



RICHARD THACKER  
*Independent Insurance Brokers*

Solicitors' Professional  
Indemnity Insurance





## Solicitors' Professional Indemnity Insurance **Proposal Form**

1. Name and address(es) of Practice: (Please indicate all office addresses and all practising titles)

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Tel no: \_\_\_\_\_ Fax no: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Website: www. \_\_\_\_\_

Solicitors Regulation Authority Registration Number: \_\_\_\_\_ Date firm established: \_\_\_\_\_

Is there a resident Principal in each branch office?

YES  NO

If no, please advise how that office is supervised: \_\_\_\_\_

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2. Is your Practice a Limited Liability Partnership or a Company registered at Companies House?

YES  NO

3. Is the Practice accredited with LEXCEL?

YES  NO

4. (a) Please provide details of any Practice and/or partner where you are deemed to be the successor practice (as defined by the Law Society's minimum terms).

Name of Practice	Date of Establishment	Date of Succession	No. of Solicitors Joining the Firm
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) Except as detailed above, has the Practice ever assumed responsibility (either voluntary or by application of the successor practice rules) for the past liabilities of any other firm or individual?

YES  NO

(c) Does your Practice notepaper, website, or other marketing material or premises signage refer to any Practice other than those detailed in Questions 1 or 4 (a) above?

YES  NO

(d) Have any of the Practices listed in 4 (a) reported any circumstances or claims in the last six years?

YES  NO

(e) Has the Practice acted as an intervening agent appointed by the Law Society and/or taken over an intervened firm and/or handled files from an intervened firm in the last six years?

YES  NO

(f) Where you have taken on partners from other Practices please describe the steps you have taken to ascertain whether or not your practice becomes a Successor Practice to any other firm.

If 'YES' to (b), (c), (d), or (e) please provide full details together with your response to (f) if appropriate

**5. (a) Details of all Solicitors:** (partner/principal, assistant or consultant)

Title	Full Name	Date of Birth	Status	Full or Part time	Roll Number	Year of Admission

**5. (b) Non Solicitor Principals:** Please provide all information requested for every non-solicitor Principal, Member, Director or Partner

Title	Full Name	Date of Birth	Role	Fee Earner Y/N	Full or Part time	Regulatory Body

**5. (c) Do any principals or other fee earners also work for any other law firms or businesses?**

YES  NO

If "YES" please provide full details.

**6. (a) Other staff numbers**

Non-solicitor full time fee earners \_\_\_\_\_ Registered European or foreign lawyers \_\_\_\_\_

Non-solicitor part time fee earners \_\_\_\_\_ All other staff (inc secretarial) \_\_\_\_\_

**(b) Is the Practice planning any decrease in the total number of staff detailed above other than through ordinary retirement within the next 12 months.** If "YES" please provide full details

YES  NO

**7. (a) Please provide gross fee income for the last five completed accounting periods and an estimate of gross fee income for the current accounting period, from your clients in the following territories:**

	Date	UK	USA/Canada	Elsewhere	Total
Estimated Current Year	___/___/20__	£	£	£	£
Last Completed Year	___/___/20__	£	£	£	£
Prior Completed Year 1	___/___/20__	£	£	£	£
Prior Completed Year 2	___/___/20__	£	£	£	£
Prior Completed Year 3	___/___/20__	£	£	£	£
Prior Completed Year 4	___/___/20__	£	£	£	£

**(b) Have you performed any work in the last five years in the UK or elsewhere for persons, companies, firms or organisations based in the USA or its territories or possessions or Canada**

YES  NO

If "YES" please provide full details.

**(c) Is the Practice represented in any way in the USA or its territories or possessions, or Canada?**

YES  NO

If YES, state how (e.g. by local office, local representative, by any person or concern who holds a power of attorney, or by reciprocal referral agreement).

8. (a) 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.

	Last completed year	Prior completed year (-1)	Prior completed year (-2)
1. Administering oaths, taking affidavits and notary public	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
2. Agency advocacy	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
3. Acting as an arbitrator, adjudicator or mediator	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
4. Children, mental health tribunal and welfare	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
5. Commercial litigation	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
6. Commercial/corporate work (excluding work related to public companies). Please complete section 8(b)i	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
7. Commercial/corporate work for public companies. Please complete section 8(b)ii	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
8. Conveyancing - commercial (please complete attached questionnaire)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
9. Conveyancing - residential (please complete attached questionnaire)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
10. Criminal law	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
11. Debt collection	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
12. Defendant litigious work for insurers, including defendant personal injury work	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
13. Employment - contentious	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
14. Employment - non-contentious	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
15. Financial advice and services regulated by the Solicitors Regulation Authority	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
16. Immigration	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
17. Landlord and tenant	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
18. Lecturing and related activities and expert witness work	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
19. Litigious work other than given in any other category (Please provide a breakdown on separate sheet)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
20. Matrimonial/Family	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
21. Non-litigious work other than given in any other category (please provide a breakdown on separate sheet)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
22. Offices and appointments	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
23. Parliamentary agency	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
24. Personal injury (claimant) (please complete attached questionnaire)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
25. Probate and estate administration	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
26. Property management, valuations and real estate agency	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
27. Town and country planning	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
28. Wills, trust and tax planning	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
29. Financial advice and services where your practice has opted into regulation by the FSA	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
30. Intellectual property including patent, trademark and copyright (please provide full details on separate sheet)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<b>Total must equal 100%</b>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Is more than 20% of the total gross fee income derived from one client or one industry sector?

YES  NO

If "YES" please provide full details.

8. **(b) Commercial**

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

Area	(i) Gross Fees Non-public companies	(ii) Gross fees public companies
Mergers and acquisitions		
Debt issuance/securitisation		
Project financing		
Pension Schemes		
Tax		
Insolvency		
Regulation/compliance		
Other (please specify)		
Other (please specify)		
Other (please specify)		

9. Please split the Practices business between the following market sectors:

Private Client	<input type="text" value=""/>	%	Entertainment & Sport	<input type="text" value=""/>	%
Financial institutions / Banking	<input type="text" value=""/>	%	Privately Held Companies	<input type="text" value=""/>	%
Government	<input type="text" value=""/>	%	Publicly Held Companies	<input type="text" value=""/>	%
Construction	<input type="text" value=""/>	%	Insurance	<input type="text" value=""/>	%
Other (please specify)	<input type="text" value=""/>				

10. Has the practice provided management services or investment advice to any entertainment industry clients or to any sporting professions?

YES  NO

If YES, please provide full details.

11. Please provide details of the 5 largest commercial work contracts undertaken by the practice within the last 3 years:

Area of work	Public or non Public company	Contract Value	Fees Earned	Year Completed

12. Has the practice, or any Prior Practice, sold or provided advice in the last 15 years in connection with financial services products as defined in the Financial Services and Markets Act 2000, or acted as an introducer in respect of such products?

YES  NO

If YES, please provide full details.

13. During the past 6 years has the name of the Practice changed or have any mergers taken place or have there been any significant changes in the Practice or the division of your Gross Fee income or are any such changes anticipated in the forthcoming year?

YES  NO

If YES, please provide full details.

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14. AFTER ENQUIRY has the Practice or any prior Practice, solicitor or member of staff (including any principal, solicitor or member of staff whilst at a previous firm) been subject to any of the following:

• Costs or penalty order or reprimand by the Disciplinary Tribunal? YES  NO

• Investigation or intervention by the Legal Complaints Service, the former CCS or OSS, Solicitors' Regulation Authority, Law Society, or any other regulatory body, or had an award for inadequate professional service made against them or entered into any regulatory settlement agreement? YES  NO

• Enquiry and/or investigation as a result of a breach of the Solicitors' Accounts Rules, or have the firm's accounts been qualified in the last five years? YES  NO

• Civil or criminal judgement (except for motoring offences)? YES  NO

• Refusal by the Law Society to issue a practising certificate or grant of a conditional practising certificate? YES  NO

(a) Has the Practice been the subject of a monitoring visit from the Solicitors' Regulation Authority, Council of Licensed Conveyancers or ILEX, in the last 3 years? YES  NO

(b) Has the Practice been the subject of any visit or enquiry from the Forensic Investigation Unit in the past 3 years or has notice of any proposed visit or enquiry been given? YES  NO

(c) Has the Practice ever applied to join or entered the assigned Risks Pool? YES  NO

If Yes in any case, please provide details and provide a copy of all reports and relevant correspondence issued by the LCS, former CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/or any other regulatory body.

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15. Claims details

(a) Has any claim (successful or otherwise) been made against the Practice or its predecessors in business or any of the present or former partners/principals or any firm to which you are a successor in Practice for the following years?

**Insurance year**

2004-2005 YES  NO

2005-2006 YES  NO

2006-2007 YES  NO

2007-2008 YES  NO

2008-2009 YES  NO

2009-2010 YES  NO

Please attach a copy of your confirmed claims history as supplied by qualifying insurers.

(b) AFTER ENQUIRY OF ALL PRINCIPALS, MEMBERS AND EMPLOYEES, are there any claims against your Practice or any circumstances which may give rise to a claim against your Practice, which you have not already notified to your insurers. If YES, please supply full details including estimated quantum. YES  NO

(c) Have there been any circumstances, incidents or claims arising from fraud or dishonesty of your partners or employees? If YES, please supply full details including estimated quantum. YES  NO

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16. Has any insurer, in respect of the risks to which this proposal relates;

(i) ever declined a proposal, refused renewal or terminated insurance? YES  NO

(ii) imposed special conditions or required increased premium other than as a result of organic growth? YES  NO

If YES, in either case, please provide full details.

## COVER REQUIRED

The minimum cover required is £2,000,000 for a partnership or £3,000,000 for LLPs and other relevant recognised bodies.

<b>(a)</b> Limit of indemnity:	Mandatory limit	£ .....	each claim
	Additional limit of indemnity required	£ .....	
	<b>Total limit of indemnity</b>	£ _____	
<b>(b)</b> Excess: (deductible)		£ .....	each claim

Quotations for alternative Limits of Indemnity and levels of excess will be supplied

Please state name of current insurer and/or broker:

## DOCUMENT CHECKLIST

Please include the following documents with your submission: *(please tick relevant boxes)*

1. This form and the supplementary questionnaires, fully completed, signed and dated.
2. A sheet of your practices current headed notepaper

*And, if applicable:*

3. Claims information for all claims and circumstances reported to Qualifying Insurers or the Assigned Risks Pool, by your practice and any other practice to which you are a successor practice
4. A copy of all reports issued by the SRA, LCS (formerly the CCS/OSS), Disciplinary Tribunal, Forensic Investigation unit and/or any regulatory body

## DATA PROTECTION

By signing this proposal form you consent to Richard Thacker & Company Limited using the information we may hold about you for the purposes of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. 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 to 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 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 small fee) and to have any inaccuracies corrected.

## DECLARATION

AFTER ENQUIRY OF ALL PRINCIPALS, CONSULTANTS AND EMPLOYEES I/we declare that the statements made by me/us in this proposal are true and complete and will form part of any contract of insurance effected thereon. I/We confirm that no material fact has been omitted, misrepresented or misstated.

I/We undertake to inform you before any contract of insurance is concluded if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Partner \_\_\_\_\_

On behalf of (name of practice) \_\_\_\_\_

**Please complete and return to:**

**Richard Thacker & Company Limited**

**Hexagon House, 21/23 Gatley Road, Cheadle, Cheshire, SK8 1NZ.**

**DX22351 Cheadle.**

**Telephone: 0161 428 5232 Fax: 0161 491 3954**

**June 2010**



## RICHARD THACKER

*Independent Insurance Brokers*

Richard Thacker has been arranging Solicitors' Professional Indemnity Insurance for almost 50 years and has remained closely involved with the Profession throughout. Our nationwide reputation for excellence has been earned through the provision of reliable, secure and comprehensive protection at highly competitive rates of premium.

Our detailed understanding of the complexity of Solicitors' Professional Indemnity Insurance has been of significant value to the Profession for many years and we act as specialist advisers to practices throughout England and Wales.

Our expert knowledge of this specialist market combined with our established relationships with leading qualifying insurers enables us to offer highly competitive and dependable protection to practices throughout the Profession.

**Richard Thacker & Company Limited,**

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