

Please provide a full answer to every question. The definitions at the end of this form should be read in conjunction with the form. This form must be signed by a Principal/Member/Director of the practice.

## 1. Name and address

Practice Name:

SRA Registration Number:  Date Established:

Please include all names under which you practice and any other entities for which you are seeking cover, including Trustee and/or Nominee Companies. **Please provide a sheet of your headed notepaper.**

Main Address:

Post Code:

Website:

DX Number:

Contact Name:

Telephone No:

Contact Email:

Fax No:

Do you have any other offices, other than the main office listed above for which you are seeking cover?

*If yes, please provide details on a separate sheet. If there is no resident Partner/Member/Director at any of these offices, please identify the office concerned and explain how the office is supervised.*

Is your practice an LLP or company registered at Companies House?

## 2. Prior practices

a) Please list the names of all prior practices of which this practice is a successor practice in the last 10 years. If necessary, list further details on a separate sheet.

Name of Practice	Date Established	Date of succession

b) Have any of the listed practices reported any circumstances or claims in the last eight years? If 'yes', please provide details on a separate sheet and refer to Question 11.

## 3. Other mergers and acquisitions

Has your practice merged with or acquired any firm that purchased run-off cover prior to the merger or acquisition where your practice is not a successor practice? If 'yes', please provide details on a separate sheet.

#### 4. Alternative Business Structures

Is the practice in the process of or considering becoming an Alternative Business Structure regulated by the SRA within the next 12 months?

If yes, please provide full details including any application form or documentation

#### 5. Company Ownership /Directorships

- a) Is the practice or any Principal/Member/Director of the practice, connected financially, or otherwise, with any other practice, company or business for which it renders professional services?
- b) On a separate sheet, please provide details of any joint venture or outside board positions held by anyone listed in question 6 below.

#### 6. Solicitor Details

Please provide all information requested for every Principal, Member, Director, assistant and consultant who will be employed by your practice as at the policy inception. **If any person listed is a Registered Foreign Lawyer or a Registered European Lawyer, please note RFL or REL alongside solicitor status. Please enclose Curriculum Vitae for every Principal/Member/Director in your practice who has not held this position in the Firm for at least three years.**

Please list additional solicitors on a separate sheet.

Title	Surname	Forename(s)	Date of Birth	Solicitor Status	*E/NE	Full/Part time	Date Qualified	Roll No

\* Please state Equity or Non-Equity (E/NE)

#### LEGAL DISCIPLINARY PRACTICES/ALTERNATIVE BUSINESS STRUCTURES - Non-Solicitor Principals

Please provide all information requested for every non-solicitor principal, member or director as at the policy inception.

Title	Surname	Forename(s)	Date of Birth	Role (eg HR, IT, Finance, Barrister etc)	Fee Earner (Y/N)	Full/Part time	Qualification	Regulatory Body

**Former Principals**

Please provide all information requested for anyone who has previously been a Principal, Member or Director in the practice since 1st October 2008 or since inception of the practice, whichever is the later. **If any person listed is a Registered Foreign Lawyer or a Registered European Lawyer, please note RFL or REL alongside Roll No.**

Title	Surname	Forename(s)	Date became principal/director	Date ceased to be principal / director	*E/NE	Full/part time	Date qualified	Roll No

\* Please state Equity or Non-Equity (E/NE)

**7. Other Staff (State if none)**

Number of non-solicitor fee earning staff: Full Time:  Part Time:

Number of all other staff (inc secretarial): Full Time:  Part Time:

**8. Practice Fees**

a) The practice's accounting year end is:

b) Please provide gross fee income for the last three **accounting periods** and an estimate of gross fee income for the next accounting period:

**Please attach copies of audited accounts for the last two completed years. If not available, please provide copies of signed-off management accounts.**

Year Ending/	UK	USA/Canada	Elsewhere	Total for the year
2015				
2016				
2017*				
Next year (est)				

c) Has any one client or group of clients generated 20% or more of your annual gross fee income in any of the last three years? If 'yes', please provide details on a separate sheet.

d) If your practice is represented in the USA/Canada do you have; a local office or representative; anyone holding power of attorney on your behalf; a reciprocal referral agreement; bank accounts in the USA/Canada; or do you act as trustee for any trust which has any USA/Canadian operation?

e) Please provide full details (on a separate sheet) of all clients domiciled in the USA/Canada included above and the work undertaken for them and whether the work is under UK or US law.

f) Please provide full details (on a separate sheet) of any legal advice given in respect of foreign law, jurisdictions or contracts not subject to English Law and what experience your firm has in the different jurisdictions?

g) In respect of advice given to US clients is this in accordance with UK law only?

Please provide details on a separate sheet.

### 9. Client details

Please state percentage totalling 100% of gross fees arising from the categories of clients listed below:

Type of client	Percentage of work
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	%
<b>Total</b>	<b>100 %</b>

### 10. Practising certificate and regulatory matters

In the last 10 years has any fee earner in the practice or any fee earner previously employed in the practice:

	Yes/No
Ever been refused a practising certificate?	
Been granted a conditional practising certificate?	
Been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal?	
Practised in a firm subject to an investigation or an intervention by the Law Society or SRA?	
Had an award made for inadequate professional service by the Legal Ombudsman, LCS, CCS or OSS?	
Entered into any regulatory settlement agreement with the SRA?	
Had a civil or criminal judgment against him/her?	
Been investigated by any other regulatory body other than the Law Society or SRA (e.g. FCA, ILEX ...)?	
Acted as an intervening agent or taken over an intervened firm?	

#### Has the practice:

- at any time in the last three years been the subject of a monitoring visit from the Solicitors Regulation Authority?
- ever been the subject of any visit from or enquiry by the Forensic Investigation Unit of the Law Society or SRA or received notice of a proposed visit?



Has the COLP/HOLP or COFA/HOFA reported any material breaches to the SRA in the last 12 months?

If yes to any of these, please provide full details on a separate sheet **and include a copy of all reports issued by the SRA, LCS, CSS, OSS), Solicitors Disciplinary Tribunal and/or any other regulatory body.**

## 11. Claims and circumstances

(a) Has your practice, or any prior practice, reported any circumstances, incidents or claims to, Qualifying Insurers or the Assigned Risk Pool in the:

• Insurance Year 2012-13

• Insurance Year 2015-16

• Insurance Year 2013-14

• Current Insurance Year?

• Insurance Year 2014-15

**Please provide claims information from Qualifying Insurers or the Assigned Risks Pool for all indemnity years since 1<sup>st</sup> October 2011 (or date of commencement of the practice if later) for your firm and any firm to which you are a successor practice.**

(b) Have any circumstances, incidents or claims reported by you or any prior practice in the past arisen as a result of the fraud or dishonesty of any Principal/Member/Director or employee of the practice?

(c) After making full enquiry of all Principals/Members/Directors and employees in your practice, are you aware of any circumstances, incidents or claims that have not been reported to your current or prior insurers (including any letters of complaint about your service or dispute as to outstanding fees)?

(d) After making full enquiry of all Principals/Members/Directors and employees in your practice, are you aware of any circumstances, incidents or claims that have been notified to your current or prior insurers but have not been accepted by insurers as a valid or effective notification?

**PLEASE NOTE THAT YOU HAVE AN OBLIGATION UNDER YOUR CURRENT PROFESSIONAL INDEMNITY POLICY TO NOTIFY ALL CIRCUMSTANCES AND CLAIMS AS SOON AS PRACTICABLY POSSIBLE. ALL SUCH NOTIFICATIONS OF WHICH YOU ARE AWARE THAT HAVE NOT BEEN REPORTED TO YOUR PREVIOUS INSURERS MUST BE NOTIFIED PRIOR TO THE EXPIRATION OF YOUR CURRENT POLICY**

## 12. Previous Insurance

a) Are you currently, or has any solicitor referred to in this proposal form, been in the Assigned Risks Pool?

b) Have you ever failed to pay either your premium (including run-off premium) and/or any excess?

c) Have you ever failed to pay or defaulted on a repayment where the premium was financed?

d) Have you or any prior practice ever been refused professional indemnity insurance?

e) Are you or has any solicitor referred to in this proposal form been, or is currently the subject of an IVA or other arrangement?

f) Are you or has any solicitor referred to in this proposal form been convicted of (or charged but not yet tried for) any criminal offence?

If 'yes' to any of 12a) to f), please provide details on a separate sheet.

**13. Current Insurance**

(a) Premium (excluding Insurance Premium Tax)

£

(b) Limit of indemnity

£

(c) Excess

£

(d) Current Insurer

(e) Renewal date (if not 1<sup>st</sup> October)

**14. Insurance Requirements**

(a) Limit of indemnity

£

(b) Excess

£

## 15. Areas of Practice

(a) Please provide the percentage of Gross Fees allocated to each Area of Practice during the last financial year and the two prior years. **Please round up to the nearest whole percentage.**

	Last year	Prior year	2 Years Prior
Administering oaths, taking affidavits and Notary Public	%	%	%
Agency advocacy	%	%	%
Acting as an Arbitrator, Adjudicator and Mediator	%	%	%
Children, Mental Health Tribunal and Welfare	%	%	%
Corporate/Commercial, (excluding work related to public companies)	%	%	%
Conveyancing – Commercial	%	%	%
Conveyancing – Residential	%	%	%
Criminal Law	%	%	%
Debt Collection	%	%	%
Defendant Litigious work for insurers	%	%	%
Employment – contentious	%	%	%
Employment – non-contentious	%	%	%
Financial Advice and Services regulated by Solicitors Regulation Authority	%	%	%
Immigration	%	%	%
Landlord and Tenant – Litigious	%	%	%
Landlord and Tenant – Non-Litigious	%	%	%
Lecturing and related activities and expert witness work	%	%	%
Litigation (commercial)	%	%	%
Litigious work other than included in any other category. Please specify on a separate sheet.	%	%	%
Matrimonial/family	%	%	%
Non-litigious work other than included in any other category. Please specify on a separate sheet.	%	%	%
Offices and Appointments	%	%	%
Parliamentary Agency	%	%	%

	Last year	Prior year	2 Years Prior
Pension Trustee	%	%	%
Personal injury (Claimant) – Fast Track	%	%	%
Personal Injury (Claimant) – Other	%	%	%
Personal Injury (Defendant)	%	%	%
Probate and Estate Administration	%	%	%
Property Selling/Valuations and Property Management	%	%	%
Tax Planning	%	%	%
Town & Country Planning	%	%	%
Trusts	%	%	%
Wills	%	%	%

**If you indicate a percentage in any of the areas below, please provide full details on a separate sheet including the highest deal values for these areas over the last 3 years.**

Corporate/Commercial work, including public companies	%	%	%
EC Competition Law and Human Rights Law	%	%	%
Financial Advice and Services where your practice has opted in to regulation by the FCA (formerly FSA)	%	%	%
Intellectual Property including Patent, Trademark and Copyright	%	%	%
Marine Litigation	%	%	%
Mergers & Acquisitions including Management	%	%	%
<b>Total must equal 100%</b>	%	%	%

## 15. Areas of Practice (continued)

(b) Has your practice or any prior practice ever provided management services or investment advice to any entertainment clients or sporting professionals? (If yes, please provide details on a separate sheet)

(c) Has your practice or any prior practice ever accepted instructions for any class actions or other group litigation? (If yes, please provide details on a separate sheet)

(d) Has the practice or prior practice within the last 20 years ever sold or provided advice in connection with financial services products (including mortgage endowment policies)?

**If you have answered 'yes' to any of the above, please request a Financial Services Questionnaire from us.**

(e) Has your practice or any prior practice undertaken work in relation to selling or advising on any mortgage endowment policies in 1990 or any subsequent years?

(f) Has your practice or any prior practice ever advised on any Home Income Plans or Equity Release Plans?

(g) Does your practice carry out any work for which no fees are charged? (If 'yes', please provide details on a separate sheet).

(h) Has your practice or any Prior Practice carried out any work in connection with the recovery of Payment Protection Insurance (PPI) monies, bank charges or Card Security Product fees? (If 'yes', please provide details on a separate sheet).

### Personal Injury

(i)

(1) Has your practice or any prior practice ever accepted referrals from personal injury claims companies and/or their agents?

If yes, how many personal injury cases (from claims companies) have you undertaken in the last six years?

(2) If you have answered 'yes' to 15(i)(1) – have you previously completed a claims management questionnaire? (If 'yes', please let us have a copy. We may also require a supplementary questionnaire to be completed).

(j) If your practice or any prior practice has undertaken personal injury work please provide the following details in respect of the last three years:

Year	Type of work		Type of work		Type of work	
<b>Last Year</b>	Small Claims:	%	Fast Track:	%	Multi Track:	%
<b>Prior Year</b>	Small Claims:	%	Fast Track:	%	Multi Track:	%
<b>2 Years Prior</b>	Small Claims:	%	Fast Track:	%	Multi Track:	%



(k) What changes has the firm made or is intending to make in response to the Jackson reforms?

### Conveyancing

(l) During any of the last six years has the practice or any prior practice undertaken any residential or commercial conveyancing work?

Breakdown of Work	Residential	Commercial
Approximate number of transactions in the last full accounting year		
Highest value in the last full accounting year	£	£
Average value in the last full accounting year	£	£

i. In the last six years has the practice or any prior practice undertaken any transactions that have been received from a mortgage broker, developer or other intermediary?

ii. In the last six years has the practice or any prior practice undertaken any re-mortgage transactions?

iii. In the last six years has the practice or any prior practice undertaken any Right To Buy transactions?

iv. In the last six years has the practice or any prior practice undertaken any back to back transactions?

v. In the last six years has the practice or any prior practice acted for multiple (more than 5) purchasers in the same development or building?

**If you answered 'yes' to any of the above, please provide details on a separate sheet.**

(m) Has your firm been involved in any setting up or advising on any Stamp Duty Land Tax (SDLT) scheme? If "yes" please provide details (including answers to the points below) in the box below:

- Name of Scheme
- Date of scheme
- Did you provide advice?
- Was the scheme execution only?
- Did you receive commission?
- Was a referral fee paid?

## Wills & Probate

(n) Is your firm a member of the Wills & Inheritance Quality Scheme (WIQS)?

### 16. Unbundling Legal Advice

Do you currently provide or intend to provide “unbundled legal advice” sometimes referred to as 'a la carte' legal services?

If 'yes', please provide details. Include areas of practice and details of client management process with regards to the scope of the retainer.

### 17. Financial Commitments

(a) Does your firm currently have an overdraft facility or facilities?

If 'yes', please provide details. Include total limits and amounts owing at the date of this application.

(b) Does your firm currently have any loans or other borrowings from a bank or other third party?

If 'yes', please provide details. Including name of lenders, purpose of the loans, amount of the loans and amounts owing at the date of this application.

**Please also provide a copy of your last two years' statutory accounts.**

### 18. Significant Change

Do you expect there to be any significant change to or in your practice in the coming year?

If 'yes', please provide details on a separate sheet.

### 19. Material Information

Is there any other material information that may be relevant to this form?

If 'yes', please provide details on a separate sheet.

## 20. Risk Management Section

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

Name:

Status:

(b) (i) Please provide the name and status of the person nominated as the COLP

Name:

Status:

(b) (ii) Please provide the name and status of the person nominated as the COFA

Name:

Status:

(c) What Compliance Software does the practice utilise to carry out the duties of the COLP? (If none, please state 'None')

(d) Does the practice always obtain satisfactory written references when engaging new Principals, Members or Directors and employees, including procedures for verifying qualifications, previous experience, previous claims and/or circumstances?

(e) Is any Principal, Member, Director or Employee allowed to sign cheques on his/her signature alone?

(f) Are employees who receive cash/cheques in the course of their duties required to pay in daily? (If 'no', please provide details on a separate sheet)

(g) How often are checks carried out on all entries in the Cash Book with all paying in books, receipts, counterfoils and vouchers?

(h) How often is a bank reconciliation carried out?

(i) Which Legal Services Commission Quality Marks or other quality standards, e.g. LEXCEL, Investors In People, Law Society Conveyancing Quality Scheme is your practice currently accredited with? Please specify and give the date of accreditation.

(j) Do you have written work instructions or checklists for the services provided?

(k) Do you have a time recording system?

(l) If you have an e-mail capability do you have an e-mail/internet user policy in place and enforced?

(m) Please outline the steps taken to review work undertaken by staff and describe how they are supervised

## 20. Risk Management Section

(m) Please outline the steps taken to review work undertaken by staff and describe how they are supervised

If necessary, list further details on a separate sheet.

(n) Are all relevant telephone conversations the subject of a note on the file?

(o) Please describe the diary system in operation (including back-up procedures) especially in light of the Mitchell case.

If necessary, list further details on a separate sheet.

(p) Do you have the required procedures in place throughout your firm for:

(i) Client retainer letter?

(ii) Vetting clients including checking for conflicts of interest?

(iii) Carrying out Money Laundering checks?

(iv) Registering claims and complaints?

(q) Please confirm that all fee earners and employees are kept up to date with relevant changes in legislation and other legal developments which could affect the work and services they carry out.

By signing this form I/we authorise J.M. Glendinning to obtain on our behalf all relevant claims prints relating to my firm and its predecessors.

*Signing this form does not bind you to accept any quotation provided by J.M. Glendinning.*

**THIS PROPOSAL FORM MUST BE SIGNED BY A PRINCIPAL/MEMBER/DIRECTOR OF THE FIRM**

Name:

Date:

Print Name:

## **Confirmation**

All personal data collected by J.M. Glendinning (Insurance Brokers) Professional Risks Limited will be held in accordance with the Data Protection Act 1998. J.M. Glendinning will disclose this information to our service providers and agents for administration purposes and for underwriting and claims handling purposes. In addition J.M. Glendinning may exchange information with other organisations such as the police, regulatory authorities and professional bodies by whose rules we are bound, through various databases to help us check information provided and to prevent fraud. By returning this form, you consent to the processing of personal data, including sensitive personal data, for these purposes and to J.M. Glendinning transferring such information outside the European Economic Area where necessary.

When you provide information about another person, you are confirming that they have appointed you to act for them. Such persons will have been made aware of the purposes for the data collection and processing set out above and have consented to such processing. You will receive on their behalf any data protection notices and keep them informed about how their data will be processed and where it may be disclosed.

J.M. Glendinning may share personal data with other companies with which we establish commercial links so we and they may contact you (by mail, email, telephone or other appropriate means) in order to keep you informed about carefully selected products, services or offers that we believe will be of interest to you. If you do not wish us to do this please tick the box.

I/We warrant and declare that I/We have made full enquiry of all staff and that the particulars and statements in this proposal are true and complete and any other documentation and information provided in connection with this proposal are true and complete. I/We agree and accept that this proposal and declaration and the documentation and information which are provided (or should be provided) will be the basis of contract with Insurers. I/We also warrant and declare that I/We have informed the Insurer of all facts which are likely to influence the Insurer in the assessment or acceptance of this proposal.

I/We understand that failure to inform Insurers of all material facts, including but not limited to any circumstance which might give rise to a claim, could invalidate this insurance. I/We accept that if I/We am/are in doubt whether any fact may influence the Insurer I/We should disclose it. I/We also understand that I/We have a continuing obligation to disclose all material facts up to commencement of and throughout the period of the policy.

I/We accept that all data collected by J.M. Glendinning will be held in accordance with the Data Protection Act 1998 and that J.M. Glendinning may disclose this information only in order to obtain quotations for my/our practice's professional indemnity insurance.

By signing this form I/we authorise J.M. Glendinning to obtain on our behalf all relevant claims prints relating to my firm and its predecessors.

*Signing this form does not bind you to accept any quotation provided by J.M. Glendinning.*

**THIS PROPOSAL FORM MUST BE SIGNED BY A PRINCIPAL/MEMBER/DIRECTOR OF THE FIRM**

Name:

Date:

Print Name:

## **Checklist**

- Has a Principal/Member/Director signed and dated the form and answered all questions?
- Please provide a piece of your headed notepaper marked 'specimen'.
- Please provide a claims print from the Qualifying Insurer, Insurers or ARP for the last six years for your Practice and any Prior Practice.
- Copies of all reports and determinations issued by any Disciplinary Tribunal or any regulatory body.
- Copies of your last two years statutory/management accounts.
- How many additional sheets are there with this proposal form?

### **Please return this form to:**

JM Glendinning (Insurance Brokers) Professional Risks Ltd  
Elmwood House  
Ghyll Royd  
Guiseley  
Leeds  
LS20 9LT  
Tel: 01943 876631