

## Solicitors Professional Indemnity Insurance For practices with 2 or more partners/directors/members

### Instructions

- Please provide a full answer to every question.
- A Partner/Director must sign and date this form and any separate sheets on behalf of the firm having consulted to ensure that the answers given are true and complete.
- Please include with this form a sheet of your current **HEADED NOTEPAPER**, which can also be used to supplement areas where you may have insufficient space to answer a question.

### 1. Name and Address Details

Practice name	Main Office Solicitors Regulation Authority Registration Number
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>
Main office address	
<input style="width:95%" type="text"/>	
<input style="width:40%" type="text"/>	Post Code <input style="width:20%" type="text"/>
Main office telephone number	Main office fax number
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>
Practice website	Contact e-mail address
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>
Date established	Is your practice an LLP or a company registered with Companies House? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width:25%" type="text"/>	

Do you have any other 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 Principal/Member at these offices, please identify the office concerned and explain how the office is supervised.

Incorporated practices will receive a management risks insurance quotation also. Please inform us if you DO NOT wish to receive this.

### 2. Prior Practices

List, using a separate sheet if necessary, the names of all prior practices to which this practice has become a successor practice in the last 15 years and any names that the practice has previously traded as. Please refer to successor practice definition and Question 13 for the claims declaration

Name of Practice	Date Established	Date of Succession
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

### 3. Solicitor Details

Provide all information requested for every Principal, Member, Assistant and Consultant who will be employed by your practice as at the inception date of the Policy. If anyone listed is a Registered Foreign Lawyer or Registered European Lawyer, please note RFL or REL alongside solicitor status. If you are a newly established practice, please enclose a Curriculum Vitae for every Principal/Member in your practice, your Business Plan and Cash Flow Statement.

Title	Solicitor's full name	Date of birth	Solicitor's status <i>(Principal/Member/Assistant/Consultant)</i>	Office Location	Full/Part time	Roll number

Please provide Names and Locations of all other entities to be covered e.g. Service Companies, and/or Joint Ventures or outside board positions held.

**4. Other Staff**

Number of non- solicitor fee earning staff including the Trainee Solicitors declared in Question 3  
**PLEASE STATE IF NONE**

Number of all other staff (inc. Secretarial)  
**PLEASE STATE IF NONE**

**5. Practice Fees**

Please state the Gross Fees received for past financial year and estimates for current and forthcoming years emanating from:

	PAST YEAR ENDING / /	CURRENT YEAR ESTIMATE / /	FORTHCOMING YEAR ESTIMATE / /
A) England and Wales, excluding Fees declared in Section D below	£	£	£
B) USA and its territories and Possessions and/or Canada <b>PLEASE STATE IF NONE</b>	£	£	£
C) Elsewhere excluding USA and its territories and possessions and/or Canada ( <b>specify countries on a separate sheet and whether the work undertaken is under UK, US or foreign law</b> )	£	£	£
D) England and Wales or elsewhere for persons, companies, firms or organisations having an address in the USA or its territories and possessions and/or Canada.  Please provide full details of these clients and the work undertaken on a separate sheet is appropriate.	£	£	£
<b>TOTAL FEE INCOME</b>	£	£	£

Please state average Gross Fees for the last 5 years

Is the Practice represented in any way in the USA or its territories and possessions and/or Canada?

Yes  No

If Yes, please provide details (e.g. local office, local representation or reciprocal client referral agreement)

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**6. Largest Clients**

Does any one client or group of clients generate 20% or greater of your annual fees?

Yes  No

If Yes, please provide full details of those clients and the work undertaken on a separate sheet including Gross fees

Details of the 3 largest clients in the past 3 years?

Client 1

Client 2

Client 3

Please provide details of the Nature of your clients business




Please provide details of the work undertaken on behalf of the client




Please provide the Gross Fee Income billed to each client

**7. Area of Practice**

Please provide the percentage of Gross Fees allocated to each Area of Practice for the past financial year or, if a new practice, estimated percentages for the coming year.

Area of practice, Rounded to the nearest whole percentage	%	Area of practice, Rounded to the nearest whole percentage	%
1. Administering oaths, taking affidavits and notary public		20. Matrimonial/Family	
2. Agency Advocacy		21. Non-litigious work other than given in any other category (please provide a breakdown on a separate sheet)	
3. Acting as an Arbitrator, Adjudicator or Mediator		22. Offices and Appointments	
4. Children, Mental Health Tribunal and Welfare		23. Parliamentary Agency	
5. Commercial Litigation		24. Personal Injury – Claimant	
6. Commercial/Corporate Work (excluding work relating to Public Companies)		25. Personal Injury – Defendant	
7. Conveyancing – Commercial		26. Probate and Estate Administration	
8. Conveyancing – Residential		27. Property Selling, Valuations and Property Management	
9. Criminal Law		28. Town and Country Planning	
10. Debt collection (low risk not exceeding £10,000)		If you indicate a percentage in any of the areas below, please provide full details on a separate sheet or for 29 please complete our FSA Questionnaire	
11. Debt Collection (high risk other than detailed above)		29. Financial Advice and Services Work – where the Firm has opted into regulation by the Financial Services Authority	
12. Defendant litigious work for insurers		30. Commercial/Corporate Work for Public Companies	
13. Employment – contentious		31. EC Competition Law and Human Rights Law	
14. Employment – non contentious		32. Intellectual Property Work: including patent trademark or copyright	
15. Financial Advice and Services Regulated by the Solicitors Regulation Authority		33. Marine Law – Litigious	
16. Immigration		34. Wills, Trusts and Tax Planning	
17. Landlord and Tenant		35. E-commerce and/or Information Technology Work	
18. Lecturing and Related Activities and Expert Witness work		36. Mergers and Acquisitions including Management Buy-outs and Buy-ins	
19. Litigious work other than given in any other Category (please provide a breakdown on a separate sheet)		TOTAL	100%

**8. Merger and Acquisition Work**

Is all merger and acquisition work undertaken for UK companies?  
(If No, please provide details on a separate sheet )

Not Applicable  Yes  No

Please specify the approximate number of transactions in the past year

Please specify the highest transaction value in the last 5 years

£

Please specify the average transaction value in the last 5 years

£

**9. Personal Injury Work**

Please specify the highest settlement on behalf of a claimant in the past 5 years? £

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

Please estimate the percentage of personal injury work (claimant) in each of the following categories:

Small Claims		Fast Track		Multi Track	
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Does the practice operate &/or offer Conditional Fee Arrangements? Yes  No

What is the typical average and largest personal injury claimant settlement in the last 12 months? Average £   
Largest £

Please provide a percentage breakdown of the Gross Fees billed in respect of the following claimant Personal Injury work undertaken by the practice

Trade Union Funded  % Road Traffic  % No Win No Fee Claims  %  
Medical Malpractice  % All other claims  % (Please provide full details on a separate sheet)

Has the practice reviewed all Vibration White Finger, Bronchitis and Emphysema or other Industrial disease scheme cases and complied with scheme deadlines for logging claims? (If No please provide details on a separate sheet) Yes  No

What percentage of your work do you undertake for After the Event Insurers?  %

What percentage of your work is backed by Legal Expenses Insurers?  %

Please identify the Legal Expenses Insurers used:

Are you part of any work referral network, claims management or promotional group? Yes  No

If Yes please provide details:

**10. Fee Split by Client Type**

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)  %

Insurance Brokers, Insurance Companies, Underwriting Agencies and similar organisations (other than handling of claims under insurance policies)  %

All other clients  %

Total  **100 %**

Has your Practice or any Prior Practice ever: (If Yes to any of the below questions, please provide details on a separate sheet)

Provided management services or investment advice to any entertainment clients or sporting professionals? Yes  No

Accepted instructions for any class actions or other group litigation? Yes  No

**11. Financial Services Work**

Has your Practice or any Prior Practice ever: (If Yes to any of the below questions, please provide details on a separate sheet)

Undertaken any regulated activities as defined in the Financial Services and Markets Act 2000 or acted as an introducer in respect of such regulated activities? Yes  No

Undertaken work in relation to selling or advising on any mortgage endowment policies since 1<sup>st</sup> April 1991? Yes  No

In the last 12 months advised on any Home Income Plans or Equity Release Plans? Please state if none.

If you have answered Yes, to any of the above the attached Financial Services Questionnaire will need to be completed

**12. Practising Certificate**

In the last 10 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?
- had an award for inadequate professional service made against him or her by the Legal Complaints Service or the former CCS or OSS?
- practised in a firm subject to an investigation/intervention by the Law Society or Solicitors Regulation Authority? (incl. former OSS or CCS)
- had a civil or criminal judgment against him or her? (excluding traffic offences)
- been investigated by any regulatory body other than the Law Society or Solicitors Regulation Authority (e.g. FSA)?

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 Yes, please provide full details on a separate sheet and include a copy of all reports issued by the Legal Complaints Service or the former CCS or OSS, Disciplinary Tribunal and/or any other regulatory body.

**13. 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 2000 – 2001	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Insurance Year 2001 – 2002	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Insurance Year 2002 – 2003	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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"/>

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 01/09/2000 by your practice and any practice to which you are a successor practice.

Please also attach the 2007 SIF claims summary

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 details of all incidents including how the 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 professional indemnity policy to notify these matters to your current insurer and we shall ask you to confirm that you have done so before cover can be put in place.

**14. Risk Management**

What Legal Services Commission Quality Mark or other quality standards e.g. LEXCEL or Investors in People, is your firm currently accredited with, **INCLUDING** the date of accreditation:

Name	Date accredited	Name	Date accredited

Has a Legal Services Commission Quality Mark ever been withdrawn? If Yes, please provide full details. Yes  No

Does the practice hold any membership of any speciality Law Society group? Yes  No   
If Yes, please specify:

Does the practice always obtain written references immediately preceding the engagement of an employee or Partner/ Member? If No, please provide details on a separate sheet Yes  No

Does the practice have a formal performance management system in place, which evaluates (at least annually) all solicitors and other legal staff? If No, please provide full details of the appraisal system Yes  No

Does the practice have a Management Structure in place? Yes  No

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 a time recording system? Yes  No

Does the practice have a standard Quality Procedure in place which is regularly reviewed and circulated? Yes  No

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

Does the practice have a designated individual responsible for either Risk Management and/or the handling of complaints and/or claims? If No, please explain responsibilities on a separate sheet 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 the system caters for absenteeism? Yes  No

Does the practice have and use a written retainer and engagement letter that complies with Rule 15? 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

Do you have a formal money laundering policy, and has training been provided to all Partners and Staff? If No, please provide full details on a separate sheet Yes  No

Has there been any change to the internal management structure of the practice in the past 3 years? If Yes, please provide details on a separate sheet Yes  No

What is the average number of files per Fee Earner?

How often is the client account taken to trial balance?

Please provide full details of the safeguards in place of the signing of cheques issued by the practice:

In the last 6 years has the Law Society qualified the Practices accounts or has the practice subject of an inquiry/investigation as a result of a breach of the Solicitors Accounts Rules? If Yes, please provide details on a separate sheet Yes  No

Does the practice always receive written confirmation when money is transferred electronically? If No, please provide full details on a separate sheet Yes  No

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? If No, please provide full details on a separate sheet Yes  No

**15. Requested Cover**

Limit of Indemnity (any one claim)

Option 1 £

Option 2 £

Option 3 £

Excess (each and every claim)

Option 1 £

Option 2 £

Option 3 £

The minimum cover required is £2 million for a partnership or £3 million for LLP's and companies registered at Companies House.

**16. Current coverage**

Has your practice or any prior practice ever been in the Assigned Risk Pool?  
If Yes, please explain on a separate sheet

Yes  No

Has any Qualifying Insurer refused to offer your practice or any prior practice terms for professional indemnity insurance? If Yes, please explain on a separate sheet

Yes  No

Have you ever failed to meet an Indemnity premium and/or Excess?  
If Yes, please explain on a separate sheet

Yes  No

Current insurer	Broker	Premium	Limit	Excess
		£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

**17. 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

**18. 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**

We declare that to the best of our knowledge or belief the particulars and statements given in this application is true and complete and this application, declaration and information shall be the basis of the contract between ourselves and the insurer.

We declare that we have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of my insurance. We accept that if we are in doubt whether any fact may influence the Insurer we should disclose it.

We agree that we have a continuing obligation to notify insurers of any material matters during currency of policy.

We accept that any deliberate misrepresentation of facts declared on this proposal form may be referred to The Legal Complaints Service.

**Signature**

**Date**

**Print Name**

**Role in Firm** Principal / Member / Director

(This form must be signed by a Principal / Member / Director 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 firm's current **HEADED NOTEPAPER**.

And, if applicable, please provide the following:

- A copy of the 2007 SIF summary claims print for your firm and any firm to which you are a successor Practice
- Full details for all circumstances, incidents or claims reported to Qualifying Insurers or the Assigned Risks Pool by your firm and any firm to which you are a Successor practice.
- If you are a newly established practice, a Curriculum Vitae for every Partner of the firm and a business plan with cash flow forecast.
- A copy of all reports issued by the Legal Complaints Service or the former CCS or OSS, Disciplinary Tribunal and/or any other regulatory body.

**Contact Details for The Solicitors Team**

Please return the completed proposal form to:

Blackfriars Group  
Solicitors Professional Indemnity  
6 Congleton Road  
Sandbach Cheshire CW11 1HN

Should you have any questions regarding the completion of this form please contact either:-

Paula Johnson or Gary Brotherton on 0845 838 7960

**The Accident Group (TAG)/Claims Direct/other claims management companies – Additional Questionnaire**

	TAG	Claims Direct	Other:	Other:
1. In how many cases did you succeed in obtaining damages and costs for the client?				
2. How many cases failed completely?				
3. How many cases successfully went through the “change of fact” procedure?		N/A	N/A	N/A
4. How many cases are still ongoing?				
5. How many referrals in total did you accept?				
6. What were the total fees generated by the referrals?				
7. Have your files been audited by the underwriters of any schemes or is an audit proposed?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
8. Have your files been audited by the funders of any schemes or is an audit proposed?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
9. Have you received correspondence from any underwriters and/or funders making or intimating a claim against you in respect of any cases taken on by you under the various schemes?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
If yes, then please indicate the number of letters received and also provide copies. (Enclosures to those letters need not be included.)				
10. Have you received correspondence from the underwriters and/or the funders raising concerns either generally with regard to any of the schemes or specifically with regard to any cases taken on by you under the various schemes?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
If yes, then please indicate the number of letters and also provide copies. (Enclosures to those letters need not be included.)				
11. Please provide copies of any letters sent by you notifying current or prior insurers of any claims or circumstances arising out of work done by you under these schemes.				
Number of letters attached.				

**\*Please delete as appropriate**

If the notification was via your broker please advise the name of the relevant Insurer(s)

**This form must be signed by a partner or director of the firm.**

Signature  Date

Print Name

**Financial Services Questionnaire**

**Fees from financial services work**

Please specify the percentage of this income derived from the following:			
	Last financial year when FSA work was carried out		Current financial year
Investment in Unit Trusts or Investment Trusts			
UK		%	%
Offshore including Channel Isles and Isle of Man		%	%
Investment in Insurance Bonds			
UK		%	%
Offshore including Channel Isles and Isle of Man		%	%
Investment in Listed/Unlisted Securities			
UK		%	%
Offshore including Channel Isles and Isle of Man		%	%
Investment in Commodities			
Investment in Bonds			
Investment in Tangibles (eg. fine art)			
Institutional Fund Management			
Split Capital Investment Trusts			
Endowments including Mortgage Endowments			
Pensions and Free-standing AVC's			
Life Assurance Products including whole of life plans			
Corporate Finance			
Home Income Plans/Equity Release Schemes			
Other (please give full details)			
		%	%
		%	%
		%	%
<b>Total:</b>		<b>100%</b>	<b>100%</b>

Do you manage or have you managed any discretionary portfolios on behalf of any client?  
 (if yes, please provide a detailed explanation below) Yes  No

On what categories of investment business are you or were you authorised by the FSA to provide advice?

Has your firm ever been the subject of a complaint made to the Financial Ombudsman Service or any equivalent professional organisation? (if yes, please provide a detailed explanation below) Yes  No

**Pension Transfers and Opt-Outs, Free-standing AVC's, Mortgage Endowments and Split Capital Investment Trusts**

(a) **Has your firm at any time given advice on, or been involved in arranging Pension Transfers/Opt-Outs/Non-Joiners?** Yes  No

If YES, in what capacity did your firm act?  
As a Financial advisor providing advice to clients? Yes  No

As an introductory agent only for a permitted Third Party Yes  No

Please also provide details of:

Gross fees (including commission) received from these activities

Number of pension cases dealt with by your firm

How many cases have been reviewed by your firm?

How many cases are yet to be reviewed?

How many Review cases require redress?

What is the average redress for these cases?

(b) **Has your firm at any time given advice on, or been involved in arranging Free-Standing Additional Voluntary Contributions (FSAVC's)?** Yes  No

If YES, please complete the following:

How many FSAVC's were effected in total?

What is the average contribution in respect of these FSAVC's?

How many cases require Review within the stipulations of the FSA?

How many Review cases require redress?

What is the average redress for these cases?

(c) **Has your firm at any time given advice on, or been involved in arranging Mortgage Endowments?** Yes  No

If YES, please provide the details of:

Gross fees (including commission) received from these activities

Number of policies arranged

Any compensation paid in respect of these activities

(d) **Has your firm at any time given advice on, or been involved in arranging Split Capital Investment trusts?** Yes  No

If YES, in what capacity did your firm act?

As a financial advisor providing advice to clients Yes  No

As an introductory agent only for a permitted Third Party Yes  No

Please also provide details of:

Gross fees (including commission) received from these activities

Percentage relating to investment in Zero Dividend Shares?

Percentage relating to investment in Income Shares?

Percentage relating to investment in Capital Shares?

**Declaration**

We declare that to the best of our knowledge or belief the particulars and statements given in this application is true and complete and this application, declaration and information shall be the basis of the contract between ourselves and the insurer.

We declare that we have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of my insurance. We accept that if we are in doubt whether any fact may influence the Insurer we should disclose it.

We agree that we have a continuing obligation to notify insurers of any material matters during currency of policy.

We accept that any deliberate misrepresentation of facts declared on this proposal form may be referred to The Consumer Complaints Service.

**This form must be signed by a partner or director of the firm.**

Signature

Date

Print Name

**Endowment Questionnaire**

For completion if the practice writes or has in the past written any endowment policies (including low cost or low start policies) linked to mortgages.

**Endowment Sales**

1 Please state the number of policies sold, fees and largest and average mortgage values against which endowments were arranged in the following years:

Year	Total number Sold	Total Fees	Largest	Average	Regulator(s)
1986-1990					
1991					
1992 to present					

2 Were written records always kept including 'fact finds' and 'reasons why' letters or equivalent? Yes  No

3 What proportion of endowments were written with the maturity date beyond the retirement date of the individual?  %

4 Were assumed growth rates in line with the regulators guidelines? Yes  No

5 Has the firm received any responses to the warning letters or annual reviews issued by the life companies? Yes  No

6 Has the practice ever been a tied agent or an appointed representative? Yes  No

7 Has the practice advised intending investors (and documented on file) that:  
 a) an endowment cannot be guaranteed to pay off any mortgage loan at maturity? Yes  No

b) other forms of mortgage repayments are available which meet the client's needs? Yes  No

c) an endowment policy involves an investment risk? Yes  No

8 Has the firm complied with all relevant regulatory requirements in respect of each sale? Yes  No

9 What is the earliest date of the endowment files that you are currently storing in closed files:

All questions require explanation where appropriate

**This form must be signed by a partner or director of the firm.**

Signature

Date

Print Name