

[illegible]

4 Other staff

Number of non-solicitor fee earning staff

Please state if None

Number of all other staff (including secretarial)

Please state if None

5 Practice fees

Please provide the gross fees arising for the firm's practice for the accounting periods below:

	Year 2005/6	Year 2006/7	Last accounting year	Estimate coming year
Date of financial year end				
Gross fee income (UK and overseas)				
Largest fee from any one client				
Average fee				
USA/Canada* State if none				
Rest of the world				

* Billed to a USA/Canada client in the UK or elsewhere for clients domiciled in the USA or Canada including work for USA countries, subsidiaries or subsidiaries of companies based elsewhere. Please provide full details of these clients and the work undertaken on a separate sheet. and confirm if the work undertaken is under US or UK law.

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

Yes ☐ No ☐

Does the firm ever provide legal advice in respect of foreign law, foreign jurisdiction or contract which is not subject to English law? If Yes, please provide details on a separate sheet.

Yes ☐ No ☐

6 Practising certificate & Regulatory Issues

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

- ever been refused a practising certificate?
- ever been granted a conditional practising certificate?
- been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal?
- practised in a firm subject to an investigation or an intervention by the Law Society or the Solicitors Regulation Authority?
- had an award for inadequate professional service made against him or her by the Legal Complaints Service or the former CCS or OSS?
- had a civil or criminal judgement against him or her?
- been investigated by any regulatory body other than the Law Society or Solicitors Regulation Authority? (e.g. FSA)
- Has the firm been the subject of a monitoring visit from the Law Society or Solicitors Regulation Authority in the last three years?
- Has the firm been the subject of any visit or enquiry from the Forensic Investigation Unit of the Law Society or Solicitors Regulation Authority in the past three years or has notice of any proposed visit or enquiry been given?

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	<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	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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 & relevant correspondence issued by the LCS, former CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/ or any other regulatory body.

7 Claims and circumstances

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

Insurance Year 2003-2004	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Insurance Year 2004-2005	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Insurance Year 2005-2006	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Insurance Year 2006-2007	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Insurance Year 2007-2008	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Note: If Yes to any of the 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.**

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, member or employee of 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.

After making full enquiry of all principals, members 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?

Yes ☐ No ☐

If Yes, please explain on a separate sheet

Please note that you have an obligation under your current PII 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.

8 Area of practice

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

AREA OF PRACTICE (Rounded to the nearest whole percent)	%
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)	
7. Conveyancing – Commercial	
8. Conveyancing – Residential	
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. Landlord and Tenant	

AREA OF PRACTICE (Rounded to the nearest whole percent)	%
17. Lecturing and Related Activities and Expert Witness Work	
18. Litigious work other than given in any other category Please provide a breakdown on a separate sheet.	
19. Matrimonial/Family	
20. Non-litigious work other than given in any other category Please provide a breakdown on a separate sheet.	
21. Offices & Appointments	
22. Parliamentary Agency	
23. Personal Injury (Claimant)	
24. Probate and Estate Administration	
25. Property Selling, Valuations and Property Management	
26. Town & Country Planning	
27. Wills, Trusts and Tax Planning	

If you indicate a percentage in any of the areas below, please provide full details on a separate sheet. or for 29 complete our FSA Questionnaire.

28. Commercial/Corporate work for public companies	
29. Financial Advice and Services where your practice has opted into regulation by the FSA. Please request an FSA questionnaire.	
30. Intellectual Property including patent, trademark and copyright	
TOTAL MUST EQUAL 100%	100%

Has your practice, or any prior practice, ever:

- provided management services or investment advice to any entertainment clients or sporting professionals?
Yes ☐ No ☐ If Yes, please explain on a separate sheet.
- accepted instructions for any class actions or other group litigation?
Yes ☐ No ☐ If Yes, please explain on a separate sheet.
- Has the firm now, or ever, participated in any scheme arrangement, including, but not limited to The Accident Group Scheme (TAG) by which the liability of any party represented by the firm in respect of legal costs or expenses incurred in any form or dispute resolution (whether litigation or otherwise) is the subject of any policy of insurance, guarantee or indemnity?
Yes ☐ No ☐ If yes please provide details on a separate sheet
- 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. ____

Is a "Critical Date" diary system in operation (e.g. For limitation periods) with appropriate back up? If No, please give reasons below.

Yes ☐ No ☐

Is the work of assistant solicitors supervised by a partner and subject to regular review meetings?

Yes ☐ No ☐

Are all relevant telephone conversations the subject of a note on file?

Yes ☐ No ☐

Does the firm have procedures for verifying qualifications, previous experience and previous claims/circumstances for new practice acquisitions, new partners, principals, directors and employees?

Yes ☐ No ☐

Are you accredited with LEXCEL?

Yes ☐

No ☐

Date of first accreditation:

Are you accredited with BS EN ISO 9000?

Yes ☐

No ☐

Date of first accreditation:

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

Name:

Status:

9 Current coverage

Has your practice, or any prior practice, ever been in the Assigned Risks Pool?

Yes ☐

No ☐

If Yes, please explain on a separate sheet

Has any Qualifying Insurer refused to offer your practice, or any prior practice, terms for professional indemnity insurance?

Yes ☐

No ☐

If Yes, please explain on a separate sheet

Please provide details of your current insurance below:

Current insurer	Premium	Limit	Excess
	£	£	£

10 Requested cover

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

Limit of Indemnity - please limit to a maximum of 4 choices

<input type="checkbox"/> £2million	<input type="checkbox"/> £3million	<input type="checkbox"/> £4million
<input type="checkbox"/> £5million	<input type="checkbox"/> £6million	<input type="checkbox"/> £7million
<input type="checkbox"/> £8million	<input type="checkbox"/> £9million	<input type="checkbox"/> £10million

☐ Other, Please specify

£

Excess - please limit to a maximum of 4 choices

<input type="checkbox"/> Nil	<input type="checkbox"/> £1,000	<input type="checkbox"/> £3,000
<input type="checkbox"/> £5,000	<input type="checkbox"/> £10,000	<input type="checkbox"/> £25,000
<input type="checkbox"/> £50,000	<input type="checkbox"/> £75,000	

☐ Other, Please specify

£

Aggregate Excess

I require a quotation for aggregate excess: Yes ☐ No ☐ Include both options ☐

11 Significant change

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

12 Other material information

Is there any other material information that may be relevant to this application?

Yes ☐ No ☐ If Yes, please explain on a separate sheet

Declaration

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 provided in connection with this application are true and complete and this application, declaration, 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 the acceptance or assessment of this insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

Data: We hold your personal data in accordance with the Data Protection Act 1998. The information supplied to us by you may be held on computer and passed to insurers for underwriting and claims purposes. You should show this notice to anyone whose personal data may be processed to administer this policy.

Number of additional sheets included with this application

Signature

Date

Print Name

Principal/Member

This form and any questionnaires or additional sheets must be signed by a Principal/Member of the practice.

Document checklist

Before posting, please ensure that you have included the following documents:

- ☐ this form; fully completed, signed and dated.
- ☐ a sheet of your practice's current **HEADED** notepaper.

And, if applicable, please provide the following:

- ☐ claims information for all claims and circumstances reported to Qualifying Insurers or the Assigned Risks Pool, by your practice and any practice to which you are a successor practice.
- ☐ if you are a newly established practice, a Curriculum Vitae for every Principal/Member of the practice and your Business Plan and Cash Flow Statement.
- ☐ a copy of all reports issued by the Legal Complaints Service or the former CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/or any other regulatory body
- ☐ A full copy of your updated SIF claims summary, including for prior practices for which this firm is a successor practice.

Pii Brokers
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