



Solicitors Professional Indemnity Insurance Proposal Form 2011

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Authorised and regulated by the Financial Services Authority

Solicitors Professional Indemnity Insurance

Instructions

- Please provide a full answer to every question.
- A Principal/Partner/Member/Director must sign and date this form and any separate sheets on behalf of the firm having consulted to ensure that the answers given are true and complete.
- 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.
- S.R.A. : The Solicitors Regulation Authority.

1. Name and Address Details

Practice Name Main Office S.R.A. Registration Number

Main Office Address

 Postcode

Main Office Telephone No. Main Office Fax No.
Practice Website Primary contact e-mail Address
Date Established

Is your practice an LLP or a Company registered with Companies House? Yes No

Do you have any other offices, names or entities other than those listed above, for which you are seeking cover? Yes No
If Yes, please list addresses on a separate sheet together with the name of the supervising Principal in each case.
If there is no resident Principal/Partner/Member/Director 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 15 years and any names that the practice has previously traded as. Successor Practice definition available upon request.

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 firms listed above reported any circumstances or claims in the past 5 years? Yes No

If Yes, please provide copies of claims information from Qualifying Insurers or the Assigned Risks Pool for all circumstances and claims reported since 01/09/2006.

Has any Principal/Partner/Member/Director or Solicitor employed, or previously employed by the practice traded in Private Legal Practice as a Sole Practitioner since 01/10/2005? Yes No

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

If Yes, please provide details on a separate sheet.

3. Other Mergers and Acquisitions

Since 01/10/2010 have you merged with or acquired any firm that purchased run-off cover prior to the merger or acquisition with the result that you are not a Successor Practice? Yes No

If Yes, please provide full details including the name of the firm, their last completed proposal form and proof of run-off cover on a separate sheet.

4. Alternative Business Structures

Is the practice considering becoming an Alternative Business Structure within the next 12 months? Yes No

If Yes, please provide details of all proposals as currently known.

5. Solicitor Details

Provide all information requested for every Principal, Partner, Member, Director, 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's Status. (Please list additional solicitors on a separate sheet). If you are a newly established practice please enclose a Curriculum Vitae for every Principal/Partner/Member/Director in your practice and your Business Plan and Cash Flow Statement. Please provide a CV for every Principal who has joined within the last 12 months.

Title	Solicitor's Full Name	Date of Birth	Solicitor's Status Principal/Partner/ Member/Director/ Assistant/Consultant	Full/ Part Time	Office Location	Roll Number (as shown on practising cert)	Year and Country of Qualification
<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"/>
<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"/>

Are any Principals or other fee earners also Principals, fee earners or employees of other law practices or any other businesses? If Yes, please provide details on a separate sheet.

Yes No

Non Solicitor Principals

Do you have any non-solicitor Principals, Members, Directors or Partners working in your firm?

Yes No

If Yes, on a separate sheet, please provide information on every individual, including Title, Full Name, Date of Birth, Role (e.g. HR / I.T. / Finance Director / Barrister / Legal Executive / Licensed Conveyancer etc), Fee Earner, or not, Full or Part Time details and Regulatory Body.

Do all Principals devote all their time to the business of the practice?

Yes No

6. Total Staff

Total number of Equity Partners, Principals or Members

Total number of Non-Equity Partners, Principals or Members

Please state if none

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

Total number of Assistants, Associates and Consultants

Please state if none

Does your practice outsource any legal, secretarial, or other work?

If Yes, please provide full details on a separate sheet.

Yes No

7. Practice Fees

Please state the Gross Fees received for the following years:

	YEAR ENDING / /07	YEAR ENDING / /08	YEAR ENDING / /09	YEAR ENDING / /10	YEAR ENDING / /11
A) England and Wales, excluding Fees declared in Section D below	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B) USA and its territories and Possessions and/or Canada*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C) Elsewhere excluding USA and its territories and possessions and/or Canada (specify countries on a separate sheet)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D) England and Wales or elsewhere for persons, companies, firms or organisations domiciled in the USA or its territories and possessions and/or Canada*. *Please provide full details of these clients and indicate whether the work undertaken is under US or UK law, or Canadian Law.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E) Net Profit before Drawings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F) Net Worth of Firm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL FEE INCOME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you foresee any significant changes to your fee income in your current financial year?

If Yes, please provide full details on a separate sheet.

Yes No

Has the practice ever been represented in any way in, or has it ever given advice on the law of, any overseas territories (including USA and Canada)?

Yes No

8. Largest Clients and Client Types

In any year in the past three years, has any one client or group of clients or any referral source generated 20% or greater of your annual fees?

Yes

No

If Yes, please provide full details of those clients, the nature of your clients business and the work undertaken on a separate sheet including gross fees

Please state the 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, 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

If Yes, please provide details on a separate sheet

Accepted instructions for any class actions or group litigation?

Yes

No

If Yes, please provide details on a separate sheet

9. Area of Practice

Please provide the percentage of Gross Fees allocated to each Area of Practice for the last three completed accounting periods or, if a new practice, estimated percentages for the coming year.

Area of Practice, Rounded to the nearest whole percentage	Last Completed Year %	Prior Completed Year - 1 %	Prior Completed Year - 2 %	Area of Practice, Rounded to the nearest whole percentage	Last Completed Year %	Prior Completed Year - 1 %	Prior Completed Year - 2 %
1. Administering oaths, taking affidavits and notary public				20. Matrimonial/Family			
2. Agency Advocacy				21. Non-litigious work other than given in any other category (Please provide details)			
3. Acting as an Arbitrator, Adjudicator or Mediator				22. Offices and Appointments			
4. Children, Mental Health Tribunal and Welfare				23. Parliamentary Agency			
5. Commercial Litigation				24. Personal Injury – Claimant			
6. Commercial/Corporate Work (excluding work relating to Public Companies)				25. Personal Injury – Defendant			
7. Conveyancing – Commercial				26. Probate and Estate Administration			
8. Conveyancing – Residential				27. Property Selling, Valuations and Property Management			
9. Criminal Law				28. Town and Country Planning			
10. Debt collection (low risk not exceeding £10,000)				If you indicate a percentage in any of the areas below, please provide full details on a separate sheet or for 36 please complete our FSA Questionnaire.			
11. Debt collection (high risk other than detailed above)							
12. Defendant litigious work for Insurers, including Defendant Personal Injury work				29. Commercial/Corporate Work for Public Companies			
13. Employment – contentious				30. EC Competition Law and Human Rights Law			
14. Employment – non contentious				31. Intellectual Property Work: including patent trademark or copyright			
15. Financial Advice and Services regulated by the S.R.A.				32. Marine Law – litigious			
16. Immigration				33. Wills, Trusts and Tax Planning			
17. Landlord and Tenant				34. E-commerce and/or Information Technology Work			
18. Lecturing and Related Activities and Expert Witness work				35. Mergers and Acquisitions including Management Buy-outs and Buy-ins			
19. Litigious work other than given in any other category (Please provide details)				36. Financial Advice and Services where your practice has opted into regulation by the Financial Services Authority			
Total must equal 100%					100%	100%	100%

10. Commercial Work

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	£	£

Area	Gross fees non-public companies	Gross fees public companies
Insolvency	£	£
Regulation/compliance	£	£
Other (please specify)	£	£
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 company. Please state.	Contract value	Fees earned	Year completed

11. Merger & Acquisition Work

Is all merger and acquisition work undertaken for UK or UK based companies?
If No, please provide details on a separate sheet

Not Applicable Yes No

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

£

12. Financial Services Work

Please complete the following if you have declared any Financial Services Work

Not Applicable

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 on or after 01/04/1991?

Yes No

If you have answered Yes to any of the above, a Financial Services Questionnaire and/or an Endowment Questionnaire will need to be completed. Please call Daniel Innes on 0208 329 4921.

13. Personal Injury and Claimant Litigious Work

Please provide the following details in respect of the firm's claimant litigious (including Personal Injury) work over the past three annual accounting periods.

	Last Completed Year	Prior Completed Year -1	Prior Completed Year -2
Number of cases			
Largest settlement			
Average settlement			

Please advise your current Personal Injury work by percentage:

	Ever Undertaken?	Current Percentage
Clinical Negligence	YES / NO	%
Occupational Disease	YES / NO	%
All other Personal Injury (e.g. RTA, EL/PL etc.)	YES / NO	%

Please specify the highest settlement on behalf of a claimant in the past 5 years:

Please estimate the number of Personal Injury cases you currently have where the expected settlement exceeds £250,000

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			

Does the practice operate and/or offer Conditional Fee Arrangements?

Yes No

What percentage of Gross Fees billed is attributable to:

	Last Completed Year	Prior Completed Year -1	Prior Completed Year -2
Conditional Fee Arrangements			
After the Event Insurance backed claims			
Legal Expense Insurance backed claims			

What percentage of such arrangements do you win and what is your average fee?

Average Fee

Current Year

Past Year Ending

Previous Year

How many arrangements did you start?

Current Year

Past Year Ending

Previous Year

How many arrangements did you complete?

Current Year

Past Year Ending

Previous Year

Does one or more Partner(s) agree to each CFA or ATE product before it is offered to the client?

Yes No

Has the Firm or any Prior Practice ever conducted cases backed by ATE Insurance where each case was not individually reviewed by the ATE Insurer prior to acceptance?

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 on a separate sheet

How many claimant Personal Injury cases has your firm undertaken in the last 12 months?

How many open claimant Personal Injury cases does your practice currently have?

Please provide a percentage breakdown of the Gross Fees billed in respect of the following claimant Personal Injury work undertaken by the practice:

Multi Track No Win No Fee Claims Small Claims
Fast Track All other claims (Please provide details on a separate sheet)

Has the practice reviewed 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 on a separate sheet

Does the practice vet Personal Injury cases for a third party?

Yes No

If Yes, please provide details on a separate sheet

Please identify the Legal Expenses and ATE Insurance Providers you deal with, or have dealt with in the past 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.

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.

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, on a separate sheet

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

If Yes, please provide details on a separate sheet

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 on a separate sheet.

Have you ever conducted any work for, or on behalf of any referral network, trade union, claims management company or promotional group? Yes No

If Yes, please provide the names of the companies and complete a Claims Management Questionnaire. **Please contact Daniel Innes on 020 8329 4921.**

14. Conveyancing Work

Has the practice or any prior practice ever carried out any conveyancing work? Yes No

If Yes, please complete the attached Conveyancing Questionnaire and answer the following:

Please provide details of:

Residential

Commercial

The highest value in the last 12 months?

£

£

The average value in the last 12 months?

£

£

Has the Firm been granted accreditation under the Law Society's Conveyancing Quality Scheme? Yes No

15. Practising Certificate

Has any fee-earner in the practice over the past 10 years:

- ever been refused a practising certificate? Yes No
- ever been granted a conditional practising certificate? Yes No
- ever been reprimanded, fined or otherwise sanctioned by the Solicitors Disciplinary Tribunal? Yes No
- had an award made against him or her by the Legal Ombudsman or by the former LCS, CCS or OSS or entered into any regulatory settlement agreement with the SRA? Yes No
- practised in a firm subject to an investigation/intervention by the Law Society or S.R.A. (incl. LCS, OSS or CCS)? Yes No
- had a civil or criminal judgement against him or her (excluding traffic offences) or been subject to a petition for bankruptcy or entered into a voluntary insolvency agreement? Yes No
- been investigated by any regulatory body other than the Law Society or S.R.A. (e.g. FSA, Council of Licensed Conveyancers, ILEX)? Yes No
- has the firm been the subject of a monitoring visit from the Law Society or Solicitors Regulation Authority in the last 3 years? Yes No
- has the firm ever been the subject of any visit or enquiry from the Forensic Investigation Unit of the Law Society or Solicitors Regulation Authority or has notice of any proposed visit or enquiry been given? Yes No
- has any individual currently employed by the Firm, or employed by the Firm at any time in the last ten years been a Principal in a solicitors practice or a partner or director in any business venture which was subject to a civil or criminal judgement or a petition for bankruptcy, or entered into any voluntary insolvency arrangement? 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 and relevant correspondence issued by the SRA, Legal Ombudsman, the former LCS, CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/or any regulatory body.

16. Risk Management

What Legal Services Commission Quality Mark or other quality standards e.g. LEXCEL or ISO 9001 Quality Management Systems, is your firm currently accredited with?

Please specify:

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?

Yes No If No, please provide details on a separate sheet

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 carry out regular audits/reviews and formal file closure on all active files (including Partners casework)? 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 and risk management 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

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

Who is entitled to authorise payment from the practice's client account?

Has the practice ever provided professional services for any client in which at the time the practice or any Principal/ Partner/Member/Director held a partnership/directorship or exercised any other financial or controlling interest? Yes No

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

Yes No If No, please provide full details

How does the practice monitor its diary system?

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? Yes No

Does the practice have and use a written retainer and engagement letter that complies with Rule 2? Yes No

Please confirm that Partners/Supervisors monitor and/or authorise the giving of all solicitors' undertakings and 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 on a separate sheet

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 on a separate sheet

What is the average number of files per Fee Earner?

How often is the client account taken to trial balance?

Please provide full details of the safeguards in place for the signing of cheques issued by the practice including signatory arrangements:

In the last 6 years has the S.R.A. qualified the practices accounts or has the practice been the subject of an inquiry or investigation as a result of a breach of the Solicitors Accounts Rules?

Yes No If Yes, please provide details on a separate sheet

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

Yes No If No, please provide details on a separate sheet

Has any organisation or person who was not at the time a Partner in the practice ever exercised a controlling or financial interest in the practice?

Yes No

Does the practice provide legal services via the Internet or transact business via Internet forums?

Yes No

Does the practice have an e-mail or Internet security policy?

Yes No If No, please provide details on a separate sheet

Please provide the name and status of the person responsible for Risk Management in your firm:

Name: Status:

17. Financial Accounts

Please confirm the total fees outstanding to your practice as at the date of this application.

£

What percentage of this amount was billed more than 90 days ago?

%

What is the total unbilled work in progress as at the date of this application?

£

18. 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 2005 – 2006

Yes No

Insurance Year 2006 – 2007

Yes No

Insurance Year 2007 – 2008

Yes No

Insurance Year 2008 – 2009

Yes No

Insurance Year 2009 – 2010

Yes No

Insurance Year 2010 – 2011

Yes No

If YES to any of the above insurance years, please provide with this form claims information from Qualifying Insurers or the Assigned Risks Pool for all circumstances or claims reported since 01/09/2003 by your practice and any practice to which you are a Successor Practice.

Have any circumstances or claims reported by your practice, or any prior practice arisen as a result of the dishonesty of any Principal/Partner/Director/Member or employee of the practice?

Yes No If Yes, please provide details of all circumstances including how the matter was resolved and the procedures/processes in place to avoid re-occurrence.

After making a full enquiry of all Principals, Partners, Members, Directors and employees in your practice are you aware of any circumstances or claims that you have not reported to, or which have not been accepted as an effective notification by, your current or any prior Insurers?

Yes No If Yes, please provide details on a separate sheet

After making a full enquiry of all Principals, Partners, Members and Directors are you aware of any circumstances or claims which have arisen out of the work of any Principals, Partners, Members and Directors in previous employment?

Yes No If Yes, please provide details on a separate sheet

Please note that you have an obligation under your current Professional Indemnity Insurance policy to notify these matters to your current Insurer and we shall ask you to confirm that you have done so before cover can be put in place.

19. Requested Cover

Limit of Indemnity (any one claim)

Option 1 £ Option 2 £ Option 3 £

Excess (each and every claim)

Option 1 £ Option 2 £ Option 3 £

Aggregate Excess

Do you require a quotation for aggregate excess? Yes No include both options

The minimum cover required is £2million for a Partnership or £3million for LLP's and companies registered at Companies House.

20. Current Coverage

Has your practice, any prior practice or any of your Principals previous practices ever been insured through the Assigned Risks Pool? If Yes, please provide details on a separate sheet Yes No

Has any Qualifying Insurer refused to offer your practice, any prior practice or any of your Principals previous practices terms for Professional Indemnity Insurance? If Yes, please provide details on a separate sheet Yes No

Have you ever failed to meet a Professional Indemnity Premium and/or Excess? If Yes, please provide details on a separate sheet Yes No

Has any individual currently employed by the Firm, or employed by the Firm at any time in the last ten years been a Principal in a solicitors practice which entered into Run-Off Cover or which ceased to trade without an agreed Successor Practice? Yes No

Please provide details of your current insurance:

Current Insurer	Current Broker	Limit	Excess	Premium
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

21. 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 details on a separate sheet

22. 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 with special reference to Risk Management Procedures and Areas of Practice? Yes No

If Yes, please provide full details on a separate sheet

Declaration

We declare that to the best of our knowledge or belief that the particulars and statements given in this application are true and complete and this application, declaration and information shall be the basis of the contract between ourselves and the Insurer.

We declare that we have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of the insurance. We accept that if we are in doubt whether any fact may influence the Insurer we should disclose it.

We agree that we have a continuing obligation to notify Insurers of any material matters during the currency of any policy.

We accept that any deliberate misrepresentation of facts declared on this proposal form may be referred to The Legal Complaints Service.

Signature of Partner Date

Print Name

Document Checklist

Before posting, please ensure that you have included the following documents:

- this form; fully completed, signed and dated.
- a sheet of your firm's current HEADED NOTEPAPER, crossed "FOR CLEAR INSURANCE"

And, if applicable, please provide the following:

- full details for all claims, incidents 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/Partner/Member/Director of the practice and your Business Plan and Cash Flow Statement.
- a copy of all reports issued by the SRA, the former LCS/CCS/OSS, Forensic Investigation Unit, Legal Ombudsman, Disciplinary Tribunal and/or any other regulatory body.