

Solicitors Professional Indemnity Insurance For new-start practices or practices with 1 principal only

Instructions

- Please provide a full answer to every question.
- A Principal/Partner/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.

1. Name and Address Details

Practice name	Main Office Solicitors Regulation Authority Registration Number	
<input type="text"/>	<input type="text"/>	
Main office address	<input type="text"/>	
<input type="text"/>	Post Code	<input type="text"/>
Main office telephone number	Main office fax number	
<input type="text"/>	<input type="text"/>	
Practice website	Contact e-mail address	
<input type="text"/>	<input type="text"/>	
Date established	Is your practice an LLP or a company registered with Companies House? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="text"/>		

Do you have any other offices, other than the main office listed above, for which you are seeking cover? Yes No

If Yes, please list the addresses on a separate sheet. If there is no resident Principal/Member at these offices, please identify the office concerned and explain how the office is supervised.

Incorporated practices will receive a management risks insurance quotation also. Please inform us if you DO NOT wish to receive this.

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. Please refer to successor practice definition and Question 8 for the claims declaration

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"/>

3. Solicitor Details

Provide all information requested for every Principal, Member, 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 status. If you are a newly established practice, please enclose a Curriculum Vitae for every Principal/Member in your practice, your Business Plan and Cash Flow Statement.

Title	Solicitor's full name	Date of birth	Solicitor's status <i>(Principal/Member/Assistant/Consultant)</i>	Office Location	Full/Part time	Roll number

Please provide Names and Locations of all other entities to be covered e.g. Service Companies, and/or Joint Ventures or outside board positions held.

4. Other Staff

Number of non- solicitor fee earning staff including the Trainee Solicitors declared in Question 3
PLEASE STATE IF NONE

Number of all other staff (inc. Secretarial)
PLEASE STATE IF NONE

5. Practice Fees

Please state the Gross Fees received for past financial year and estimates for current and forthcoming years emanating from:

	PAST YEAR ENDING / /	CURRENT YEAR ESTIMATE / /	FORTHCOMING YEAR ESTIMATE / /
A) England and Wales, excluding Fees declared in Section D below	£	£	£
B) USA and its territories and Possessions and/or Canada PLEASE STATE IF NONE	£	£	£
C) Elsewhere excluding USA and its territories and possessions and/or Canada (specify countries on a separate sheet and whether the work undertaken is under UK, US or foreign law)	£	£	£
D) England and Wales or elsewhere for persons, companies, firms or organisations having an address in the USA or its territories and possessions and/or Canada. Please provide full details of these clients and the work undertaken on a separate sheet is appropriate.	£	£	£
TOTAL FEE INCOME	£	£	£

Is the Practice represented in any way in the USA or its territories and possessions and/or Canada?

Yes No

If Yes, please provide details (e.g. local office, local representation or reciprocal client referral agreement)

Does any one client or group of clients generate 20% or greater of your annual fees?

Yes No

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

6. Practising Certificate

In the last 10 years has any fee-earner in the practice:

- ever been refused a practising certificate?
- ever been granted a conditional practising certificate?
- been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal?
- had an award for inadequate professional service made against him or her by the Legal Complaints Service or the former CCS or OSS?
- practised in a firm subject to an investigation/intervention by the Law Society or Solicitors Regulation Authority? (incl. former OSS or CCS)
- had a civil or criminal judgment against him or her? (excluding traffic offences)
- been investigated by any regulatory body other than the Law Society or Solicitors Regulation Authority (e.g. FSA)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

7. Area of Practice

Please provide the percentage of Gross Fees allocated to each Area of Practice for the past financial year or, if a new practice, estimated percentages for the coming year.

Area of practice, Rounded to the nearest whole percentage	%	Area of practice, Rounded to the nearest whole percentage	%
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 a breakdown on a separate sheet)	
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 29 please complete our FSA Questionnaire	
11. Debt Collection (high risk other than detailed above)		29. Financial Advice and Services Work – where the Firm has opted into regulation by the Financial Services Authority	
12. Defendant litigious work for insurers		30. Commercial/Corporate Work for Public Companies	
13. Employment – contentious		31. EC Competition Law and Human Rights Law	
14. Employment – non contentious		32. Intellectual Property Work: including patent trademark or copyright	
15. Financial Advice and Services Regulated by the Solicitors Regulation Authority		33. Marine Law – Litigious	
16. Immigration		34. Wills, Trusts and Tax Planning	
17. Landlord and Tenant		35. E-commerce and/or Information Technology Work	
18. Lecturing and Related Activities and Expert Witness work		36. Mergers and Acquisitions including Management Buy-outs and Buy-ins	
19. Litigious work other than given in any other Category (please provide a breakdown on a separate sheet)		TOTAL	100%

Has your practice, or any prior practice, ever provided management services or investment advice to any entertainment clients or sporting professionals? IF YES, GIVE DETAILS ON A SEPARATE SHEET

Yes No

Has your practice, or any prior practice, ever accepted instructions for any class action or other group litigation? IF YES, GIVE DETAILS ON A SEPARATE SHEET

Yes No

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? PLEASE STATE IF NONE

£

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

£

Are you accredited with LEXCEL?

Yes No

If Yes, please state the date of accreditation:

8. 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 2002 – 2003	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Year 2003 – 2004	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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"/>

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 01/09/2002 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 in the past five years arisen as a result of the dishonesty of any principal, member or employee of the practice?

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

After making full enquiry of all principals, members and employees in your practice, are you aware of any circumstances or claims that you have not reported to your current or any prior insurers?

Yes No If Yes, please explain on a separate sheet

Please note that you have an obligation under your current professional indemnity 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.

9. 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 £

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

10. Current coverage

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

Has any Qualifying Insurer refused to offer your practice or any prior practice terms for professional indemnity insurance? If Yes, please explain on a separate sheet Yes No

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

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

11. Significant Change

Do you expect there to be any significant change to or in your practice in the coming year?
Yes No If Yes, please explain on a separate sheet

12. Other Material Information

Is there any other material information that may be relevant to this application?
Yes No If Yes, please explain on a separate sheet

Declaration

We declare that to the best of our knowledge or belief the particulars and statements given in this application is 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 my 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 **Date**

Print Name

Role in Firm **Principal / Member / Director**

(This form must be signed by a Principal / Member / Director of the Practice)

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 NOTEBOOK**.

And, if applicable, please provide the following:

- Full details for all circumstances, incidents or claims reported to Qualifying Insurers or the Assigned Risks Pool by your firm and any firm to which you are a Successor practice.
- If you are a newly established practice, a Curriculum Vitae for every Partner of the firm and a business plan with cash flow forecast.
- A copy of all reports issued by the Legal Complaints Service or the former CCS or OSS, Disciplinary Tribunal and/or any other regulatory body.

Contact Details for The Solicitors Team

Please return the completed proposal form to:

Blackfriars Group
Solicitors Professional Indemnity
6 Congleton Road
Sandbach Cheshire CW11 1HN

Should you have any questions regarding the completion of this form please contact either:-

Paula Johnson or Gary Brotherton on 0845 838 7960

Financial Services Questionnaire

Fees from financial services work

Please specify the percentage of this income derived from the following:

	Last financial year when FSA work was carried out	Current financial year
Investment in Unit Trusts or Investment Trusts		
UK	%	%
Offshore including Channel Isles and Isle of Man	%	%
Investment in Insurance Bonds		
UK	%	%
Offshore including Channel Isles and Isle of Man	%	%
Investment in Listed/Unlisted Securities		
UK	%	%
Offshore including Channel Isles and Isle of Man	%	%
Investment in Commodities	%	%
Investment in Bonds	%	%
Investment in Tangibles (eg. fine art)	%	%
Institutional Fund Management	%	%
Split Capital Investment Trusts	%	%
Endowments including Mortgage Endowments (complete separate questionnaire)	%	%
Pensions and Free-standing AVC's	%	%
Life Assurance Products including whole of life plans	%	%
Corporate Finance	%	%
Home Income Plans/Equity Release Schemes	%	%
Other (please give full details)		
	%	%
	%	%
	%	%
Total:	100%	100%

Do you manage or have you managed any discretionary portfolios on behalf of any client?
(if yes, please provide a detailed explanation below)

Yes No

On what categories of investment business are you or were you authorised by the FSA to provide advice?

Has your firm ever been the subject of a complaint made to the Financial Ombudsman Service or any equivalent professional organisation? (if yes, please provide a detailed explanation below)

Yes No

Pension Transfers and Opt-Outs, Free-standing AVC's, Mortgage Endowments and Split Capital Investment Trusts

(a) **Has your firm at any time given advice on, or been involved in arranging Pension Transfers/Opt-Outs/Non-Joiners?** Yes No

If YES, in what capacity did your firm act?
As a Financial advisor providing advice to clients? Yes No

As an introductory agent only for a permitted Third Party Yes No

Please also provide details of:

Gross fees (including commission) received from these activities

Number of pension cases dealt with by your firm

How many cases have been reviewed by your firm?

How many cases are yet to be reviewed?

How many Review cases require redress?

What is the average redress for these cases?

(b) **Has your firm at any time given advice on, or been involved in arranging Free-Standing Additional Voluntary Contributions (FSAVC's)?** Yes No

If YES, please complete the following:

How many FSAVC's were effected in total?

What is the average contribution in respect of these FSAVC's?

How many cases require Review within the stipulations of the FSA?

How many Review cases require redress?

What is the average redress for these cases?

(c) **Has your firm at any time given advice on, or been involved in arranging Mortgage Endowments?** Yes No

If YES, please provide the details of:

Gross fees (including commission) received from these activities

Number of policies arranged

Any compensation paid in respect of these activities

(d) **Has your firm at any time given advice on, or been involved in arranging Split Capital Investment trusts?** Yes No

If YES, in what capacity did your firm act?

As a financial advisor providing advice to clients Yes No

As an introductory agent only for a permitted Third Party Yes No

Please also provide details of:

Gross fees (including commission) received from these activities

Percentage relating to investment in Zero Dividend Shares?

Percentage relating to investment in Income Shares?

Percentage relating to investment in Capital Shares?

Declaration

We declare that to the best of our knowledge or belief the particulars and statements given in this application is 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 my 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 Consumer Complaints Service.

This form must be signed by a partner or director of the firm.

Signature

Date

Print Name

Endowment Questionnaire

For completion if the practice writes or has in the past written any endowment policies (including low cost or low start policies) linked to mortgages.

Endowment Sales

1 Please state the number of policies sold, fees and largest and average mortgage values against which endowments were arranged in the following years:

Year	Total number Sold	Total Fees	Largest	Average	Regulator(s)
1986-1990					
1991					
1992 to present					

2 Were written records always kept including 'fact finds' and 'reasons why' letters or equivalent? Yes No

3 What proportion of endowments were written with the maturity date beyond the retirement date of the individual? %

4 Were assumed growth rates in line with the regulators guidelines? Yes No

5 Has the firm received any responses to the warning letters or annual reviews issued by the life companies? Yes No

6 Has the practice ever been a tied agent or an appointed representative? Yes No

7 Has the practice advised intending investors (and documented on file) that:
 a) an endowment cannot be guaranteed to pay off any mortgage loan at maturity? Yes No

b) other forms of mortgage repayments are available which meet the client's needs? Yes No

c) an endowment policy involves an investment risk? Yes No

8 Has the firm complied with all relevant regulatory requirements in respect of each sale? Yes No

9 What is the earliest date of the endowment files that you are currently storing in closed files:

All questions require explanation where appropriate

This form must be signed by a partner or director of the firm.

Signature

Date

Print Name