



## Proposal for Solicitors' Professional Indemnity Insurance

### Broker Details

Name of Broker:

Please circle your answers in the appropriate places

### Practice Information

Name of Practice:

Number of other offices:

Address of Main Office:

If there are other offices:  
Are any of these offices outside of Ireland?    Yes    No

Does every office have at least one Partner/Principal?    Yes    No

County :

Current Practice Start Date (YYYY)

Have you had any mergers or acquisitions in the last 5 Years?    Yes    No

### Ireland Offices

Do you provide legal advice on Irish law to clients based outside Ireland?    Yes    No

If Yes, please give domicile of client, fees earned and any other relevant information here:

Do you provide legal advice other than under Irish law?    Yes    No

If Yes, please provide details of all jurisdictions / governing laws to which such legal advice relates:

### Partners/Principals Details

How many Partners/Principals are in the Practice?

Are all Partners/Principals admitted in either Ireland, Northern Ireland, England, Wales or Scotland?  
Yes  No

Are all Partners/Principals between the ages of 28 and 70?  
Yes  No

If Yes to any of the above;

How many Partners/Principals are either outside this age range or not admitted in Ireland, Northern Ireland, England, Wales or Scotland?

Name	Age	Qualification
<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 separate sheet if necessary.

### Staff Details

How many other fee-earning staff are there?  
(Please count part-time staff as half)

Are all qualified Solicitors admitted in either Ireland, Northern Ireland, England, Wales or Scotland?  
Yes  No

If No please enter details here:

Please give the number of all other staff:  
(This includes secretarial staff. Please count part-time staff as half)

### Fee Details

Please provide the following gross fees paid by clients for work undertaken by the Practice:

**Latest Declared Fees:**  **Latest Year's Average Fees:**

**Current Fees: (Estimated)**  **Latest Year's Largest Fee:**

## Area Of Practice Details

Please state the percentage of gross fees paid by clients for work undertaken by the Practice in respect of the following:

Area of Practice	Percentage	Area of Practice	Percentage
Adjudication / Arbitration /	<input type="text"/> %	Immigration	<input type="text"/> %
Agency Advocation	<input type="text"/> %	Intellectual Property	<input type="text"/> %
Children Work	<input type="text"/> %	Landlord / Tenant	<input type="text"/> %
Commercial – Non-Securities Related	<input type="text"/> %	Matrimonial	<input type="text"/> %
Commercial – Securities Related	<input type="text"/> %	Oaths & Affidavits and Notary Public	<input type="text"/> %
Conveyancing – Commercial	<input type="text"/> %	Offices & Appointments	<input type="text"/> %
Conveyancing – Residential	<input type="text"/> %	Government Work	<input type="text"/> %
Criminal	<input type="text"/> %	Personal Injury - Claimant	<input type="text"/> %
Debt Collection	<input type="text"/> %	Personal Injury – Defendant	<input type="text"/> %
Defendant Litigation	<input type="text"/> %	Town & County Planning	<input type="text"/> %
Employment	<input type="text"/> %	Trust, probate, Wills and Tax Planning	<input type="text"/> %
Estate Agency, Property Valuation & Property Management	<input type="text"/> %	Welfare	<input type="text"/> %
Expert Witness / Lecturing Work	<input type="text"/> %	All Other	<input type="text"/> %
Financial Advice and Services	<input type="text"/> %		

Must Total 100%

## Internal Procedures

Has the Practice ever been brought before a disciplinary Tribunal or ever been subject to an investigation by the Law Society of Ireland?

Yes

No

If Yes, please enter details here:

Is this Practice accredited to ISO 9000?

Yes

No

If No, please answer the following questions.

Is the work of all fee-earning staff supervised by any Partners/Principals and subject to regular review meetings?

Yes No

If No, please enter details here:

Are all new clients vetted and approved by a Partner of the Practice?

Yes No

If No, please enter details here:

Does the Practice or any Partners/Principals exercise a controlling / financial Interest in any Company or Organisation for which the Practice undertakes work?

Yes No

If Yes, please enter details here:

**Claims Details**

Has any claim been made against the Practice, any Partners/Principals, Consultant, Employee or any person under a contract of service with the Practice, in the last five years?

Yes No

If Yes, please complete the following.

Start Year Period	End Year Period	Total Number of Claims	Aggregate of Paid Claims	Aggregate of Reserved Claims	Largest Single Incurred Claim
<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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you aware of any Circumstances, Incidents or Claims that, after making full Enquiry of all Partners/Principals, Consultants, Employees or any persons under a contract of Service, you have not reported to your current or any prior Insurers?

Yes No

If Yes, do any of these circumstances, incidents or claims have the potential to exceed €50,000?

Yes

No

If Yes, please provide details:

### Insurance Details

Does the Practice have any Professional Indemnity Insurance in force?

Yes

No

If No, please enter details here:

**Insurance Layer**

**Name of Insurer**

**Limit of Indemnity**

**Excess**

**Premium**

Primary

1<sup>st</sup> Excess

2<sup>nd</sup> Excess

Are you currently or have you ever been in the Assigned Risk Pool?

Yes

No

If Yes, please enter details here:

## Declarations

I/we accept that completion of this proposal form does not bind the Practice or Liberty to effect a contract of insurance.

I/we agree that, if an insurance policy or policies are issued, this proposal and any other information supplied prior to inception of the insurance policy shall form the basis of any contract of insurance effected hereon and shall be incorporated therein.

I/we hereby declare that the above statements and particulars are true and that full enquiry has been made to ensure their accuracy and I/we have not omitted, suppressed or misstated any material facts, which may be relevant to underwriters' consideration of this proposal.

I/we undertake to inform Liberty of any material changes to any fact contained herein that occurs prior to inception of the contract of insurance.

Signature: \_\_\_\_\_

Date:

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