



PROPOSAL FORM

SOLICITORS PROFESSIONAL INDEMNITY

UK Professional Risks
7th Floor
107 Leadenhall Street
London
EC3A 4AF

Fax 020 7621 0661
www.thbgroup.com



Solicitors professional indemnity insurance application form

Please provide a full answer to every question. Useful definitions are enclosed and should be read in conjunction with this form. A Principal/Member of the practice must sign and date this form and any separate sheets. 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	Solicitors Regulation Authority Registration Number
<input type="text"/>	<input type="text"/>

Main office address	Preferred mailing address if different from main office address
<input type="text"/>	<input type="text"/>
Postcode	Postcode

Main office telephone number	Main office fax number
<input type="text"/>	<input type="text"/>

Practice website	Contact e-mail address
<input type="text"/>	<input type="text"/>

Date established	Is your practice a Limited Liability Partnership or a Company registered at Companies House? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input 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 any of these offices, please identify the office concerned and explain how the office is supervised.

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 fifteen years as defined in the law society's minimum terms.

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 listed practices reported any circumstances or claims in the last five years? Yes No
If Yes, please refer to question 7

3. Solicitors details

Please 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 a Cash Flow Statement.

Title (Mr Mrs Ms other)	Solicitor's full name	Date of birth	Solicitor's status (Principal/Member/ Assistant/Consultant)	Full/Part time	Roll number (As shown on practising certificate)
<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"/>

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

(a) Please provide details of your annual gross fee income (state none if and where applicable):

	Actual for Previous Financial Year Period ending: (/ /)	Actual for Last Financial Year Period ending: (/ /)	Estimate for Current Financial Year Period ending: (/ /)
UK	£	£	£
Elsewhere	£	£	£
USA/Canada	£	£	£

(b) Please provide full details of clients domiciled in the USA and Canada and the work undertaken on a separate sheet and confirm if the work is undertaken under UK or US law.

(c) Does any one client or group of clients generate 20% or greater of your annual fees? Yes No

(d) If yes, please provide full details of these clients and the work undertaken on a separate sheet.

(e) If any work is performed outside the UK please provide a list of countries and applicable gross fee income (please provide a breakdown on a separate sheet):

(f) Please advise division of gross fee income for the last completed financial year as follows:

Fee Range	Number of Clients	Total Fees
<£15k		
£15k – £50k		
£50k – £100k		
>£100k		

6. Practising certificate

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

- ever been refused a practising certificate? Yes No
- ever been granted a conditional practising certificate? Yes No
- been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal? Yes No
- practised in a firm subject to an investigation or an intervention by the Law Society or Solicitors Regulation Authority? Yes No
- had an award for inadequate professional service made against him or her by the Legal Complaints Service or the former CCS or OSS? Yes No
- had a civil or criminal judgement against him or her? Yes No
- been investigated by any regulatory body other than the Law Society or Solicitors Regulation Authority? Yes No

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.

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 2001-2002 Yes No
- Insurance Year 2002-2003 Yes No
- Insurance Year 2003-2004 Yes No
- Insurance Year 2004-2005 Yes No
- Insurance Year 2005-2006 Yes No
- Insurance Year 2006-2007 Yes No

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 01/09/2001 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 last six 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 professional indemnity insurance 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 (for guidance please refer to definitions).

Area of practice (Rounded to the nearest whole percent)	%	Area of practice (Rounded to the nearest whole percent)	%
1 Administering oaths, taking affidavits and notary public		20 Litigious work other than given in any other category. (Please provide a breakdown on a separate sheet).	
2 Agency Advocacy		21 Matrimonial/Family	
3 Acting as an Arbitrator, Adjudicator or Mediator		22 Non-litigious work other than given in any other category. (Please provide a breakdown on a separate sheet).	
4 Children, Mental Health Tribunal and Welfare		23 Offices & Appointments	
5 Commercial Litigation		24 Parliamentary Agency	
6 Commercial work/Corporate work (excluding work related to public companies)		25 Personal Injury (Claimant)	
7 Conveyancing – Commercial		26 Probate	
8 Conveyancing – Residential		27 Property Selling, Valuations and Property Management	
9 Criminal Law		28 Town & Country Planning.	
10 Debt Collection		29 Trusts and Tax Planning	
11 Defendant litigious work for insurers, Defendant Personal Injury Work		30 Wills	
12 Employment - contentious		If you indicate a percentage in any of these areas below, please provide full details on a separate sheet or for 32 complete our FSA Questionnaire	
13 Employment - non contentious		31 Commercial/Corporate work for public companies	
14 Estate administration		32 Financial Advice and Services where your practice has opted into regulation by the FSA	
15 Financial Advice and Services regulated by the Solicitors Regulation Authority		33 Intellectual Property including patent, trademark and copyright.	
16 Immigration		34 Any other area of Specialism eg marine law.	
17 Landlord and Tenant – litigious			
18 Landlord and Tenant – non-litigious			
19 Lecturing and Related Activities and Expert Witness Work		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.

■ undertaken work in relation to selling or advising on any mortgage endowment policies on or after 01/04/1991?

Yes No

In the last 12 months, on how many occasions has your practice, or any prior practice advised on any Home Income Plans or Equity Release Plans? Please state if None

If the firm carries out conveyancing services, please provide the following details:

	Residential	Commercial
Approximate number of transactions in the last full accounting year	<input type="text"/>	<input type="text"/>
Highest value in the last full accounting year	<input type="text"/>	<input type="text"/>
Average value in the last accounting year	<input type="text"/>	<input type="text"/>

Has the proposer ever undertaken any financial services work? Yes No

In respect of activity regulated under the Financial Services and Markets Act 2000, can the Proposer confirm that all financial services work is on an introductory only basis, always has been and is only planned on this basis for the future? Yes No

In the last 12 months, on how many occasions has your practice, or any prior practice advised on any Home Income Plans or Equity Release Plans? Please state if None

If you have advised any Home Income Plans or Equity Release Plans, has this always been legal advice only? Yes No

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

Has your firm undertaken and personal injury work referred by The Accident Group, Claims Direct, and/or any other claims management companies? If Yes, please request and complete our Claims Management Company Questionnaire. Yes No

Please request a supplementary Financial Services Questionnaire should you provide any financial advice regulated by the Financial Services Authority (FSA)

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

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

- £2 million
 £3 million
 £4 million
 £5 million
 £6 million
 £7 million
 £8 million
 £9 million
 £10 million
 Other (Please specify)

Excess – please limit to a maximum of 4 choices

- £Nil
 £1,000
 £3,000
 £5,000
 £10,000
 £25,000
 £50,000
 £75,000
 Other (Please specify)

Aggregate Excess (Please refer to definitions for details on this coverage)

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

11. Risk Management

Are you accredited with LEXCEL? Yes No If Yes, please provide date of accreditation

Is the practice accredited or in the process of becoming accredited to BE EN ISO 9000/01/02 Yes No

If so, dates of accreditation

Is the work of assistant solicitors supervised by a partner and subject to regular review meetings?
If no, please provide an explanation on a separate sheet. Yes No

Are all relevant telephone conversations involving legal matters the subject of a written record on the file?
If no, please provide an explanation on a separate sheet. Yes No

Does the practice or any Partner/Principals exercise a controlling/financial interest in a company or organisation for which the practice undertakes work? Yes No

If your firm has 4 or more partners OR practice fees of £500,000 or more, a Risk Management Supplementary Questionnaire must be completed. Please request a copy from THB if not attached.

Does your Firm have a specific individual responsible for risk management and quality control? Yes No

Is there a procedure in place to ensure that, prior to taking on a new client, the clients requirements are clearly identified and can be met by your firm? Yes No

Is all work subject to your Firms standard terms of engagement which identifies the client, confirms the instructions, sets out the scope of any retainer, and states what is expected of the client? Yes No

Does your Firm operate conflict of interest screening? Yes No

Does your Firm confirm all significant advice in writing? Yes No

Does your Firm have established procedures for supervising, training and keeping staff up to date with legal developments? Yes No

Does your Firm have a central register of complaints? Yes No

Does your Firm operate a diary system and ensure it is monitored on a daily basis? Yes No

Are regular file audits undertaken by a partner (including partner files)? Yes No

Does your Firm have a formal Money Laundering procedure in place on which all staff receive training? Yes No

What is the average number of files per fee earner

12. 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.

13. 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

By signing this proposal form you consent to Thompson Heath & Bond Limited 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 advisers, 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 above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurers consideration of this insurance proposal and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the Insurance contract has been concluded and throughout the duration of the contract of insurance. I/We understand that the information I/We provide will be used by the insurer in determining acceptance of the application together with the price charged for the risk and and the terms of any policy provided.

I/We understand that if my/our practice acquires, merges with or absorbs another practice during the period of Insurance, the Insurer will require similar information in relation to that practice and may charge and additional premium.

Signed Date
(Principal/Member)

Print name of Principal

This form must be signed by a Principal/Member of the practice.

Document checklist

Before returning your proposal to us please complete your checklist.

- | | |
|---|--|
| <input type="checkbox"/> Completed proposal – signed and dated | <input type="checkbox"/> Curriculum Vitae for every principal of the firm and your Business Plan and Cash Flow Statement (If Firm has been established for less than 12 months). |
| <input type="checkbox"/> Headed paper with additional details as appropriate | |
| <input type="checkbox"/> SIF claims schedule 2007 | <input type="checkbox"/> A copy of all reports issued by the OSS, CCS and Disciplinary Tribunal and/or any other regulatory body if applicable. |
| <input type="checkbox"/> Claims reports from qualified insurers and ARP if applicable | |

Please indicate the number of separate sheets used and attached as additional information relevant to the questions herein.

If you require any help or assistance in completing this form, please call our switchboard and ask to speak to the solicitors team on 020 7469 0100

Thompson Heath & Bond is authorised and regulated by the Financial Services Authority. A member of THB Group Plc.