

SOLICITORS PROFESSIONAL INDEMNITY PROPOSAL FORM

1. FIRM DETAILS

1.1 Name of Firm

Contact	
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1.2 Address

Telephone	
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Facsimile	
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Email	
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Website	
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Date established	
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Law Society Registration Number	
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1.3 Is the firm an Incorporated Practice/Limited Liability Partnership or a Company registered at Companies House or likely to become so in the next 12 months?

YES	NO
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1.4 Towns of other offices for which you are seeking cover

1.5 Is the firm a successor practice to any prior practice?

YES	NO
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If "YES" please attach details, including date established and date of succession

1.6 Please list all Solicitors, Registered Foreign Lawyers (RFL) and Registered European Lawyers (REL) (continue on a separate sheet if necessary).

Name	Date qualified	Solicitor's status <small>Principal/Director/LLP Member/Assistant/Consultant</small>	Full/Part time
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
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1.7 Number of Staff:

Partners/Directors/LLP Members	
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Non-Partner solicitors	
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Non-solicitor fee earners	
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All other staff	
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1.8 During the past 6 years has the firm's name been changed, has any other law firm been purchased and/or has any merger or consolidation taken place?

YES	NO
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If "YES", please provide details	
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<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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1.7 Number of Staff:

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Non-Partner solicitors

Non-solicitor fee earners

All other staff

1.8 During the past 6 years has the firm's name been changed, has any other law firm been purchased and/or has any merger or consolidation taken place?

 YES

 NO

If "YES", please provide details

2. FINANCIAL

2.1 a) Please provide the Gross Fees for the accounting periods below, arising from the firm's practice:

	Year end 2003 or 2004	Year end 2004 or 2005	Last accounting year	Estimate coming year
Date of financial year end				
Gross fee income (UK and overseas)				
Largest fee from any one client				
Average fee				
USA/Canada*				
Rest of the World				

Please list countries and jurisdiction applying:

*Billed to a USA/Canada client or in the UK or elsewhere for clients domiciled in the USA or Canada including work for USA companies, subsidiaries or subsidiaries of companies based elsewhere

b) Is the firm represented in any way in the USA or Canada by:

i) a USA or Canadian local office, a local representative, any other person or concern holding a power of attorney on the firm's behalf, or, by reciprocal client referral agreement?

YES NO

ii) holding any bank accounts in the USA or Canada (whether in own name or as nominee or trustee for another party)?

YES NO

iii) acting as trustee for any trust which has any USA or Canadian operation?

YES NO

If "YES" to any of the above, please attach full details.

c) Does the firm ever provide legal advice in respect of foreign law, foreign jurisdiction or contract which is not subject to English law?

YES NO

If "YES", please attach details.

3. CLAIMS AND CIRCUMSTANCES

3.1 Please attach a full copy of your updated SIF Claims Summary, including for prior practices for which the firm is a successor practice.

3.2 In the last 10 years, has the firm or any present or past partner, director, consultant, LLP member or employee of the firm or any Prior Practice reported any claims or circumstances to SIF and/or any Qualifying Insurer and/or the Assigned Risks Pool?

YES NO

SIF Years 1996-2000

YES NO

Insurance Year 2003-2004

YES NO

Insurance Year 2000-2001

YES NO

Insurance Year 2004-2005

YES NO

Insurance Year 2001-2002

YES NO

Insurance Year 2005-2006

YES NO

Insurance Year 2002-2003

YES NO

If "YES", please attach details of claims information from such insurers or the Assigned Risk Pool.

3.3 Please attach details of any other matters notified by your firm or any prior practice to SIF or your qualifying insurer or the Assigned Risks Pool but which have not been accepted as effective notifications.

3.4 After enquiry of all partners and staff, are you aware of any circumstances that may give rise to a claim against you which you have not already notified to current insurers (including awareness of a shortcoming in work carried out, or a complaint by a client about your firm's professional services, or a client withholding payment of fees due to a complaint)?

YES NO

If "YES", please attach full details, and evidence that you are now notifying your current insurers of these matters.

Any quote is subject to your providing evidence of such notification to your current insurers.

3.5 Have any claims reported by you or any prior practice in the past 10 years arisen as a result of fraud or dishonesty of any partner or employee of the firm?

YES NO

If "YES", please attach details.

3.6 Has the firm, any prior practice or any solicitor in the firm or any prior practice (past or present) been refused a practicing certificate or been or may be the subject of an investigation by the Disciplinary Tribunal, Office for the Supervision of Solicitors, Consumer Complaints Service, Legal Services Ombudsman, Complaints Commissioner or other regulatory body such as the FSA?

YES NO

If "YES", please attach details.

3.7 Has the firm, or any prior practice, ever been in the Assigned Risks Pool?
 If "YES", please attach details of the period and the reasons why. YES NO

3.8 Has any insurer declined, cancelled or refused renewal on any prior policy or application for professional indemnity insurance by the firm or any party to be insured under this proposed coverage, or imposed any special terms?
 If "YES", please attach details. YES NO

4. WORK BREAKDOWN

4.1 For the last complete accounting year please provide the Gross Fee split for the following activities:

Administering Oaths and Taking Affidavits	%	Lecturing and Related Activities	%
Agency Advocacy	%	Matrimonial	%
Arbitration, Adjudication and Mediation	%	Mergers and Acquisitions	%
Children	%	Offices and Appointments	%
Commercial (ex Mergers and Acquisitions)	%	Other Litigation	%
Conveyancing Commercial	%	Personal Injury	%
Conveyancing Residential	%	Probate	%
Criminal	%	Property Selling and Valuations	%
Debt Collection	%	Town and Country Planning	%
Defendant Litigation for Insurers	%	Trust and Tax Planning	%
Employment	%	Welfare	%
Financial Services	%	Wills	%
Immigration	%	Other (please specify)	%
Intellectual Property	%	eg. environmental, pension trustee work, parliamentary agency etc.	
Landlord and Tenant	%		

If no financial services work has been undertaken in the last year, has the firm been involved in any such work since 1988? If "YES", please advise the details. A financial services questionnaire may need to be completed. YES NO

4.2 Does the firm carry out any activities where no fees are charged? YES NO

If "YES", please provide details

4.3 Has the firm now, or ever, participated in any scheme or arrangement, including, but not limited to The Accident Group Scheme ("TAG") by which the liability of any party represented by the firm in respect of legal costs or expenses incurred in any form or dispute resolution (whether litigation or otherwise) is the subject of any policy of insurance, guarantee or indemnity? YES NO

If "YES", please request a Claims Management Questionnaire for completion.

4.4 In the last twelve months, on how many occasions has your practice or any prior practice advised on any Home Income Plans or Equity Release Plans? (If none, please state)

4.5 Does the firm provide advice to any entertainment or sporting professional clients? YES NO

If "YES", please provide full details, indicating type of activity/client and the gross fees involved:

4.6 If the firm carries out conveyancing services, please provide the following details (per property):

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

4.7 In the last 6 years, has the firm, including any Prior Practice, accepted instructions for any class actions where it acted for:

a) defendants YES NO b) claimants YES NO

4.8 If the firm has undertaken any personal injury work, please provide the following:

i) Largest personal injury claimant settlement in last 12 months £

ii) Average personal injury claimant settlement in last 12 months £

iii) Percentage of gross fees in respect of claimant personal injury work %

5. SPECIFIC WORK RELATED QUESTIONS

5.1 Is a "Critical Date" diary system in operation (e.g. for limitation periods) with appropriate back up? YES NO

If "No", please give reasons:

5.2 Is the practice accredited or in the process of becoming accredited to BS EN ISO 9000 or Lexcel? YES NO

5.3 Is the work of assistant solicitors supervised by a partner and subject to regular review meetings? YES NO

5.4 Are all relevant telephone conversations the subject of a note on the file? YES NO

5.5 Does the firm have procedures for verifying qualifications, previous experience and previous claims/circumstances for new practice acquisitions, new partners, principals, directors, members and employees? YES NO

6. INSURANCE DETAILS

6.1 Current Insurance Details

Current limit of indemnity <input type="text"/>	Current excess <input type="text"/>
Current insurer <input type="text"/>	Current premium <input type="text"/>

6.2 Limits of indemnity required – please select all limits for which you would like a quote.

<input type="checkbox"/> £2 million <small>(minimum limit)</small>	<input type="checkbox"/> £3 million <small>(minimum limit for LLP or recognised body)</small>	<input type="checkbox"/> £4 million	<input type="checkbox"/> £5 million	<input type="text"/> Other (please specify)
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6.3 Excess required – each and every claim

<input type="checkbox"/> £2,500	<input type="checkbox"/> £5,000	<input type="checkbox"/> £10,000	<input type="checkbox"/> £25,000	<input type="text"/> Other (please specify)
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6.4 Do you require a quote for an aggregate excess? YES NO

7. DECLARATION

I declare that after enquiry the statements and particulars of this proposal form are true and that I have not mis-stated or suppressed any material facts. I agree this proposal form and any other information supplied by me shall form the basis of any contract of insurance effected thereupon. I undertake to inform Insurers of any material alteration to these facts occurring before completion of the renewal of the contract of insurance.

Signature of Partner/Director/LLP Member <input type="text"/>	Name of Partner/Director/LLP Member <input type="text"/>
	Date <input type="text"/>