



Solicitors Professional Indemnity Insurance

Proposal Form

2010

**Clear Insurance Management Ltd
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New Malden
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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 and 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. 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

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 other Qualifying Insurers or the Assigned Risks Pool for all circumstances and claims reported since 01/09/2005.

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 01/09/2000? 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. 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.**

Title Mr/Mrs/ Ms/ Other	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 of admission in England & Wales

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 details on a separate sheet.

Non Solicitor Principals

Do you have any non-solicitor Principals, Members, Directors or Partners who are not solicitors 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

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.

4. Total Staff

Total number of Partners, Principals or Members

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

5. Practice Fees

Please state the Gross Fees received for the following years:

	YEAR ENDING / /06	YEAR ENDING / /07	YEAR ENDING / /08	YEAR ENDING / /09	YEAR ENDING / /10
A) England and Wales, excluding Fees declared in Section D below	£	£	£	£	£
B) USA and its territories and Possessions and/or Canada*	£	£	£	£	£
C) Elsewhere excluding USA and its territories and possessions and/or Canada (specify countries on a separate sheet)	£	£	£	£	£
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.	£	£	£	£	£
TOTAL FEE INCOME	£	£	£	£	£

Is the practice represented in any way in, or does it give advice on the law of any overseas territories (including USA and Canada)? If yes please provide full details for these clients, the work undertaken for them and whether the work involved Yes No

6. Largest Clients and Client Types

Does any one client or group of clients, or any referral source generate 15% or greater of your annual fees? If Yes, please provide full details of these clients or referrers, fees earned/percentage generated and the work undertaken. Yes No

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 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 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

7. 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%

8. 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

9. Merger & Acquisition Work

Is all merger and acquisition work undertaken for UK or UK based companies? Not Applicable Yes No
 If No, please provide details on a separate sheet

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 £

10. 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 Mark Heyes on 020 8329 4921.

11. Personal Injury and Claimant Litigious Work

Please advise your current Personal Injury work by percentage:

Clinical Negligence	
Occupational Disease	
All other Personal Injury (e.g. RTA, Employers'/Public Liability etc.)	

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 Conditional Fee Arrangements?
 Current Year % Past Year Ending % Previous Year %

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 CF A 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 on a separate sheet

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

What is the typical average and largest Personal Injury claimant settlement in the last 12 months?

Average

£

Largest

£

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? If No, please provide details on a separate sheet

Yes No

Does the practice vet Personal Injury cases for a third party? If Yes, please provide details on a separate sheet

Yes No

What percentage of your work is backed by or undertaken for After the Event Insurers?

%

What percentage of your work is backed by Legal Expenses Insurers?

%

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? If Yes, please provide details, including copies of all correspondence relating to any audit or proposed audit, on a separate sheet

Yes No

Do you receive or have you received at any time in the last three years any commission or other financial incentive from any Insurer? If Yes, please provide details on a separate sheet

Yes No

Do you use any particular provider for expert reports in more than 20% of your cases? If Yes, please provide full details, including identity of provider, percentage of cases and background to the level of instructions on a separate sheet.

Yes No

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 Mark Heyes on 020 8329 4921.**

12. 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?	£ <input type="text"/>	£ <input type="text"/>
The average value in the last 12 months?	£ <input type="text"/>	£ <input type="text"/>

13. 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 for inadequate professional service made against him or her by the Legal Complaints Service or the former CSS or OSS? or entered into any regulatory settlement agreement with 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 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

If Yes, please provide full details on a separate sheet and include a copy of all reports and relevant correspondence issued by the Legal Complaints Service, SRA, former CCS, OSS, Forensic Investigation Unit, Disciplinary Tribunal and/or any other regulatory body.

14. Risk Management

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:

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?

Does the practice provide professional services for any client 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 a Principal/solicitor other than the Principal connected with the client?

Yes No If No, please provide full details

Does the practice have a designated individual responsible for either Risk Management and/or the handling of complaints and/or claims?

Yes No If No, please explain responsibilities on a separate sheet

Does the practice operate a centralised/departmental diary system with appropriate electronic or manual back up? 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? 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 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 Law Society 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

Does the practice or any prior Principal/Partner/Member/Director exercise a controlling or financial interest in any company or organisation for which the practice undertakes work? Yes No

Does any organisation or person who is not a Partner in the practice exercise 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:

15. 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 2004 – 2005	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Year 2005 – 2006	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Year 2006 – 2007	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Year 2007 – 2008	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Year 2008 – 2009	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Year 2009 – 2010	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If YES to any of the above insurance years, please provide with this form claims information from other 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.

16. 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

I 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.

17. Current Coverage

Has your practice, or any prior practice, ever been in the Assigned Risks Pool? Yes No
If Yes, please provide details on a separate sheet

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

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

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"/>

18. 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

19. 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 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 currency of 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 MANAGEMENT'

And, if applicable, please provide the following:

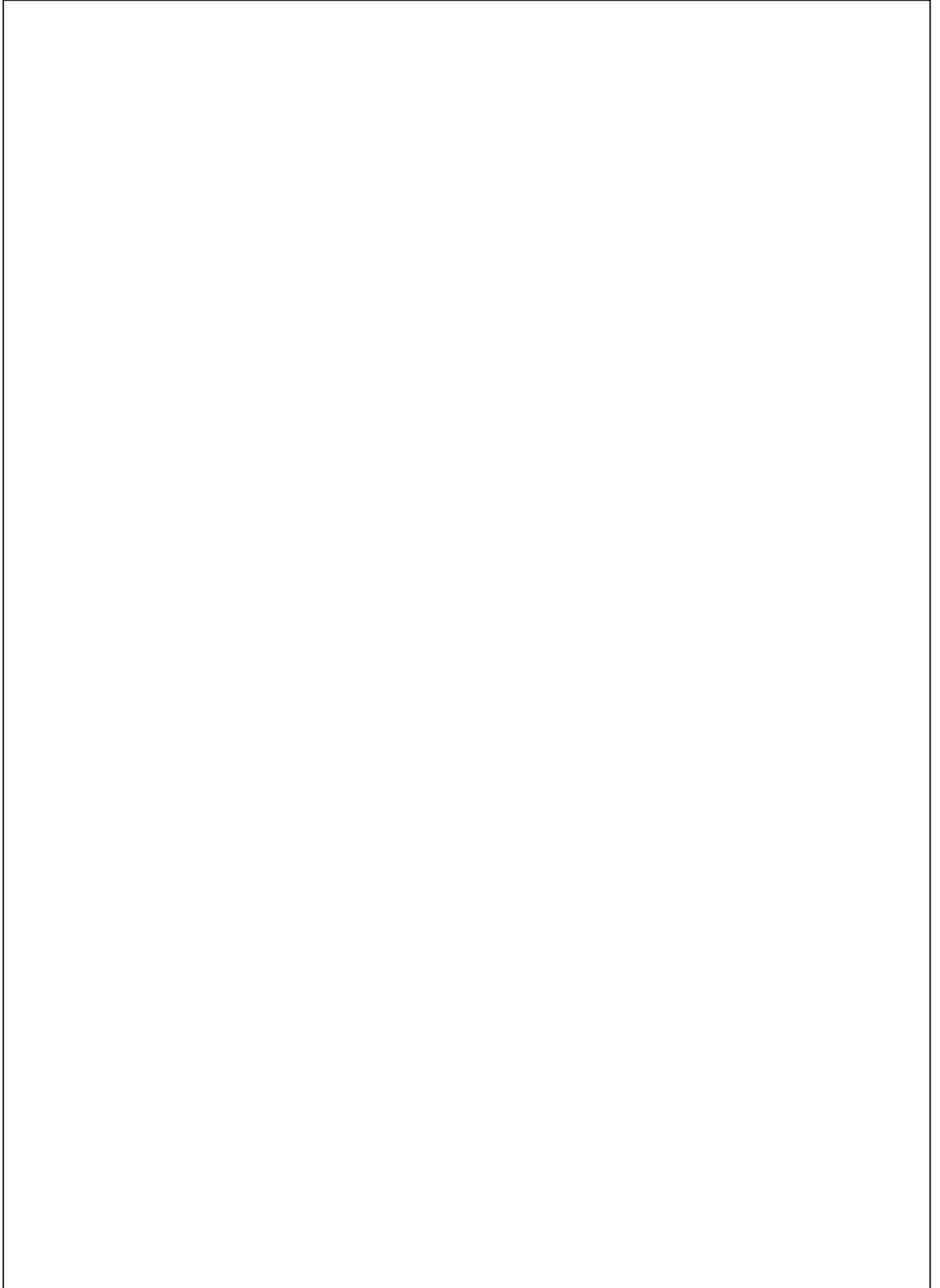
full details for all claims, incidents and circumstances reported to Qualifying Insurers or the Assigned Risks Pool by your practice and any practice to which you are a Successor Practice.

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 S.R.A., Legal Complaints Service or the former CCS or OSS, Forensic Investigation Unit, Solicitors' Disciplinary Tribunal and/or any other regulatory body.

Additional Information

This space is provided for you to add any relevant additional information in relation to the foregoing questions

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide additional information related to the questions above.



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Authorised and regulated by the Financial Services Authority