|  |
| --- |
| **PROFESSIONAL INDEMNITY INSURANCE****PROPOSAL FORM - SOLICITORS** |

**Please provide a full answer to every question. The definitions at the end of this form should be read in conjunction with the form. This form must be signed by a Principal/Member/Director of the practice.**

***1. NAME AND ADDRESS***

|  |  |
| --- | --- |
| Practice Name: |  |
|  |
| Solicitors Regulation Authority Registration Number: |  |  Date Established: |  |

Please include all names under which you practice and any other entities for which you are seeking cover, including Trustee and/or Nominee Companies. **Please provide a sheet of your headed notepaper.**

|  |  |
| --- | --- |
| Main Address: |  |
|  |
| Post Code: |  |  | Website: |  |
|  |
| DX Number: |  |  | Contact: |  |
|  |
| Telephone No: |  |  | Contact Email: |  |
|  |
| Fax Number: |  |  |
|  |

|  |  |
| --- | --- |
| Do you have any other offices, other than the main office listed above for which you are seeking cover?  | **Yes/No** |

If yes, please provide details on a separate sheet. If there is no resident Partner/Member/Director at any of these

offices, please identify the office concerned and explain how the office is supervised.

**Yes/No**

|  |  |
| --- | --- |
| Is your practice an LLP or company registered at Companies House or are you seeking to incorporate within the next 12 months? |  |

***2. PRIOR PRACTICES***

a) Please list the names of all prior practices of which this practice is a successor practice (please see definitions at the back) in the last 10 years. If necessary, list further details on a separate sheet.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Practice | Date Established | Date of Succession | Run Off Cover Purchased? (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| b) Have any of the listed practices reported any circumstances or claims in the last eight years? | **Yes/No** |

 If yes, please refer to Question 11 below.

***3. OTHER MERGERS AND ACQUISITIONS***

|  |  |
| --- | --- |
| Has your practice merged with or acquired any firm that purchased run-off cover prior to the merger or acquisition where your practice is not a successor practice? | **Yes/No** |
|  |

 If yes, please provide details on a separate sheet, including proof of run-off cover purchased

|  |  |
| --- | --- |
| ***4. ALTERNATIVE BUSINESS STRUCTURES*****Yes/No** |  |
| Is the practice in the process of or considering becoming an Alternative Business Structure regulated by the SRA within the next 12 months? |  |
|  |
| *If yes, please provide full details including any application form or documentation* |
|  |  |

***5. COMPANY OWNERSHIP / DIRECTORSHIPS***

|  |  |
| --- | --- |
| a) Is the practice or any Principal/Member/Director of the practice, connected financially, or otherwise, with any other practice, company or business for which it renders professional services? | **Yes/No** |
|  |

 If yes, please provide details on a separate sheet.

b) On a separate sheet, please provide details of any joint venture or outside board positions held by anyone

 listed in question 6 below.

***6 SOLICITOR DETAILS***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Surname | Forename(s) | Date of Birth | Solicitor status (Principal, Member, Director consultant/assistant)  | \*E/NE | Full Time / Part Time | Date Qualified  | Roll No  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |

*Please provide all information requested for every Principal, Member, Director, assistant and consultant who will be employed by your practice as at the policy inception.* ***If any person listed is a Registered Foreign Lawyer or a Registered European Lawyer, please note RFL or REL alongside solicitor status.******Please enclose Curriculum Vitae for every Principal/Member/Director in your practice who has not held this position in the Firm for at least three years.***

***Please list additional solicitors on a separate sheet.***

**\**Please state Equity or Non-Equity (E/NE)***

***LEGAL DISCIPLINARY PRACTICES/ALTERNATIVE BUSINESS STRUCTURES - Non-Solicitor Principals***

*Please provide all information requested for every non-solicitor principal, member or director as at the policy inception.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Surname | Forename(s) | Date of Birth | Role (e.g. HR, IT, Finance, Barrister, Legal Executive, Licenced Conveyancer etc.)  | Fee Earner Yes/No | Full Time / Part Time | Qualification  | Regulatory Body  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

***Former Principals***

*Please provide all information requested for anyone who has previously been a Principal, Member or Director in the practice since 1st October 2009 or since inception of the practice, whichever is the later.* ***If any person listed is a Registered Foreign Lawyer or a Registered European Lawyer, please note RFL or REL alongside Roll No.***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Surname | Forename(s) | Date became Principal/Member/Director | Date ceased to be Principal/Member/Director  | \*E/NE | Full Time / Part Time | Date Qualified  | Roll No  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

***7. OTHER STAFF (State if none)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of non-solicitor fee earning staff: | Full Time: |  |  | Part Time: |  |
|  |  |
| Number of all other staff (inc secretarial): | Full Time: |  |  | Part Time: |  |

***8. PRACTICE FEES***

|  |  |
| --- | --- |
| a) The practice's accounting year end is: |  |

b) Please provide gross fee income for the last three accounting periods and an estimate of gross fee income for the next accounting period:

**PLEASE ATTACH COPIES OF AUDITED ACCOUNTS FOR THE LAST TWO COMPLETED YEARS. IF NOT AVAILABLE PLEASE PROVIDE COPIES OF SIGNED-OFF MANAGEMENT ACCOUNTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year Ending** | **UK** | **USA/Canada** | **Elsewhere** | **Total for the Year** |
| **2013** |  |  |  |  |
| **2014**  |  |  |  |  |
|  **2015\*** |  |  |  |  |
| **2016 (estimate)** |  |  |  |  |
| **\**If not available please give an estimate.*** |  |  |  |

|  |  |
| --- | --- |
| 1. Has any one client or group of clients generated 20% or more of your annual gross fee income in any of the last

 three years? | **Yes/No** |
|  |

 *If yes, please provide full details on a separate sheet of the client and the work undertaken*.

|  |  |
| --- | --- |
| d) If your practice is represented in the USA/Canada do you have; a local office or representative; anyone holding power of attorney on your behalf; a reciprocal referral agreement; bank accounts in the USA/Canada; or do you act as trustee for any trust which has any USA/Canadian operation? | **Yes/No** |
|  |

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

e) Please provide full details (on a separate sheet) of all clients domiciled in the USA/Canada included above and

 the work undertaken for them and whether the work is under UK or US law.

f) Please provide full details (on a separate sheet) of any legal advice given in respect of foreign law, jurisdictions

 or contracts not subject to English Law and what experience your firm has in the different jurisdictions?

g) In respect of advice given to US clients is this in accordance with UK law only?

**Yes/No**

 Please provide details on a separate sheet.

|  |  |  |
| --- | --- | --- |
| ***9. CLIENT DETAILS***Please state percentage totalling 100% of gross fees arising from the categories of clients listed below: |  |  |
|  | % |  |
| Public Quoted Companies (Takeover & Merger & Share Issue work only) |  |  |
|  | % |  |
| Merchant Banks, Finance Houses, Hire Purchases and Credit Sales and other concerns providing |  |  |
| Finance (other than Building Societies) |  |  |
|  | % |  |
| Property Developers or Property Investment Companies (including their commercial conveyancing) |  |  |
|  | % |  |
| Sub- Prime Lenders |  |  |
|  |  |  |
| Insurance Brokers, Insurance Companies, Underwriting Agencies and similar organisations  | % |  |
| (other than handling of claims under insurance policies) |  |  |
|  | % |  |
| All other clients |  |  |
|  |  |  |
| Total |  |  **100 %** |

***10. PRACTISING CERTIFICATE AND REGULATORY MATTERS***

In the last 10 years has any fee earner in the practice or any fee earner previously employed in the practice:

|  |  |
| --- | --- |
| 1. ever been refused a practising certificate?
 | **Yes/No** |
|  |
| b) been granted a conditional practising certificate? | **Yes/No** |
|  |
| c) been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal? | **Yes/No** |
|  |
| 1. practised in a firm subject to an investigation or an intervention by the Law Society or SRA?
 | **Yes/No** |
|  |
| 1. had an award made for inadequate professional service by the Legal Ombudsman, LCS, CCS or OSS?
 | **Yes/No** |
|  |
| 1. entered into any regulatory settlement agreement with the SRA?
 | **Yes/No** |
|  |
| 1. had a civil or criminal judgment against him/her?
 | **Yes/No** |
|  |  |
| 1. been investigated by any other regulatory body other than the Law Society or SRA (e.g. FSA, ILEX …)?
 | **Yes/No** |
|  |  |
| 1. acted as an intervening agent or taken over an intervened firm?
 | **Yes/No** |
| Has the Practice: |
| 1. at any time in the last three years been the subject of a monitoring visit from the Solicitors Regulation Authority?
 | **Yes/No** |
| 3EEE |
| 1. ever been the subject of any visit from or enquiry by the Forensic Investigation Unit of the Law Society or
 | **Yes/No** |
|  SRA or received notice of a proposed visit? |
| *If yes to any of these, please provide full details on a separate sheet* ***and include a copy of all reports issued by the SRA, LCS, CSS, OSS, LeO), Solicitors Disciplinary Tribunal and/or any other regulatory body.*** |

***11. CLAIMS AND CIRCUMSTANCES***

a) Has your practice, or any prior practice, reported any circumstances, incidents or claims to, Qualifying

 Insurers or the Assigned Risk Pool in the:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Insurance Year 2009-2010? | **Yes/No** |  | Insurance Year 2010-2011? | **Yes/No** |
|  |  |  |  |  |
| Insurance Year 2011-2012? | **Yes/No** |  | Insurance Year 2012-2013? | **Yes/No** |
|  |  |  |  |  |
| Insurance Year 2013-2014? | **Yes/No** |  | Current insurance Year? | **Yes/No** |
|  |  |  |  |  |

***Please provide claims information from Qualifying Insurers or the Assigned Risks Pool for all indemnity years since 1st October 2009 (or date of commencement of the practice if later) for your firm and any firm to which you are a successor practice.***

|  |  |
| --- | --- |
| b) Have any circumstances, or claims reported by you or any prior practice in the past arisen**Yes/No** as a result of the fraud or dishonesty of any Principal/Member/Director or employee of the practice? |  |
|  |

*If yes, please provide details on a separate sheet* *including how the matter was resolved and the*

*procedures / processes in place to avoid re-occurrence*.

|  |  |
| --- | --- |
| c) After making full enquiry of all Principals/Members/Directors and employees in your practice, are you aware of any circumstances, incidents or claims that have not been reported to your current or prior insurers (including any letters of complaint about your service or dispute as to outstanding fees)? | **Yes/No** |
|  |

 *If yes, please provide details on a separate sheet.*

|  |  |
| --- | --- |
| d) After making full enquiry of all Principals/Members/Directors 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 by insurers as a valid or effective notification? | **Yes/No** |
|  |

 *If yes, please provide details on a separate sheet.*

***PLEASE NOTE THAT YOU HAVE AN OBLIGATION UNDER YOUR CURRENT PROFESSIONAL INDEMNITY POLICY TO NOTIFY ALL CIRCUMSTANCES AND CLAIMS AS SOON AS PRACTICABLY POSSIBLE. ALL SUCH NOTIFICATIONS OF WHICH YOU ARE AWARE THAT HAVE NOT BEEN REPORTED TO YOUR PREVIOUS INSURERS MUST BE DECLARED.***

***12. PREVIOUS INSURANCE***

|  |  |
| --- | --- |
| a) Are you or has any solicitor referred to above been in the Assigned Risks Pool?  | **Yes/No** |
| 3EEE |
| b) Have you ever failed to pay either your premium (including run-off premium) and/or any excess? | **Yes/No** |
|  |
| c) Have you ever failed to pay or defaulted on a repayment where the premium was financed? | **Yes/No** |
|  |
| d) Have you or any prior practice ever been refused professional indemnity insurance? | **Yes/No** |
|  |
| e) Are you or has any solicitor referred to above been or is currently the subject of an IVA or other arrangement?  | **Yes/No** |
|  |
| f) Are you or has any solicitor referred to above convicted of (or charged but not yet tried for) any criminal offence  | **Yes/No** |

 Involving fraud or dishonesty?

*If yes to any of the above please provide details on a separate sheet.*

***13. CURRENT INSURANCE***

|  |  |  |
| --- | --- | --- |
| a) Premium (excluding insurance tax) |  | £ |
|  | 3EEE |
| b) Limit of Indemnity |  |  £ |
|  |  |
| c) Excess |  |  £ |
|  |  |
| d) Current Broker |  |  |
|  |  |  |
| e) Does your firm currently have Directors & Officers Insurance? | **Yes/No** | **Expiry Date:** |

***14. INSURANCE REQUIREMENTS***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Option 1 | Option 2 | Option 3 |
| a) Limit of Indemnity | £ | £ | £ |
|  |  | 3EEE |
| b) Excess | £ | £ |  £ |
|  |
|  |
|  |

***15. AREA OF PRACTICE***

a) Please provide the percentage of Gross Fees allocated to each Area of Practice during the last financial year and the two prior years. ***Please round up to the nearest whole percentage.*** *(For guidance see definitions at the back of this form).*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Last Year | Prior Year | Prior Year2 |  |  | Last Year | Prior Year | Prior Year2 |
| Administering oaths, taking affidavits and Notary Public | % | % | % |  | Pension Trustee  | % | % | % |
| Agency Advocacy | % | % | % | Personal Injury (Claimant) - Fast Track | % | % | % |
| Acting as an Arbitrator, Adjudicator and Mediator | % | % | % | Personal Injury (Claimant) - Other | % | % | % |
| Children, Mental Health Tribunal and Welfare | % | % | % | Personal Injury (Defendant) | % | % | % |
| Corporate/Commercial, (excluding work related to public companies) | % | % | % | Probate and Estate Administration | % | % | % |
| Conveyancing - Commercial | % | % | % | Property Selling / Valuations and Property Management | % | % | % |
| Conveyancing - Residential | % | % | % | Tax Planning/Mitigation | % | % | % |
| Criminal Law | % | % | % | Town & Country Planning | % | % | % |
| Debt Collection | % | % | % | Trusts | % | % | % |
| Defendant litigious work for Insurers | % | % | % | Wills | % | % | % |
| Employment - Contentious | % | % | % |  |  |
| Employment - Non Contentious | % | % | % | **If you indicate a percentage in any of the areas below, please provide full details on a separate sheet including the highest** |  |
| Financial Advice and Services regulated by the Solicitors Regulation Authority | % | % | % | **deal values for these areas over the last 3 years. For FCA/ FSA work please request our FS QUESTIONNAIRE** |
| Immigration | % | % | % |  |
| Landlord and Tenant – Litigious | % | % | % |
| Landlord and Tenant – Non Litigious | % | % | % |
| Lecturing and related activities and expert witness work | % | % | % | Corporate/Commercial work, including public companies | % | % | % |
| Litigation (Commercial) | % | % | % | EC Competition Law and Human Rights Law | % | % | % |  |
| Litigious work other than included in any other category. **Please specify** | % | % | % | Financial Advice and Services where you opted into regulation by the FCA / FSA | % | % | % |
| Matrimonial / Family | % | % | % | Intellectual Property including Patent, Trademark and Copyright | % | % | % |
| Non-Litigious work other than included in any other category. **Please specify** | % | % | % | Marine Litigation | % | % | % |
| Offices and Appointments | % | % | % | Mergers & Acquisitions including Management | % | % | % |
| Parliamentary Agency | % | % | % | **Total must equal 100%:** | **100** | **100** | **100** |
| b) 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 provide details on a separate sheet.*

**Yes/No**

|  |  |
| --- | --- |
| c) Has your practice or any prior practice ever accepted instructions for any class actions or other group litigation?  |  |

 If yes, please provide details on a separate sheet.

|  |  |
| --- | --- |
| d) Has the practice or prior practice within the last 20 years ever sold or provided advice in connection with **Yes/No** financial services products (including mortgage endowment policies)?*If yes, please request a Financial Services Questionnaire from us.* |  |
|  |

|  |  |
| --- | --- |
| e) Has your practice or any prior practice undertaken work in relation to selling or advising on any mortgage endowment policies in 1990 or any subsequent years?**Yes/No** |  |
|  |

 *If yes, please request a Financial Services Questionnaire from us.*

|  |  |
| --- | --- |
| f) Has your practice or any prior practice ever advised on any Home Income Plans or Equity Release Plans? | **Yes/No** |
|  |
|  *If yes, please request a Financial Services Questionnaire from us.**.* |  |
|  |  |
| g) Does your practice carry out any work for which no fees are charged?**Yes/No** |  |

 If yes, please provide details on a separate sheet.

|  |  |
| --- | --- |
|  |  |
| h) Has your practice or any Prior Practice carried out any work in connection with any tax planning or tax mitigating/avoidance schemes?**Yes/No** |  |

 If yes, please provide details on a separate sheet.

|  |  |
| --- | --- |
|  |  |
| i) Has your practice or any Prior Practice carried out any work in connection with the recovery of Payment Protection Insurance (PPI) monies, bank charges or Card Security Product fees?**Yes/No** |  |

 If yes, please provide details on a separate sheet.

|  |  |
| --- | --- |
|  |  |
| j) Has your practice or any Prior Practice carried out any work in connection with Stamp Duty Land Tax mitigation or avoidance schemes?**Yes/No** |  |

 If yes, please provide details on a separate sheet.

|  |  |
| --- | --- |
| ***PERSONAL INJURY*****Yes/No** |  |
| k) i) Has your practice or any prior practice ever accepted referrals from personal injury claims companies and/or their agents? |  |
|  *If yes, how many personal injury cases (from claims companies) have you undertaken in the last six years?* |  |
|  ii) If you have answered ‘yes’ to 15.h(i) have you previously completed a claims management questionnaire?**Yes/No** |  |

 *If yes, please let us have a copy. We may also require our supplemental questionnaire completed.*

l) If your practice or any prior practice has undertaken personal injury work please provide the following details

 in respect of the last three years:

Last Year: Small Claims \_\_\_\_\_\_\_\_ % Fast Track \_\_\_\_\_\_\_\_ % Multi Track \_\_\_\_\_\_\_\_ %

Prior Year: Small Claims \_\_\_\_\_\_\_\_ % Fast Track \_\_\_\_\_\_\_\_ % Multi Track \_\_\_\_\_\_\_\_ %

Prior Year 2: Small Claims \_\_\_\_\_\_\_\_ % Fast Track \_\_\_\_\_\_\_\_ % Multi Track \_\_\_\_\_\_\_\_ %

m) What changes has the firm made or is intending to make in response to the Jackson reforms?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| ***CONVEYANCING*** | **Yes/No** |
| n) During any of the last six years has the practice or any prior practice undertaken any residential or commercial conveyancing work? |  |
|  |

 *If yes, please request a Conveyancing Questionnaire from us.*

|  |  |  |
| --- | --- | --- |
| **PLEASE PROVIDE THE FOLLOWING** | Residential | Commercial |
| Approximate number of transactions in the last full accounting year |  |  |
| Highest value in the last full accounting year | £ | £ |
| Average value in the last full accounting year | £ | £ |

**Yes/No**

|  |  |
| --- | --- |
| 1. In the last six years has the practice or any prior practice undertaken any transactions that

 have been received from a mortgage broker, developer or other intermediary?**Yes/No** |  |
|  ii) In the last six years has the practice or any prior practice undertaken any re-mortgage transactions?**Yes/No** |  |
|  iii) In the last six years has the practice or any prior practice undertaken any Right To Buy transactions? |  |
|  iv) In the last six years has the practice or any prior practice undertaken any back to**Yes/No** back transactions?**Yes/No** |  |
|  v) In the last six years has the practice or any prior practice acted for multiple (more than 5)  purchasers in the same development or building? |  |

*If yes to any of the above please provide details on a separate sheet.*

***WILLS AND PROBATE***

**Yes/No**

o) Has the firm undertaken any Wills and Probate work in the last 3 years?

i) Does your firm undertake Will Writing?

**Yes/No**

If so, do you use Certainty - the National Will Register – to register the wills you have created?

**Yes/No**

|  |  |
| --- | --- |
|  |  |

ii) Do you use Certainty – The National Will Register before proving a Will?

**Yes/No**

***16. UNBUNDLING LEGAL ADVICE***

|  |  |
| --- | --- |
| Do you currently provide or intend to provide “unbundled legal advice” sometimes referred to as 'a la carte' legal services?  **Yes/No** |  |

*If yes, please provide details. Include areas of practice, client management process with regards to the scope of the retainer.*

|  |
| --- |
|  |

***17. FINANCIAL COMMITMENTS***

|  |  |
| --- | --- |
| a) Does your firm currently have an overdraft facility or facilities?  **Yes/No** |  |

*If yes, please provide details. Including total limits and amounts owing at the date this application is dated.*

|  |
| --- |
|  |

|  |  |
| --- | --- |
| b) Does your firm currently have any loans or other borrowings from a bank or other third party including for the funding of litigation?  **Yes/No** |  |

*If yes, please provide details. Including name of lenders, purpose of the loans, amount of the loans and amounts owing at the date this application is dated.*

|  |
| --- |
|  |

c) Please provide the following information for the last 3 Financial Years:

 **2014/15 2013/14 2012/13**

|  |  |  |  |
| --- | --- | --- | --- |
| Net Profit/Loss after tax and before drawings | £ | £ | £ |
| Net Worth of the Practice **(Total Assets less Total Liabilities)** | £ | £ | £ |
| Operating Expenses (Excluding Partner/Principal Salary and Drawings) | £ | £ | £ |

***18. 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 provide details on a separate sheet.*

***19. MATERIAL INFORMATION***

 **Yes/No**

|  |  |
| --- | --- |
| Is there any other material information that may be relevant to this form?  |  |

*If yes, please explain on a separate sheet.*

***20. RISK MANAGEMENT SECTION***

a) Please provide the name and status of the person responsible for risk management in your practice.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Status: |  |

b) (i) Please provide the name and status of the person nominated as the COLP.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Status: |  |

 (ii) Please provide the name and status of the person nominated as the COFA.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Status: |  |

 (iii) Please provide the name and status of the person nominated as the Money Laundering Reporting Officer (MLRO).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Status: |  |

|  |  |
| --- | --- |
| c) What Compliance Software does the practice utilise to carry out the duties of the COLP/COFA. If None, please state “None” |  |
| d) Does the practice always obtain satisfactory written references when engaging new Principals, Members or Directors and employees, including procedures for verifying qualifications, previous experience, previous  claims and/or circumstances? |  **Yes/No** |
|  |
|  |
| e) Is any Principal, Member, Director or Employee allowed to sign cheques or authorise bank transfers on his/her signature alone? | **Yes/No** |
|  |
|  If yes, please complete the following: |  |
|  |
|

|  |  |  |
| --- | --- | --- |
| Name | Position | Limit £ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| f) Are employees who receive cash/cheques in the course of their duties required to pay in daily? | **Yes/No** |

 *If no, please provide details on a separate sheet.*

|  |  |
| --- | --- |
| g) How often are checks carried out on all entries in the Cash Book with all paying in books, receipts, counterfoils and vouchers? |  |
|  |
| h) How often is a bank reconciliation carried out? |  |
|  |
| 1. Are all bank reconciliations checked by a principal?

**Yes/No** |
| j) Which Legal Services Commission Quality Marks or other quality standards, e.g. LEXCEL, Investors In People, Law Society Conveyancing Quality Scheme is your practice currently accredited with? Please specify and give the date of accreditation. |
|  |  |
|  |
| k) Do you have written work instructions or checklists for the services provided? | **Yes/No** |
|  |  |
| l) Do you have a time recording system? | **Yes/No** |
|  |
| m) If you have an e-mail capability do you have an e-mail/internet user policy in place and enforced? | **Yes/No** |
|  |
| n) Please outline the steps taken to review work undertaken by staff and describe how they are supervised. |
|  |  |

 *If necessary, list further details on a separate sheet.*

**Yes/No**

|  |  |
| --- | --- |
| o) Are all relevant telephone conversations the subject of a note on the file? |  |
|  |
| p) Please describe the diary system in operation (including back-up procedures).  |
|  |  |

 *If necessary, list further details on a separate sheet.*

q) Do you have the required procedures in place throughout your firm for:

**Yes/No**

|  |  |
| --- | --- |
| i. Client retainer letter?  |  |
|  | **Yes/No** |
| ii. Vetting clients including checking for conflicts of interest? |  |
|  |  |
| iii. Carrying out Money Laundering checks? | **Yes/No** |
|  | **Yes/No** |
| iv. Registering claims and complaints? |  |

**Yes/No**

|  |  |
| --- | --- |
| r) Please confirm that all fee earners and employees are kept up to date with relevant changes in  legislation and other legal developments which could affect the work and services they carry out. |  |
|  |

***CONFIRMATION***

**All personal data collected by Apex Legal Risks (ALR) will be held in accordance with the Data Protection Act 1998. ALR will disclose this information to our service providers and agents for administration purposes and for underwriting and claims handling purposes. In addition ALR may exchange information with other organisations such as the police, regulatory authorities and professional bodies by whose rules we are bound, through various databases to help us check information provided and to prevent fraud. By returning this form, you consent to the processing of personal data, including sensitive personal data, for these purposes and to ALR transferring such information outside the European Economic Area where necessary.**

**When you provide information about another person, you are confirming that they have appointed you to act for them. Such persons will have been made aware of the purposes for the data collection and processing set out above and have consented to such processing. You will receive on their behalf any data protection notices and keep them informed about how their data will be processed and where it may be disclosed.**

**ALR may share personal data with other companies with which we establish commercial links so we and they may contact you (by mail, email, telephone or other appropriate means) in order to keep you informed about carefully selected products, services or offers that we believe will be of interest to you. If you do not wish us to do this please tick the box.**

**I/We warrant and declare that I/We have made full enquiry of all staff and that the particulars and statements in this proposal are true and complete and any other documentation and information provided in connection with this proposal are true and complete. I/We agree and accept that this proposal and declaration and the documentation and information which are provided (or should be provided) will be the basis of contract with Insurers. I/We also warrant and declare that I/We have informed the Insurer of all facts which are likely to influence the Insurer in the assessment or acceptance of this proposal.**

**I/We understand that failure to inform Insurers of all material facts, including but not limited to any circumstance which might give rise to a claim, could invalidate this insurance. I/We accept that if I/We am/are in doubt whether any fact may influence the Insurer I/We should disclose it. *I/We also understand that I/We have a continuing obligation to disclose all material facts up to commencement of and throughout the period of the policy.***

**I/We accept that all data collected by ALR will be held in accordance with the Data Protection Act 1998 and that ALR may disclose this information only in order to obtain quotations for my/our practice’s professional indemnity insurance.**

***Signing this form does not bind you to accept any quotation provided by Indemnity Risk Solutions.***

**THIS PROPOSAL FORM MUST BE SIGNED BY A PRINCIPAL/MEMBER/DIRECTOR OF THE FIRM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature (Principal/Member/Director) |  |  | Date | 2015 |
| Print Name  |  |

**CHECKLIST**

* *Has a Principal/Member/Director* ***signed*** *and dated the form and answered all questions?*
* *Please provide a piece of your* ***headed notepaper*** *marked “specimen”.*
* *Please provide* ***a claims print from the Qualifying Insurer, Insurers or ARP for the last six years for your Practice and any Prior Practice****.*
* *Copies of all reports and determinations issued by any Disciplinary Tribunal or any regulatory body.*
* *Copies of your last two years statutory/management accounts.*
* *How many additional sheets are there with this proposal form?*
* **PLEASE RETURN THIS FORM TO:**
* 
* **Apex Legal Risks**
* Royal London building, 42-46 Baldwin Street, Bristol, BS1 1PN
* Telephone: 0117 3250027
* Fax: 0117 9811515
* Email: info@apexinsurancebrokers.co.uk
* Website: [www.apexlegalrisks.co.uk](http://www.apexlegalrisks.co.uk)Ink Underwriting Agencies Ltd is authorised and regulated by the Financial Conduct Authority.

The Financial Conduct Authority does not regulate all forms of the products and services we provide.

|  |  |
| --- | --- |
| **Definitions for Solicitors** This form is to be read in conjunction with our application and policy documentation. **Area of practice** **Agency advocacy** Defined as all advocacy work, including attendance at a Court or Tribunal for the purpose of such advocacy, done on behalf of another insured practice. **Commercial/corporate work – excluding work related to public companies** This covers all commercial and private company work including mergers and acquisitions, corporate trusts and taxation.**Commercial/corporate work for public companies** This covers all work relating to public limited companies including mergers and acquisitions, corporate trusts and taxation. If you have indicated a percentage in this area, please provide full details on a separate sheet. **Conveyancing – Commercial**Acting on the acquisition, sale or financing of freehold or leasehold property where the client is acting in the course of a business.**Conveyancing – Residential**Acting on the acquisition, sale or financing of freehold or leasehold property where the client is not acting in the course of a business.**Employment - Contentious**Advising and acting on disputes between employer and employee which arise from statute and/or contracts of employment.**Employment - Non Contentious**General employment advice to employers, including corporate support on transfer of businesses; employee benefits and drafting of contracts of employment and staff handbooks.**Financial advice and services regulated by the Solicitors Regulation Authority**This covers financial advice and services regulated by the Solicitors Regulation Authority as a designated professional body under the Financial Services and Markets Act 2000.**Financial advice and services where your firm has opted into regulation by the FSA/FCA** This covers financial advice and services directly regulated by the FSA/FCA under the Financial Services and Markets Act 2000. If you have indicated a percentage in this area, please provide full details on a separate sheet. **Landlord and Tenant**Dealing with the exercise of contractual rights under a lease whether acting for a landlord or a tenant, including rights of enfranchisement, Landlord & Tenant Act 1954 claims, rent reviews, rights to manage, possession, and dilapidations.**Lecturing and related activities and Expert Witness work** This includes work involving the preparation for, and the presentation of, lectures, seminars, training and tuition whether for the purposes of professional skills training, continuing education or otherwise, and including the provision of written material for publication.  |  **Offices and appointments** As clerks to City Livery Companies, Dean and Chapters, Drainage Boards, Local Councils, Charities or School Governing Bodies; Diocesan Registrars, Archdeacon’s Registrars or Provincial Registrars of the Provinces of the Church of England in respect of work covered by an Ecclesiastical Fees Order, provided that any such offices and appointments are undertaken in the course of private legal practice. THIS DOES NOT INCLUDE APPOINTMENT AS AN OFFICER OR DIRECTOR OF A COMPANY.**Parliamentary agency** Defined as all work done in the promotion of or opposition to primary or subordinate legislation. **Property selling, valuation and property management** This covers property selling, valuations and property management carried out by the practice but does not include any separate business providing these services that is outside the regulation of the Solicitors Regulation Authority.**Succession** **Successor practice/prior practice** The definition of successor practice in the Minimum Terms and Conditions is complicated. You may be a successor practice even though you did not intend to take on the liabilities of another practice when taking it over or merging with it and even if you specifically agreed that those liabilities would remain elsewhere. Whenever a practice ceases ‘being carried on as a discrete business’, there is potential for the successor practice clause to take effect. You may become a successor practice by holding out your practice ‘expressly or by implication’ as being the successor of or by incorporating the other practice(s), by taking on a majority of the principals in the other practice as principals in your firm, by taking on at least one such principal as a principal when the majority have not become principals in another practice, by taking a sole practitioner or Recognised Body into your firm as a principal, or by taking on a sole practitioner as an employee after 31 August 2000. If your firm has done any of these things, at any time or is planning to do so, you may be a successor practice and should provide full details. |