



## 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: \_\_\_\_\_

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

(a) Please provide the name and status of the person responsible for risk management in your practice.

Name: \_\_\_\_\_ Status \_\_\_\_\_

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) 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?

YES  NO

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

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

Title	Full Name	Date of Birth	Status	Full or Part time	Role number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\_\_\_\_\_

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

Title	Full Name	Date of Birth	Role	Full or Part time	Regulatory Body
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\_\_\_\_\_

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5. (c) Do any principals also work for any other law firms or businesses? If "YES" please provide full details

YES  NO

**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 state the total gross fees for the last 5 years:**

Last return	Year ending	Year ending	Year ending	Year ending
____/____/____ <i>please state date</i>	____/____/____ <i>please state date</i>	____/____/____ <i>please state date</i>	____/____/____ <i>please state date</i>	____/____/____ <i>please state date</i>
£ _____	£ _____	£ _____	£ _____	£ _____

**(b) Please provide a breakdown of gross fees as follows:**

	Last return	Current year (estimated)
<b>In respect of work performed:</b>		
(i) in the United Kingdom (excluding (iii) below)	£ .....	£ .....
(ii) in the USA, its territories and possessions and Canada (please provide details)	£ .....	£ .....
(iii) in the UK or elsewhere for persons, companies, firms or organisations based in the USA or its territories or possessions or Canada (please provide details)	£ .....	£ .....
iv) elsewhere overseas (please state countries and amounts involved)	£ .....	£ .....
<b>Total Gross Fees</b>	£ _____	£ _____

**8. (a) Please provide details of the division of your gross fee income for the last complete financial year:**

Administering oaths, taking affidavits and notary public	_____%	Lecturing and related activities and expert witness work	_____%
Agency advocacy	_____%	Litigious work other than given in any other category (please provide a breakdown on page 6)	_____%
Acting as an arbitrator, adjudicator or mediator	_____%	Matrimonial/Family	_____%
Children, mental health tribunal and welfare	_____%	Non-litigious work other than given in any other category (please provide a breakdown page 6)	_____%
Commercial litigation	_____%	Offices and appointments	_____%
Commercial/Corporate work (excluding work related to public companies)	_____%	Parliamentary agency	_____%
Conveyancing – commercial	_____%	Personal injury (claimant)	_____%
Conveyancing – residential	_____%	Probate and estate administration	_____%
Criminal law	_____%	Property selling, valuations and property management	_____%
Debt collection	_____%	Town and country planning	_____%
Defendant litigious work for insurers, defendant personal injury work	_____%	Wills, trust and tax law planning	_____%
Employment – contentious	_____%	<i>If you indicate a percentage in any of the areas below, please provide details on page 6</i>	
Employment – non-contentious	_____%	Commercial/corporate work for public companies	_____%
EC Competition /Human Rights Law	_____%	Financial advice and services where your practice has opted into regulation by the FSA	_____%
E-commerce/Technology Law	_____%	Intellectual property including patent, trademark and copyright	_____%
Financial advice and services regulated by the Solicitors Regulation Authority	_____%	<b>Total must equal 100%</b>	_____%
Immigration	_____%		
Landlord and tenant	_____%		

8. Continued...

- (b) What percentage of the total fee income is derived from intellectual property work (including patent, trademark and copyright), including any work in respect of applications to register and maintain registrations of intellectual property? \_\_\_\_\_%
- (c) Please estimate the percentage of personal injury cases (Claimants) 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 \_\_\_\_\_
- (d) In the last 6 years has the practice or any prior practice accepted instructions for any class actions or group litigation? YES  NO
- (e) Do you or have you in the past undertaken or accepted any referrals from Claims Management Companies? YES  NO
- (f) Is more than 20% of the total gross fee income derived from one client or one industry sector e.g. Media, Information Technology? YES  NO
- (g) Has the practice provided management services or investment advice to any entertainment industry clients or to any sporting professions? YES  NO
- (h) Has the practice acted as an intervening agent appointed by the Law Society and/or taken over from an intervened firm and/or handled files from an intervened firm in the last six years? YES  NO
- (i) 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? \_\_\_\_\_
- If YES to (d), (e), (f), (g) or (h) please provide full details \_\_\_\_\_

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

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

10. 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

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

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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. 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).

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

- (a) costs or penalty order or reprimand by the Disciplinary Tribunal? YES  NO
- (b) 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
- (c) 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
- (d) civil or criminal judgement (except for motoring offences)? YES  NO
- (e) refusal by the Law Society to issue a practising certificate or grant of a conditional practising certificate? YES  NO
- (f) 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
- (g) Has the practice been the subject of any visit or enquiry from the Forensic Investigation Unit of the Law Society or Solicitors' Regulation Authority in the past 3 years or has notice of any proposed visit or enquiry been given? YES  NO
- (h) application to join or entry into 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 CSS 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 insurance years?

**Insurance year**

- 2003-2004 YES  NO
- 2004-2005 YES  NO
- 2005-2006 YES  NO
- 2006-2007 YES  NO
- 2007-2008 YES  NO
- 2008-2009 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.

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## 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 CSS/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 2009**