



Proposal Form

Solicitors' Professional Indemnity Insurance

For information and help with your proposal form call us on

0700 22 22 999

between 8.30am and 5.30pm weekdays.

Important Notice – Please read before completing this Proposal Form.

Please answer all questions from each section and complete in block capitals. Tick the appropriate boxes where necessary and supply any further information requested. If there is insufficient space to complete any answer, please continue at the end of this form or on a separate sheet of paper. Whilst we ask for your website address this in no way derogates from your duty of utmost good faith in answering this proposal form. Even if some or all of the answers can be given by reference to your website, you should nonetheless set out your full answers here and also provide us with any other material information. The completion and signature of this proposal does not bind the proposer or Travelers Insurance Company Limited to complete a contract of insurance.

Please refer to Policy wording for details of the cover provided.

1. What information must you disclose?

You must disclose all material facts relevant to this application for insurance. A material fact is anything that would influence the judgement of a prudent underwriter in assessing the risk, fixing the premium and terms of cover and deciding whether or not to offer cover at all.

If you are uncertain of the materiality of any information or circumstance you should disclose it.

2. Claims and Circumstances

Insurers require full disclosure of all Claims and Circumstances that might give rise to Claims. These are defined in the Policy as follows:

‘Claim’ – a demand for, or an assertion of a right to, civil compensation or civil damages or an intimation of an intention to seek such compensation or damages.

‘Circumstance’ – an incident, occurrence, fact, matter, act or omission which may give rise to a Claim in respect of civil liability.

You should disclose a Claim or Circumstance even if you believed the matter or complaint was not justified or was resolved without cost.

3. Minimum Terms and Conditions

The Minimum Terms and Conditions (MTC) are contained within the Solicitors’ Indemnity Insurance Rules and may be viewed on the Solicitors Regulation Authority’s website at www.sra.org.uk

The minimum Limit of Indemnity required under the MTC is as follows:

- a) All Firms (except as in (b) below) – £2,000,000 any one claim
- b) Limited Liability Partnerships and other ‘Relevant Recognised Bodies’ – £3,000,000 any one claim

Our quotation will satisfy the MTC requirements according to your Firm’s declared status. If you require a higher Limit of Indemnity please state the limit required.

4. Excess

The Excess is the first part of any Claim which you will pay. Our minimum Excess is set at 1% of gross fees or £1,000, whichever is the higher amount. You may select a higher Excess if you wish in order to achieve premium savings

and we will provide quotes for the range of Excesses you request.

If you wish to limit your potential financial exposure you may request an aggregate Excess. This means that your maximum liability for Excess payments is capped at a multiple of three times the standard Excess irrespective of the number of claims made in the year. Aggregate Excesses are available to most Firms for an additional premium.

5. Report and Accounts

If your Firm is an LLP or a Limited Company, please submit your most recent statutory accounts, or, if such has not yet been returned, management accounts (or similar) which represent a true account of the financial position of the LLP or Limited Company.

Please note that we may request a copy of the latest annual accounts for other Firms and any quotation that we may offer may be subject to sight of these and revision based on the information revealed. Enclosing these with your proposal form voluntarily will avoid any subsequent delays in obtaining this information and may enable us to deal with your application quicker.

6. Prior Practice/Successor Practice Liability

It is important that full disclosure is made of all Prior Practices for which your Firm may have a liability as Successor.

The MTC define Successor and Prior Practices and you are urged to read those definitions carefully.

Experience has shown that many Firms misunderstand the effect of the Successor Practice rules when taking on staff, merging businesses or simply taking on clients of a ceased practice. Consequently, it is possible for a firm to be deemed a Successor Practice contrary to their intentions.

If your firm is a Successor Practice to another Firm or is planning a change during the next insurance year that could create issues of successor liability, please provide details in a covering letter.

7. New Practices

In order to obtain a quotation for a new practice you must submit a CV for each Principal, Partner, Director or LLP Member of the Firm together with your business plan.

General Details

1 Name of Firm and all other entities requiring cover including nominee and trustee companies

Address of Firm	

Postcode		Fax	
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Telephone		Website	
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2 Please provide details of the individuals who have the following responsibilities in your Firm:

Function	Name	Email
PI Insurance Contact		
Senior Partner		
Risk Management Contact		

3 In which year was the above Firm established?

4 Please provide the Firm's SRA identification number:

5 a) Is the Firm a Limited Liability Partnership or a Limited Company?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please attach a copy of your most recent statutory accounts (or management accounts where not yet prepared)

b) Is the Firm a Legal Disciplinary Practice?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please complete a copy of our New Partner and LDP Non Solicitor Manager Questionnaire for each non solicitor manager in the Firm.

6 Names of any Prior Practices for which cover is required or to which the above Firm is a Successor Practice:

Prior Practice Name	Year Established	Year of Cessation

7 a) From how many offices does the Firm carry out private legal practice?

b) Of these, how many offices are outside the UK, Channel Islands and The Isle of Man?

c) All addresses, including postcodes, from which the Firm carries out its private legal practice:

Address	Postcode	Supervising Partner	Is the Supervising Partner Full Time at This Location?

Staff Details

8 Please advise the current number of:

Solicitor Principal/Partners/Directors/LLP Members	<input type="text"/>	Other part time fee earners	<input type="text"/>
Non-Solicitor Partners/Directors/LLP Members	<input type="text"/>	Registered Foreign Lawyers	<input type="text"/>
Other full time solicitors	<input type="text"/>	Registered European Lawyers	<input type="text"/>
Other part time solicitors	<input type="text"/>	Other staff	<input type="text"/>
Other full time fee earners	<input type="text"/>	Total number of staff	<input type="text"/>

9 a) Please provide details of all Principals, Partners, Directors, LLP Members and all lawyer Employees and Consultants, Registered European Lawyers and Registered Foreign Lawyers:

Name	Year of Birth	Position	Year Qualified	Roll No

b) Are any of the above also Principals, Partners, Directors, LLP Members, Employees or Consultants, Registered European Lawyers or Registered Foreign Lawyers in any other law Firm(s) or any other business?

Yes	<input type="text"/>	No	<input type="text"/>
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If yes, please provide details below:

Name	Firm/Company	SRA Number	Year Established	Nature of Business

10 What has been your staff turnover over the past 12 months?

11 a) What is your current case count per partner?

b) Is this typical of your firm? If no, please provide details

Yes	<input type="text"/>	No	<input type="text"/>
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Work Details

- 12** Please provide gross fee income for the last three completed accounting periods and an estimate of gross fee income for the current accounting period, from your offices in the following territories;

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

- 13** a) What percentage of current outstanding fees was invoiced more than 90 days ago?

b) Is this typical of your firm? If no, please provide details

Yes

No

- 14** a) Please give (rounded to the nearest whole number) the percentage of your fees for each of the last three completed accounting periods arising from the following categories:

	Last Completed Year %	Prior Completed Year 1 %	Prior Completed Year 2 %		Last Completed Year %	Prior Completed Year 1 %	Prior Completed Year 2 %
Children/Residence & Contact				Landlord/Tenant – Litigious			
Commercial				Landlord/Tenant – Non Litigious			
Conveyancing Commercial				Litigation – Other			
Conveyancing Residential				Matrimonial/Family			
Criminal Law				Pension Trustee Work			
Defendant Insurer Litigation				Personal Injury			
Employment – Litigious				Town and Country Planning			
Employment – Non Litigious				Trust and Probate			
Financial Advice and Services				Wills			
Immigration				Other			
Intellectual Property				Total	100%	100%	100%

b) If you have made an entry in 'Other' or 'Litigation Other', please provide details:

c) Has your Firm or any Prior Practice ever undertaken Financial Advice and Services work?

Yes

No

If yes, please complete a separate Financial Services Questionnaire.

- 15** Have you ever provided legal advice in respect of foreign law, foreign jurisdictions or contracts not subject to English Law?

Yes

No

If yes, please provide details below, including details of the Firm's experience in such foreign jurisdiction(s):

- 16** Please provide details of any clients which have represented more than 30% of the Firm's annual gross fee income in any of the last three accounting periods.

Nature of Client's Business	Activities Undertaken	% of Annual Fees	Year

Commercial Section

17 In respect of Commercial Work, please provide gross fee income for the last accounting period from:

	Total Fees
Mergers and Acquisitions	
Debt Issuance/Securitisation	
Project Financing	
Pensions Schemes	
Tax	
Insolvency	
Regulation	
General Commercial	

18 In respect of mergers and acquisitions, please provide details of the three largest transactions undertaken in the last three accounting periods, including approximate value and client name:

Client Name	Value

19 Has the firm ever acted for the issuer of securities registered under the Securities Act of 1933 or Securities Act of 1934? If yes, please state:

Yes No

a) The fees received from this work in the last accounting period:

b) What percentage of these fees relates to Fortune 1000 companies?

Conveyancing Section

20 a) Has the firm ever been removed from a lender's panel?

Yes No

If yes please provide details:

b) Over the last three years have you acted for multiple buyers of property in the same development or in the same building?

Yes No

If yes please provide details:

21 a) Over the last three years:

	Last completed year	Prior to last completed year 1	Prior to last completed year 2
How many "back to back" sales or purchases have you completed?			
Of "back to back" sales and purchases reported to lenders how many did the lenders approve to proceed?			

b) Is any assistant, consultant, or employee (other than the partner, principal or member of the Firm) allowed to sign reports and/or certificates of title addressed to lenders?

Yes No

If yes, please provide details:

c) Have all completion statements been checked by a senior member of staff other than the conveyancer who completed the transaction?

Yes No

If no, please provide details:

d) Please provide a list of all lenders you have acted for in the last three financial years, together with the number of completed transactions for each:

Lender Name	Total Number of Transactions		
	Last completed year	Prior to last completed year 1	Prior to last completed year 2

e) How do you ensure that any potential mortgage fraud is identified?

22 a) Please provide details of the clients, lenders and introducers you have worked with in the last three years, as set out below:

	Last completed year	Prior to last completed year 1	Prior to last completed year 2
Please provide the percentage of total conveyancing work coming from house builders/property developers			

b) Please provide the percentage of matters where you have accepted instructions from or work introduced by:

	Last completed year	Prior to last completed year 1	Prior to last completed year 2
Prime lenders			
Secondary/Sub Prime lenders			
Intermediaries/Brokers/Packagers (Secured lending with which could be prime or sub prime with the instruction coming from a broker or intermediary)			
Investment/Property Clubs			
Other			

23 a) Please provide details of the number and size of transactions you have handled over the last three accounting periods by completing the table below:

Commercial	Last completed year	Prior to last completed year 1	Prior to last completed year 2
Approximate number of instructions in the last three years			
Highest capital values			
Average typical capital value			
Highest loan value			

Residential	Last completed year	Prior to last completed year 1	Prior to last completed year 2
Approximate number of instructions in the last three years			
Highest capital values			
Average typical capital value			
Highest loan value			

b) Has any individual accepted more than 10 instructions received from the same secondary/sub prime lender/intermediary/broker/packager/property developer/investment or property club?

Yes

No

If yes, please provide details:

Litigation Section

24 Over the last three accounting periods what was the average size of settlement awarded?

25 What percentage of all litigation settlements in the last accounting period were less than £50,000?

26 What was the largest settlement achieved in the last three accounting periods?

27 Has the firm received instructions in the last three accounting periods, for any class actions or group litigation orders (other than for Personal Injury)?

Yes

No

If yes, please provide details of the number of claimants and the outcome of the actions for the three largest:

Personal Injury Section

28 In respect of Personal Injury work, please provide a split of your gross fee income for the last accounting period, between:

a) Claimant:

b) Defendant:

29 Over the last three accounting periods what was the average size of settlement achieved?

30 What was the largest settlement achieved in the last three accounting periods?

31 Has the firm received instructions in the last three accounting periods, for any class actions or group litigation orders?

Yes

No

If yes, please provide details of the number of claimants and the outcome of the actions for the three largest:

32 a) Please break down your claimant personal injury work by percentage as:

	%		%
Occupational Disease	<input type="text"/>	Road Traffic Act	<input type="text"/>
Clinical Negligence	<input type="text"/>	Class Action	<input type="text"/>
Employers/Public Liability	<input type="text"/>	Other Claims	<input type="text"/>

If you have made an entry in "Other Claims" please provide details:

b) What percentage of claimant personal injury work is Trade Union Funded?

33 Have you reviewed all vibration white finger, bronchitis and emphysema or other industrial disease scheme cases and complied with the scheme deadlines for lodging claims?

Yes

No

If no, please provide details:

34 How many fee earners undertaking personal injury work are members of APIL?

35 a) How many personal injury claims have you handled on average in each of the past five accounting periods?

b) Have you ever undertaken work emanating from personal injury claims companies or their agents?

Yes

No

If you have answered yes to Q35b) please complete Travelers Personal Injury Claims Management Questionnaire.

Risk Management

36 Has any Principal, Partner, Director, Consultant, Employee or LLP Member of the Firm or any Prior Practice ever:

a) been refused a practising certificate or been granted a conditional certificate?

Yes

No

b) been investigated, charged, tried or convicted for any criminal offence involving fraud or dishonesty or had a civil judgement made against them?

Yes

No

c) failed to meet any professional indemnity insurance premium payment or excess contribution?

Yes

No

d) been subject to, or have pending, any disciplinary procedures or investigation by the Law Society, the SRA, the OSS, Consumer Complaints Service, SDT, Legal Services Ombudsman or Consumer Complaints Board, Legal Complaints Service, the Office for Legal Complaints or any other regulatory body or ombudsman or a successor body to any of the above?

Yes

No

e) been insured by the Assigned Risks Pool or any equivalent body set up or managed by any other regulatory body?

Yes

No

If you have answered yes to any of the questions above, please provide details. You may be asked to supply relevant correspondence, including reports and/or findings:

37 Has any Principal, Partner, Director, Consultant, Employee or LLP Member of the Firm or any Prior Practice ever:

a) been subject to an intervention by the Law Society or SRA?

 Yes No

b) acted as an intervening agent appointed by the Law Society or SRA?

 Yes No

c) taken over an intervened Firm?

 Yes No

If you have answered yes to any of the questions above, please provide details and attach any relevant correspondence.

38 Please list any Legal Services Commission franchises or other accreditations (eg ISO) that you hold or have held in the last three years.

Where you no longer hold a particular franchise or accreditation, please state why and the date it ceased.

39 Is the firm Lexcel accredited?

 Yes No

If so from when?

40 Is any individual authorised to sign cheques or process telegraphic transfers or other transfers for over £25,000 as a sole signatory from either office or client accounts?

 Yes No

If yes, please provide details including the name of the signatory, their position in the Firm and the limit of their authority:

Name	Position	Limit

41 Please provide written evidence to demonstrate compliance with rule 5 of the Solicitors Code of Conduct. In particular, please provide the management action points and implemented changes arising from your audit process. If you do not have an audit system please explain how you comply with Rule 5, and particularly how adherence to Rule 2 is checked.

Claims Information

Important Note: You must provide the fullest claims information that you can to enable us to make the best assessment of your claims record. As such please supply claims details from each Qualifying Insurer or the Assigned Risks Pool for each insurance year since 1 September 2000.

Your insurer will supply your claims history for the period you were insured with them upon request.

42 Please provide details of all claims made against the Firm or any Principal, Partner, Director, LLP Member, Employee or Consultant of the Firm or any Prior Practice whilst working for the Firm or any previous organisation since 1 September 2000.

Date of Claim	Claimant	Details of Claim	Amount Paid	Amount Outstanding	Total

43 Please provide details of any circumstances that may give rise to a claim against the Firm or any present or previous Principal, Partner, Director, LLP Member, Employee or Consultant of the Firm or any Prior Practice whilst working for the Firm or any previous organisation. A notifiable circumstance is any incident, occurrence, fact, matter, act or omission which may give rise to a claim in respect of civil liability.

Date of Circumstance	Claimant	Details of Circumstance

44 Have any claims or circumstances disclosed herein arisen from the dishonesty of any Principal, Partner, Director, Consultant, Employee or LLP Member of the Firm or a Prior Practice?

Yes

No

If yes, please provide details:

Additional Information

45 Has any Qualifying Insurer refused to offer the Firm, or any Principal, Partner, Director, Consultant, Employee, LLP Member or Prior Practice, terms for professional indemnity insurance?

Yes

No

If yes, please provide details:

46 For the last three accounting periods, please provide the following information from your annual accounts:

	Last completed year	Prior to last completed year 1	Prior to last completed year 2
Net Profit/(Loss) after tax and before drawings			
Total Principal/Partner drawings or Director/Member Remuneration			
Net Worth of the Firm (Total Assets less Total Liabilities)			

47 Please provide details of your current insurance arrangements if not presently insured with Travelers:

Name of Insurer	Limit of Indemnity	Excess	Aggregate

48 If you require quotes for a limit of Indemnity greater than the required minimum limit, please indicate the limit required below:

Limit of Indemnity	Excess	Aggregated Excess

49 Are there any other details or material facts in respect of this proposal that you think we may wish to take into account (e.g. intended mergers or acquisitions, changes in staff profile, retirement, cessation of practice, registration as an LDP or changing the regulator of the Firm, etc)?

Yes

No

If yes, please provide details:

It is necessary for you to inform us of all the facts which are likely to influence us in acceptance or assessment of your insurance. Failure to do so could invalidate your insurance. If you are in doubt whether any fact may influence us you should disclose it.

Declaration

I/We confirm that all claims made against the Firm or any Principal, Partner, Director, Consultant, Employee or LLP Member of the Firm or Prior Practice ("Members of Staff") in respect of the type of liabilities to which this proposal relates or any claims pending or circumstances that might give rise to a claim against the Firm or any present or previous Members of Staff of which any Members of Staff are aware, have already been notified to my/our existing insurers or to the Solicitors Indemnity Fund. I/We confirm that, after enquiry with all Members of Staff, I/we have no knowledge of any circumstances which would be notifiable under my/our existing insurance agreements or to the Solicitors Indemnity Fund save those declared within this proposal form and confirm that if I/we become aware of any such circumstances up to the effective date of any contract of insurance I/we will forthwith so notify them.

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal are true and complete and that no material facts that are likely to influence the acceptance and assessment of this proposal have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.) I/We agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/We also declare that if any information on this proposal has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We agree that this proposal and declaration shall be the basis of the contract between me/us and Travelers Insurance Company Limited.

Important Note – Reporting Obligations of Qualifying Insurers to the Law Society

Qualifying Insurers (QIs) are obliged under the Qualifying Insurer's Agreement (QIA) with the Law Society (LS) to bring to the attention of the LS certain matters which the QI may become aware of or suspect in relation to a Firm in the course of dealing with that Firm.

By making an application for Qualifying Insurance you and/or your Firm authorise Travelers Insurance Company Ltd (TIC) to report to the LS in accordance with its obligations under the QIA and by submitting this proposal form you accept you will have no claim against TIC in consequence of TIC reporting any matter to the LS in accordance with its obligations as a QI.

The reporting obligations under the QIA applicable for the current indemnity year may be viewed on the Law Society's web site at www.lawsociety.org.uk

Data Protection Act

Travelers Insurance Company Limited will collect certain information about individuals within or connected to your company and any subsidiaries ("data subjects") in the course of considering your application and, if we issue a policy, in conducting our relationship with you. This information will be processed for the purpose of underwriting your insurance coverage, managing any policy issued, preventing and detecting fraud, providing risk management advice and administering claims. We may pass the information to our reinsurers, legal advisers, loss adjusters or agents for these and other purposes. This may involve its transfer to countries which do not have data protection laws.

Some of the information we collect may be classified as 'sensitive' – that is, information about disciplinary proceedings, convictions, sentences or alleged criminal activities. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain the explicit consent of data subjects before we process the information.

Data subjects have a right of access to, and correction of, information that we hold about them. If they would like to exercise either of these rights, they should contact our Data Protection Compliance Officer at Exchequer Court, 33 St. Mary Axe, London EC3A 8AG.

By signing this proposal form you confirm the consent of the data subjects to the processing and transfer of information (including sensitive information) described in this notice, and that you have taken all steps necessary to inform them of our processing and your disclosure of information to us for the purposes described above. Without this consent and your confirmation of these matters, we would not be able to consider your application.

Return to:
Travelers Insurance Company Ltd
Exchequer Court, 33 St Mary Axe, London EC3A 8AG

NO COVER IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY AN OFFICIAL COVERING NOTE ISSUED BY THE COMPANY.

PLEASE RETAIN A COPY OF THIS COMPLETED PROPOSAL FORM FOR YOUR RECORDS. PLEASE ALSO ENSURE THAT YOU HAVE INCLUDED ALL RELEVANT ATTACHMENTS.

Where the Firm has two or more Partners, Members or Directors then two signatures are required below.

Signature of the Proposer (Principal/Partner/LLP Member or Director)			
Date		Print name and position held	
For and on behalf of: (Insert name of Company/Firm)			
Signature of the Proposer (Principal/Partner/LLP Member or Director)			
Date		Print name and position held	
For and on behalf of: (Insert name of Company/Firm)			





Travelers Professional Risks Limited
61-63 London Road, Redhill RH1 1NA

Registered office: Exchequer Court, 33 St Mary Axe, London EC3A 8AG.
Registered in England 5201980

Travelers Professional Risks Limited is an appointed representative of Travelers Insurance Co. Ltd. which is authorised and regulated by the Financial Services Authority.

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For information and help with your proposal form call

0700 22 22 999

www.travelers.co.uk/spi