

Solicitors Professional Indemnity Insurance

Proposal Form 2017/18

1. Name and Address Details

Practice Name	<input type="text"/>		
Date Established	<input type="text"/>		
S.R.A. Registration No.	<input type="text"/>		
Main Office Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number	<input type="text"/>	Fax No.	<input type="text"/>
Contact Name	<input type="text"/>		
Contact Email Address	<input type="text"/>		
Practice Website	<input type="text"/>		

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 addresses on a separate sheet. If there is no resident Partner/Director at any of these offices, 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? Yes No

Is your Practice regulated as an Alternative Business Structure or does it intend to become regulated as an Alternative Business Structure in the next 12 months? Yes No
If Yes, please provide date of regulation on a separate sheet.

2. Prior Practices

List the names of all Prior Practices to which this Practice is a successor Practice.

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"/>

Have any of the Practices listed above reported any circumstances, incidents or claims in the last eight years? Yes No
If Yes, please refer to Question 8 and disclose all details.

3. Solicitor Details

Please provide all information requested for every Principal, fee earner and Consultant who will be employed by your Practice as at the inception date of the Policy. If anyone is a Registered Foreign Lawyer or a Registered European Lawyer, please note RFL or REL alongside their role. If you are a newly established Practice, please enclose a CV for every Principal in the Practice.

Title	Full Name	Date of Birth	Full / Part Time	Roll Number	Principal / Director / Assistant / Consultant	% Equity held (if applicable)	Date Qualified
<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"/>	<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"/>

Please continue on your letterhead paper should you require additional space.

Does the firm have non-Solicitor Principals? Yes No
If Yes, please provide details on a separate sheet.

Are any Principals or other fee earners also Principals, fee earners or Employees of any other business? Yes No
If Yes, please provide details on a separate sheet.

4. Other Staff

Number of non-solicitor fee earning staff	Full Time	<input type="text"/>	Part Time	<input type="text"/>
Number of all other staff (including secretarial)	Full Time	<input type="text"/>	Part Time	<input type="text"/>

5. Practice Fees

Please list fee income for your last five financial years.

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

Please state your estimated fees for the next financial year.

£

Does your Practice have an overdraft facility?

Yes No

If Yes: What is the Practice's overdraft limit?

£

What is the amount currently owing at the date of this Application?

£

Does the Practice have any other loans or borrowings from third parties?

Yes No

If Yes: What is the total amount of loans or borrowings outstanding at the date of this Application?

£

Please enclose a copy of your latest accounts.

Is any proportion of your fee income derived from Clients domiciled outside of the United Kingdom?

Yes No

If Yes, please provide details of the Client(s) and the work undertaken on a separate sheet.

Does anyone Client or group of Clients generate 20% or more of your annual fees?

Yes No

If Yes, please provide details of the Client(s) and the work undertaken on a separate sheet.

Please state what percentage of gross fees arise from the categories of Clients listed below:

a) Public Quoted Companies (Takeover & Merger & Share Issue work only)	<input type="text"/>	%
b) Merchant Banks, Finance Houses, Hire Purchases and Credit Sales and other concerns providing Finance (other than Building Societies)	<input type="text"/>	%
c) Property Developers or Property Investment Companies (including their commercial conveyancing)	<input type="text"/>	%
d) Sub-Prime Lenders	<input type="text"/>	%
e) Insurance Brokers, Insurance Companies, Underwriting Agencies and similar organisations (other than handling of claims under insurance policies)	<input type="text"/>	%
f) All other clients	<input type="text"/>	%

6. Current Insurance Cover

Have you ever been in the Assigned Risks Pool?

Yes No

If Yes, please provide details on a separate sheet.

Have you ever failed to pay an Insurance Premium, or excess, or ever defaulted on a repayment where the Premium was financed?

Yes No

If Yes, please provide details on a separate sheet.

Has any participating insurer refused to offer your Practice terms for Professional Indemnity insurance?

Yes No

If Yes, please provide details on a separate sheet.

If you are not a Client of Inperio please provide details of your current professional indemnity insurance:

Current Insurer	<input type="text"/>	Limit of Indemnity	£ <input type="text"/>
		Premium	£ <input type="text"/>
Current Broker	<input type="text"/>	Excess	£ <input type="text"/>
		Aggregate Excess?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Current Insurance Cover (continued)

Limit of Indemnity Requested

Limit of Indemnity £ Excess £ Aggregate Excess? Yes No

7. Practising Certificate

Has any Principal or fee-earner in the Practice ever:

Been refused a practising certificate? Yes No

Been granted a conditional practising certificate? Yes No

Been the subject of a costs or penalty order? Yes No

Been reprimanded by the Disciplinary Tribunal? Yes No

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

Had an award for inadequate Professional Service made against any member of the firm by the Legal Complaints Service (formerly OSS/CSS)? Yes No

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

Been investigated by any other regulatory body other than the Solicitors Regulation Authority (e.g. FCA)? Yes No

If the answer to any of the above is Yes, please provide full details and include a copy of all reports issued by the relevant body.

8. Claims and Circumstances

Has your Practice, or any Prior Practice, reported any circumstances, incidents or claims to Participating Insurers or to the Assigned Risks Pool:

Insurance Years

2009 – 2010	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2013 – 2014	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2010 – 2011	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2014 – 2015	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2011 – 2012	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2015 – 2016	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2012 – 2013	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2016 – 2017	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answer to any of the above is Yes, please provide up to date claims information from Qualifying Insurers or the Assigned Risk Pool for all circumstances, incidents or claims reported by your Practice and any Practice to which you are a successor Practice.

After making a full enquiry of all Principals and Employees of your Practice, are you aware of any circumstances, incidents or claims that you have not reported to your current or any prior insurers? Yes No

Have any circumstances, incidents or claims reported by you or any Prior Practice in the last ten years arisen as a result of the dishonesty of any Principal or Employee of the Practice? Yes No

After making full enquiry of all Principals and Employees in your Practice are you aware of any circumstances, incidents or claims that have been notified to your current or prior insurers but have not been accepted? Yes No

If Yes, please provide details on a separate sheet.

9. Risk Management

What Legal Services Commission Quality Mark or other quality standards, e.g. LEXCEL or Investors in People is your Practice currently accredited with?

Please specify:

Has a Legal Services Commission Quality Mark ever been withdrawn? Yes No

If Yes, please provide details on a separate sheet.

Does the Practice always obtain written references immediately preceding the engagement of an Employee or Partner? Yes No

If No, please provide details on a separate sheet.

Does the Practice have a formal performance management system in place, which evaluates (at least annually) all Partners, solicitors and other fee earning staff? Yes No

If No, please provide full details of the appraisal system.

Does a designated supervisor or Partner check all incoming post? Yes No

Does the Practice carry out regular audits/reviews on all active files (including Partners' casework)? Yes No

Does the Practice have documented procedures in place for Client vetting and identifying conflicts of interest? Yes No

Does the Practice operate a centralised/departmental diary system with appropriate electronic/manual back up? Yes No

Does the Practice make regular checks to ensure that the diary system in which all key dates are entered is being adhered to and that the system is catering for absenteeism? Yes No

Does the Practice have a time recording system? Yes No

Please confirm that Partners/Supervisors monitor and/or authorise the giving of all solicitors' undertakings and these are always confirmed in writing and recorded on file. Yes No

Does the Practice have a formal money laundering policy, and has training been provided to all Partners and Employees? Yes No

If No, please provide details on a separate sheet.

Does the Practice always receive written confirmation when money is transferred electronically? Yes No

If No, please provide details on a separate sheet.

Who is entitled to authorise payments from the Client account?

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

What is the average number of files per fee earner?

How often is the Client account taken to trial balance?

In the last six years has the Law Society or Solicitors Regulation Authority qualified the Practice's accounts or has the Practice been the subject of an inquiry/investigation as a result of a breach of the Solicitors Accounts Rules? Yes No

If Yes, please provide details on a separate sheet.

Does the Practice provide legal services via the internet or transact business via internet forums? Yes No

Does the Practice have an email or internet security policy? Yes No

If No, please provide details on a separate sheet.

9. Risk Management (continued)

Please confirm the name and position in the Practice of your:

Compliance Officer for Legal Practice (COLPs)	Name	<input type="text"/>
	Position	<input type="text"/>
Compliance Officer for Finance & Administration (COFA)	Name	<input type="text"/>
	Position	<input type="text"/>

10. Areas of Practice

Please provide the percentage of gross fees allocated to each Area of Practice or, if you are a new Practice, an estimated percentage for the coming year.

	Last Year %	Prior Year %	Two Years Prior %		Last Year %	Prior Year %	Two Years Prior %
Administering oaths, taking affidavits and notary public				Matrimonial			
Agency Advocacy				Mergers & Acquisitions work (non Securities related)			
Arbitration, Adjudication and Mediation				Non-litigious work not in any other category			
Children, Mental Health Tribunal and Welfare				Offices & Appointments			
Commercial Litigation				Other litigious work not in any other category			
Commercial work (excluding work related to Public Companies)				Parliamentary Agency			
Conveyancing – Commercial				Personal Injury (Claimant)			
Conveyancing – Residential				Personal Injury (Defendant)			
Criminal Law				Probate			
Debt Collection				Property Selling, Valuations & Property Management			
Defendant – Litigious work (Insurers)				Town & Country Planning			
Employment – Litigious				Wills, Trusts and Tax Planning			
Employment – Non-Litigious				<i>If you indicate a percentage in any of the areas below, please provide details on a separate sheet.</i>			
Estate Administration				Commercial work for public companies			
Immigration				Financial Services where your Practice is regulated by the FCA			
Landlord and Tenant – Litigious				Intellectual Property including patent, trademark and copyright			
Landlord and Tenant – Non-Litigious				Other – Please provide details			
Lecturing & related activities and Expert Witness work				TOTAL MUST EQUAL 100%			

Does the Practice carry out any activities where no fees are charged? Yes No

Do you provide management services or investment advice to any entertainment Clients or sporting professionals? Yes No

In the last six years, has your Practice or any Prior Practice accepted instructions for any class actions or any other group litigation? Yes No

If Yes, to any of the above please provide details on a separate sheet.

11. Conveyancing

If the Practice has carried out conveyancing services in the last three years please provide the following details.

	Last Year	Prior Year	Two Years Prior
Number of solicitors who undertake conveyancing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of other qualified fee earners who undertake conveyancing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of non-qualified fee earners who undertake conveyancing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of residential transactions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of residential transactions under right to buy legislation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimate the highest capital value, residential transaction	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Estimate the average capital value, residential transaction	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Number of commercial transactions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimate the highest capital value, commercial transaction	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Estimate the average capital value, commercial transaction	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Estimate the proportion of your conveyancing fees derived from remortgage work	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Estimate what percentage of all your conveyancing instructions that relate to the purchase of buy to let properties.	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Does your Practice always undertake the appropriate identity checks as laid out in Part 1, Section 3 of the CML handbook?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
In any of the last three years have more than 10% of your conveyancing instructions originated from any one property development Client or referrer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your Practice act for any mortgage lender who is not a member of the Council of Mortgage Lenders?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you been suspended or removed from any lender panel in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If Yes, please provide full details including the name(s) of the lender(s).</i>			
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?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If No, please provide details on a separate sheet.</i>			
On approximately how many occasions have you received requests for conveyancing files from lenders?	Last Year <input type="text"/>	Prior Year <input type="text"/>	Two Years Prior <input type="text"/>
Does your Practice knowingly undertake the conveyancing of Sub Prime or Adverse Mortgages?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
On how many occasions in the last five years has your Practice or any Prior Practice advised on Home Income Plans or Equity Release Plans?	<input type="text"/>		

12. Personal Injury

If the Practice has carried out Personal Injury work in the last three years please provide the following details:

Please provide the percentage of personal injury work undertaken in respect of the last three years:

	Last Year	Prior Year	Two Years Prior
Small Claims	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fast Track	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Multi Track	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Have you ever accepted referrals from claims management companies, referral networks or their agents?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If Yes:</i> Approximately how many personal injury cases (from claims companies) have you undertaken in the last five years?	<input type="text"/>		

12. Personal Injury (continued)

What was your average personal injury settlement over the last 12 months? £

What was your highest personal injury settlement over the last 12 months? £

Have you ever operated an After the Event Insurance binding authority on behalf of an insurance company? Yes No

If Yes, please provide details below.

Name of Insurer	Number of Policies Issued			Number of Live Policies
	Last Year	Prior Year	Two Years Prior	
<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"/>

Please continue on a separate sheet should you require additional space.

13. Other Material Information

Has there been any significant change in your Practice in the last year or do you expect any significant change in the coming year? Yes No

Is there any other material information that may be relevant to this application? Yes No

If Yes, to either of the above please provide details on a separate sheet.

If you are in any doubt as to what constitutes a material fact please contact us.

14. Important Notice / Declaration

By signing this proposal form you consent to Inperio Ltd 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 carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies 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 or 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 that the Statement and Particulars in this Proposal are true and that I/We have not mis-stated or suppressed any Material Facts. I/We agree that this Proposal, together with any other information supplied by Me/Us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration of these facts occurring before completion of the Contract of Insurance. Signing this Declaration does not bind the Proposer or Insurer to complete this insurance.

Signature

Name

Position Date

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