Current Insurer	
Limit of liability	
Excess	
Premium	

**J) Significant Change /Other material information**

- 1. Has there been/do you expect there to be any significant change to or in your practice in the coming year? Yes/No  
*If yes, please explain on a separate sheet.*
  
- 2. Is there any other material information that may be relevant to this application? Yes/No  
*If yes, please explain on a separate sheet.*

**K) Declaration**

The undersigned authorised Officer of the Company declares that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this Proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature (Principal, Member, Director):.....  
Name:.....  
Position:.....  
Date:.....

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE OR BELIEF THE PARTICULARS AND STATEMENTS GIVEN IN THIS APPLICATION AND ANY OTHER DOCUMENTATION AND INFORMATION WILL BE THE BASIS OF THE CONTRACT BETWEEN THE INSURED AND THE INSURER. I DECLARE THAT I HAVE INFORMED THE INSURER OF ALL FACTS WHICH ARE LIKELY TO INFLUENCE THE INSURER IN ACCEPTANCE OR ASSESMENT OF THIS INSURANCE. I ACCEPT THAT IF I AM IN DOUBT WHETHER ANY FACT MAY INFLUENCE THE INSURER I SHOULD DISCLOSE IT.

Number of additional sheets included with this application: