

Solicitors Professional Indemnity Insurance 2010

Please provide a full answer to every question. A Principal of the practice must sign and date this form along with 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.

It is very important that you disclose fully and accurately all material facts. If you require more space please continue in the space provided at the end of this form, if necessary attaching further details on your headed paper. Material facts are those which may affect our assessment of the risk. If you have any doubt as to whether something is a material fact it is recommended that you disclose it. Please answer all the questions and complete this form in ink, also signing and dating the declaration as provided. This proposal shall form the basis of any insurance contract, but its completion and submission does not oblige either party to offer or complete a contract of insurance. If you are aware of any claims, or circumstances which may give rise to a claim, please be sure that you report them immediately, in a separate letter, to your current broker and/or insurer. The information contained within this proposal form is for underwriting purposes and not for claims processing. We would remind you that this type of policy is written on a claims made basis. There are no days of grace for renewal negotiations under this type of policy. All cover will terminate at expiry date.

1. Your details

Practice name

Please include all other names under which you practice and any other entities for which you are seeking cover including Trustee and/or nominee companies and/or incorporated principals:

1) 2) 3)

Main Office SRA Registration Number Date established

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

Main office telephone number Main office fax number

Practice website Primary contact email address

Is your practice (or any partner entity in your practice) a Limited Liability Partnership or a Company with limited liability registered at Companies House? Yes No

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

If yes, please fill in the box below. Use a separate sheet if necessary.

Address	Postcode
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Are all branch offices supervised by a continuously resident Principal or Partner of the firm? Yes No

If there is no resident Principal in a branch office please explain how that office is supervised.

2. Prior practices

Not applicable

List the names of all prior practices to which this practice has become a Successor Practice in the last fifteen years and any names that the practice has previously traded as. Please refer to the Successor Practice definition. Use a separate sheet if necessary.

Practice name	Date established	Date of succession

Have any of the listed practices reported any circumstances or claims in the last five years? Yes No

If yes, please provide copies of claims information from other Qualifying Insurers or the Assigned Risks Pool for all circumstances and claims reported since 01/10/2005.

Is the practice planning any succession or merger with another practice within the next 12 months? Yes No

If yes, please provide full details.

Has any solicitor employed or previously employed by your practice traded in Private Legal Practice as a Sole Practitioner since 1st October 2005? If so, please provide details of the firm and its succession arrangements. Yes No

3. (a) Solicitors details

Please provide all information requested for every Principal, 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 in your practice, your Business Plan and a Cash Flow Statement.

Title	Solicitors full name	Date of birth	Solicitors Status (Principal/Assistant/Consultant etc.)	Full or part time	Roll Number	Year of Admission in England & Wales

Did any Principal first join the practice in the last 12 months? Yes No

If Yes, please provide an up to date professional CV for the relevant individual.

3. (b) Legal Disciplinary Practices

Not applicable

Please provide all information requested for every Principal who is **not** a solicitor.

Title	Full name	Date of birth (DD/MM/YYYY)	Role (e.g. HR/IT/Finance Director, barrister, legal exec, licensed conveyancer etc.)	Fee earner Yes/No	Full or part time	Regulatory body

3. (c) Work for other practices

Are any Principals or other fee earners also Principals, fee earners or employees of other law practices or any other businesses? Yes No

If yes, please provide full details.

4. Other staff

Total number of Principals. If this number is 2 or 3 please complete equity split below:				
Equity Principal 1	%	Equity Principal 2	%	Equity Principal 3
Total number of Assistants, Associates and Consultants				
Number of non-solicitor fee earning staff including Trainee Solicitors (please state if none):				
Number of all other staff, including secretarial (please state if none):				

5. (a) Practice fees

Please provide gross fee income for the completed accounting periods and an estimate of gross fee income for the current accounting period, from your clients in the following territories and gross profit before drawings.

	Date	UK	USA/Canada	Elsewhere	Total	Gross Profit
Forthcoming year estimate	/ /					
Estimated current year	/ /					
Last completed year	/ /					
Prior completed year – (1)	/ /					
Prior completed year – (2)	/ /					
Prior completed year – (3)	/ /					
Prior completed year – (4)	/ /					
Gross fees for the past 5 years:						

If your practice has any fees from clients in USA/Canada or elsewhere please provide full details of these clients, the country the work is undertaken for them and whether the work involved advice on UK, US, Canadian or other law (please specify).

Please provide details of the borrowing facilities (including any loans from Principals) available to the practice.

	Facilities available?	Loan outstanding (over past 24 months)	
		Maximum	Average
Overdraft Facilities	Yes/No	£	£
Mortgages secured on office	Yes/No	£	£
Other borrowings	Yes/No	£	£

5. (b) Largest Clients and Client Types

Does any one client, group of clients or any referral source generate 20% or greater of your annual fees? Yes No

If yes, please provide full details of the nature of the clients or referrers business, the work undertaken and the gross fees billed to each client:

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 %

Has your Practice or any Prior Practice ever:

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

If yes to either of the above questions, please provide details:

6. Practising certificate and Regulatory Issues

In the last ten years has any Principal or 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 Solicitors 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 (LCS)

or the former CCS or OSS or entered into any regulatory settlement agreement with the SRA? Yes No

Had a civil or criminal judgement against him or her or against any practice of which he or she was

a principal? (excluding traffic offences) Yes No

Been investigated by any regulatory body other than the Law Society or Solicitors Regulation

Authority (e.g. FSA, Council of Licensed Conveyancers, ILEX)? Yes No

Has the practice been the subject of a monitoring visit from the Solicitors Regulation Authority

in the last three years? Yes No

Has the practice been the subject of any visit or enquiry from the Forensic Investigation Unit or SRA

ever or has notice of any proposed visit or enquiry been given? Yes No

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 SRA, LCS, former CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/or any regulatory body.

7. Claims and circumstances

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

Insurance Year 2004-2005	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2005-2006	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2006-2007	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2007-2008	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2008-2009	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Year 2009-2010	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note

Please provide an up-to-date (last 60 days) Qualifying Insurer or Assigned Risks Pool Claims Summary for each Indemnity Period specified above for your practice and any practice to which you are a successor

After making full enquiry of all Principals, Employees and Consultants of your practice:

are you aware of any circumstances, incidents or claims reported by your practice or any prior practice in the last ten years which have arisen as a result of the dishonesty of any Principal, Employee or Consultant of that practice? Yes No

If yes, please provide full details on how each matter was resolved and the procedures/processes in place to avoid re-occurrence.

are you aware of any circumstances, incidents or claims that you have not reported to your current or any prior insurers, or that you have notified but which have not been accepted by insurers as an effective notification? Yes No

If yes, please provide details:

are you aware of any circumstances, incidents or claims which have arisen out of the work of any Principal of your practice in previous employment? Yes No

If yes, please provide details:

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

Is your business that of a solicitors practice only?

If not please provide further details including types of work undertaken and fees received.

Yes No

Please provide the percentage of gross fees allocated to each area of practice in the last three completed accounting periods. If you are a new practice, estimate percentages for the coming year rounded to the nearest whole percent. For guidance please refer to definitions.

		Last completed year	Prior completed year (-1)	Prior completed year (-2)
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)	%	%	%
	(please complete section 8(a))			
7	Conveyancing – commercial (please complete section 8(b))	%	%	%
8	Conveyancing – residential (please complete section 8(b))	%	%	%
9	Criminal law	%	%	%
10	Debt collection	%	%	%
11	Defendant litigious work for insurers, including 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	%	%	%
17	Lecturing and related activities and expert witness work	%	%	%
18	Litigious work other than given in any other category	%	%	%
	(please provide a breakdown on separate sheet)			
19	Matrimonial/Family	%	%	%
20	Non-litigious work other than given in any other category	%	%	%
	(please provide a breakdown on separate sheet)			
21	Offices and appointments	%	%	%
22	Parliamentary agency	%	%	%
23	Personal injury (claimant) (please complete section 8(c))	%	%	%
24	Probate and estate administration	%	%	%
25	Property management, valuations and real estate agency	%	%	%
26	Town and country planning	%	%	%
27	Wills, trusts and tax planning	%	%	%
28	Commercial/corporate work for public companies (please complete section 8(a))	%	%	%
29	Financial advice and services where your practice has opted into regulation by the FSA (please complete FSA questionnaire available online www.barprofessions.com)	%	%	%
30	Intellectual property including patent, trademark and copyright	%	%	%
	(please provide full details on a separate sheet)			
	Total must equal 100%	%	%	%

Has your practice or any prior practice ever provided advice on or services related to the law of any jurisdiction other than England & Wales?

Yes No

If so, please provide full details of the work undertaken, the client in question, and the relevant qualifications and experience of the Solicitor undertaking the work.

8. (a) Commercial

Not applicable

In respect of commercial work, please provide gross fee income for the last accounting period from:

Area	Gross fees non-public companies	Gross fees public companies
Mergers and acquisitions		
Debt issuance/securitisation		
Project financing		
Pension schemes		
Tax		
Insolvency		
Regulation/compliance		
Other (please specify)		
Other (please specify)		

Please list the five largest matters over the last three years and fees earned in each case.

Area of Work	Public or non-public	Contract value	Fees earned	Year completed

Mergers & Acquisition Work

Is all merger and acquisition work undertaken for UK companies? Not applicable Yes No

If **No**, please provide details:

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	£

Financial Services Work

Has your Practice or any Prior Practice ever:

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 1st April 1991? Yes No

has your practice or any prior practice advised on Equity Release Plans? Yes No

If so how many in the last twelve?		Approximately how many in the next 12 months?	
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If you have answered **Yes**, to any of the above please complete the Financial Services Questionnaire

All questionnaires are available online at www.barprofessions.com

8. (b) Conveyancing

This questionnaire must be completed if at any time in the last five financial years gross fees for your firm have been derived from any conveyancing work including remortgages (residential and/or commercial). Not applicable

Please advise the number of fee-earners in your practice or previously employed by your practice or any prior practice who undertake or have undertaken conveyancing work.

	2010	2009	2008	2007	2006
Solicitors					
Other qualified fee earners					
Non-qualified fee earners					

Please fill in the below table in relation to **residential conveyancing**.

	2010	2009	2008	2007	2006
Gross fees	£	£	£	£	£
Number of transactions					
Highest capital value	£	£	£	£	£
Average typical capital value	£	£	£	£	£
Percentage relating to remortgage work	%	%	%	%	%
Percentage relating to Buy to let work	%	%	%	%	%

Please fill in the below table in relation to **commercial conveyancing**.

	2010	2009	2008	2007	2006
Gross fees	£	£	£	£	£
Number of transactions					
Highest capital value	£	£	£	£	£
Average typical capital value	£	£	£	£	£

In any year in the last three sections, have more than 10% of your conveyancing instructions originated from any one development or from any one client or referrer, e.g. mortgage broker, developer, financial adviser, estate agent? Yes No

If yes, please provide full details.

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What identity checks do you carry out on conveyancing clients?

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How do you comply with lender requirements on verification of identity?

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If you do not meet a client prior to a transaction how do you establish identity?

Over the last three years what safeguards and staff training measures have you had in place to ensure that any information indicative of (e.g. back to back transactions, discounts, incentives) is:

a) identified; and
b) reported to lender clients e.g. CML disclosure of incentives form?

Does anyone other than a Principal sign reports and/or certificates of title addressed to lenders? Yes No

If yes, please provide full details.

Has your practice or any prior practice conducted any conveyancing transaction in the past five years which involved a lender who is not a member of the Council of Mortgage Lenders? Yes No

If so, please identify the lenders involved and the volume of transactions.

Has your practice or any prior practice ever been removed or suspended from any lender panel? Yes No

If so, please identify the lenders involved and provide full details of the circumstances of the removal or suspension.

On approximately how many occasions in the last 12 months have you received requests for conveyancing files from lenders?

Please provide full details including the name(s) of the lender(s).

Please provide details of your work in the following areas:

	Ever Undertaken	Number in last 12 months
a) undertaken residential or commercial surveys/valuations for lending purposes?	Yes/No	
b) Instructions from property clubs or investment schemes	Yes/No	

Does the practice plan to do any of the above in the next twelve months? Yes No

If yes, please provide full details.

Does the practice undertake conveyancing transactions outside the local area? Yes No

If Yes, please provide details

8. (c) Personal injury

Not applicable

Please advise your current personal injury work by percentage.

Clinical negligence	%
Occupational disease	%
All other personal injury (e.g. RTA, employers'/public liability etc).	%
How many open claimant personal injury cases does your practice currently have?	
Please specify the highest settlement on behalf of a claimant in the last five years?	£
Please confirm the total number of cases handled in the last twelve months?	

What is the average and largest personal injury claimant settlement in the last 12 months?

Average £	Largest £
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Please provide a percentage breakdown of the Gross Fees billed in respect of the following claimant Personal Injury

Multi track	%	No Win No Fee Claims	%	Small claims	%
Fast Track	%	All other claims *	%		

* (Please provide full details)

Has the practice received all Vibration White Finger, Bronchitis and Emphysema or other Industrial disease scheme cases and complied with scheme deadlines for logging claims? Yes No

If No please provide details: (use a separate sheet if necessary)

What percentage of your work is backed by Legal Expenses Insurers	%
Please estimate the number of personal injury cases you currently have where the expected settlement exceeds £25,000	
Please estimate the number of personal injury cases you currently have where the expected settlement exceeds £250,000	

Does the practice operate and/or offer Conditional Fee Arrangements? Yes No

What percentage of Gross fees billed is attributable to Conditional Fee Arrangements?

Current Year	%	Past Year Ending	%	Previous Year	%
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What percentage of such arrangements do you win and what is your average fee?

Current Year	%	Past Year Ending	%	Previous Year	%
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How many arrangements did you start?

Current Year	%	Past Year Ending	%	Previous Year	%
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How many arrangements did you complete?

Current Year	%	Past Year Ending	%	Previous Year	%
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Does one or more partner(s) agree to each CFA before it is offered to the client? Yes No

Do you use a standard written assessment procedure before accepting such arrangements Yes No

Have any such arrangements been found to be unenforceable? Yes No

If Yes please provide full details

Please state the number of fee earners in your practice who undertake or have undertaken personal injury work.

	Last completed year	Prior completed year (-1)	Prior completed year (-2)
Solicitors			
Other qualified fee earners			
Non-qualified fee earners			

Do you undertake work or accept any referrals from Claims Management Companies, referral networks or promotional groups? Yes No

If yes, please provide name(s) and complete the claims management **additional questionnaire overleaf.**

Does the practice vet personal injury cases for a third party including any insurer? Yes No

If yes, please provide full details.

Has your practice or any prior practice ever:

conducted work for or on behalf of a Trade Union or similar body? Yes No

conducted cases backed by ATE insurance where each case was not individually reviewed by the ATE insurer prior to acceptance? Yes No

What percentage of your current cases have ATE insurance? %

Please provide the names of all ATE insurance providers you deal with or have dealt with in the last two years.

Please name any ATE insurance provider that you place more than 20% of your business with and specify the percentage in each case

Have your files been audited or has an audit been proposed by any underwriters or funders? Yes No

If yes, please provide details, including copies of all correspondence relating to any audit or proposed audit.

Do you receive, or have you received, any time in the last three years, any commission or other financial incentive from any insurer? Yes No

If yes, please provide details.

Please provide a copy of any standard letter that you have advising clients about the choice of ATE insurer and any commissions, financial incentives or similar that you receive.

Do you use any particular provider for expert reports in more than 20% of your cases? Yes No

If yes, please provide full details, including identity of provider, percentage of cases and background to the level of instructions.

**The Accident Group (TAG) / Claims Direct / other
claims management companies additional questionnaire**

Not applicable

	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. Out of the cases that failed, how many failed at litigation?				
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 claims or circumstances arising out of work done by you under these schemes.				
Number of letters attached. <input type="text"/>				
*Please delete as appropriate				
If the notification was via your broker please advise the name of the relevant Insurer(s)	<input type="text"/>			

9. Risk management

Does your practice have a formal Risk Management Strategy?

Yes No

Please provide the name and status of the person responsible for risk management and/or handling of complaints and/or claims?

Name

Status

What Legal Services Commission Quality Mark or other quality standards e.g. LEXCEL or Investors in People,

is your firm currently accredited with?

Please specify:

If applicable what date was the practice accredited with the Lexcel Quality Standard

Has a Legal Services Commission Quality Mark ever been withdrawn?

Yes No

If Yes please provide full details:

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?

Yes No

If No, please provide details:

Does the practice have a formal performance management system in place, which evaluates (at least annually) all solicitors and other legal staff?

Yes No

If No, please provide full details of the appraisal system:

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 have a file audit procedure in all departments comprising (as a minimum) regular review by a Principal of all files including other Principals' own casework, and a formal file closure procedure?

Yes No

If Yes, how many files are audited, how often and by whom?

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 operate a centralised/departmental critical date diary system with appropriate electronic/manual back up and to cover staff absence and system failure?

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 or system failure?

Yes No

If no to any of the above, please provide an explanation including details of alternative procedures.

Does the practice have and use a written retainer and engagement letter that complies with Rule 2.02 of the Code of Conduct?

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?

Yes No

If No, please provide full details:

Has there been any change to the internal management structure of the practice in the past 3 years?

Yes No

If Yes, please provide details

What is the average number of files per Fee Earner?

How often is the client account taken to trial balance?

Is any Principal or employee able to draw cheques on either the office or client account under their sole signature?

Yes No

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 been subject of an inquiry/investigation as a result of a breach of the Solicitors Accounts Rules?

Yes No

If Yes, please provide details:

Does the practice always receive written confirmation when money is transferred electronically?

Yes No

If No, please provide full details:

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?

Yes No

If No, please provide full details:

Who is authorised to give undertakings on behalf of the firm?

<input type="text"/>	status
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Who is entitled to authorise payment from the client account?

<input type="text"/>	status
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Does the practice provide professional services for any clients in which any Principal holds a partnership/directorship or has any other financial interest?.

Yes No

If Yes are these services always carried out by Principal/solicitors other than the Principal connected with the client?

Yes No

If No please provide details below:

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

Does any organisation or person who is not a Principal in the practice exercise a controlling or financial interest in the practice?

Yes No

If so, please provide details of the procedures in place to avoid conflicts of interest.

10. Current coverage

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

Yes No

If yes, please provide full details:

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

Yes No

If yes, please provide full details:

Please provide details of your current insurance.

Current insurer

Current broker

Premium £

Limit £

Excess £

Do you currently have an aggregated policy excess?

Yes No

11. Requested cover

The minimum cover required is £2 million for sole practitioners and partnerships or £3 million for LLPs and incorporated practices registered at Companies House.

Limit of indemnity – please limit to a maximum of four choices

- £2 million £3 million £4 million £5 million £6 million £7 million
 £8 million £9 million £10 million

Excess – please limit to a maximum of four choices

- Nil £1,000 £3,000 £5,000 £10,000 £25,000
 £50,000 £75,000 Other – please specify £

Aggregate Excess

Aggregated/capped excess? (Normally three times the policy excess e.g. £2500 excess would be capped at £7500 for the policy period)

Do you require a quotation for Aggregate Excess?

Yes No Include both options

12. Significant change

Has there been any significant change in your practice in the last year or do you expect any significant change in the coming year?

Yes No

If yes, please provide full details.

13. Other material information

Important notice

All material information must be disclosed as part of the proposal and before insurance commences. Material information includes any fact which we may reasonably wish to know in relation to our assessment of the risk, the exposure and in calculation of any appropriate premium. You must disclose all such information whether or not a specific question has been included in this application form.

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

Yes No

If yes, please provide full details.

14. Declaration

By signing the proposal form you consent to Bar Professions Limited using the information we may hold about you for the purpose of providing insurance and processing sensitive personal data about you where this is necessary. This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include third party claims adjusters, fraud detection and prevention services, reinsurance companies, debt recovery agents and insurance regulatory authorities. This information may also be disclosed to agents and service providers appointed by us, and to insurers, their re-insurers, legal advisors, loss adjusters and 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 to insurers that, after full enquiry of all partners, principals, directors, members and staff, all claims and circumstances which may give rise to a claim have been reported to previous and/or current insurers and that the statements in this proposal form (and attachments if any) are true and complete and shall form the basis of any contract of insurance effected thereupon. I/we undertake to inform insurers of any material alterations to the information provided or any new fact or matter arising before completion of the contract of insurance which may be relevant to the contract of insurance.

Signature

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Print name

--

Date

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15. Document checklist

Before postng, 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 of the practice and your Business Plan and Cash Flow Statement.

A copy of all reports issued by the SRA, LCS (formerly the CSS/OSS) Forensic Investigation Unit, Disciplinary Tribunal and/or any regulatory body.

Any information provided on separate sheets.

If you would like to pay in instalments please provide copies of the annual accounts for your practice for your last two completed financial years.

Number of additional sheets included with this application

Additional Information
