

## IMPORTANT INFORMATION

This Proposal Form should be completed and signed by a Partner or Principal of the Firm.

It is your duty to disclose all material facts to Insurers. A material fact is one which may influence Insurers' judgment of the risk proposed. Failure to make such disclosure may prejudice your rights in the event of a claim or allow Insurers to void the policy. If you are in any doubt about what may be considered a material fact, disclose it.

## 1. GENERAL INFORMATION

Name of Firm \_\_\_\_\_

Principal Address \_\_\_\_\_

Law Society Firm Number \_\_\_\_\_ Firm Telephone Number \_\_\_\_\_

Please indicate Number of: (a) Partners \_\_\_\_\_ (b) Solicitors/Consultants \_\_\_\_\_ (c) Other Staff \_\_\_\_\_

Date Established \_\_\_\_\_ (If less than two years, please provide business plan and CVs for all Partners or Principals)

Has your firm become a Succeeding Practice? Yes  No

If you have answered yes, please provide further details including year of succession.

## 2. FEES

Please state your gross fees for last 3 completed financial years

Year ending	/ / 2015	/ / 2016	/ / 2017
Gross Fees	€	€	€

Please state your estimated gross fees for the current year ending / / 2018 € \_\_\_\_\_

## 3. AREAS OF PRACTICE

Please provide a percentage breakdown of the gross fee income for the last 12 months

Arbitration, Adjudication, & Mediation	%	Litigation & arbitration (other)	%
Commercial Conveyancing	%	Landlord & Tenant	%
Commercial Securities Related	%	Mergers & Acquisitions	%
Commercial Non Securities Related	%	Patent	%
Criminal law	%	Personal Injury – Defendant	%
Debt Collection	%	Personal Injury – Litigant	%
Defendant litigious work for insurers	%	Principal Private Residential Conveyancing	%
Employment	%	Taxation & Tax Planning	%
Family excluding children	%	Wills, Trust & Probate	%
Financial Advice & Services	%	Other non litigious	%
Immigration	%	Other low risk work*	%
Intellectual Property (excluding Patent)	%	Other work (state nature of work and %)	%
<b>Total Must be 100%</b>			<b>%</b>

\*Low-risk work includes debt collection under €10,000, children, mental health tribunal, welfare, administering oaths and taking affidavits, lecturing and related activity, expert witness, and planning.

## 4. LEVEL OF COVER

We can provide for a Primary limit of indemnity in the amount of € 1,500,000 in respect of each and every claim.

We can also provide an excess layer policy for an additional Limit of Indemnity of €1,000,000 in respect of each and every claim.

If you would like a quote for a €2,500,000 limit of indemnity – Please tick the following box:

## 5. CONVEYANCING

Please complete the following table in respect of conveyancing fees charged and undertakings issued by your practice.

	Principal Private Residential		Commercial		Number of undertakings that CURRENTLY remain undischarged	
	Gross Fees	Number of transactions	Gross Fees	Number of transactions	PPR conveyancing	Commercial conveyancing
Estimate for current year	€		€			
Last accounting period	€		€			
Annual accounting period before last	€		€			
Annual accounting period but two	€		€			
Annual accounting period but three	€		€			
Annual accounting period but four	€		€			
All other periods						
<b>Grand Total</b>						

**(a)** Are you aware of any disputes, questions or queries arising from the provision of Undertakings given or accepted by your firm? **Yes / No**

*If yes, please provide details separately on your firms headed notepaper*

**(b)** Have you received correspondence from any bank or financial institution threatening legal action or a report to the Law Society in relation to a delay or non-compliance with an Undertaking given by your firm? **Yes / No**

*If yes, please provide details separately on your firms headed notepaper*

**(c)** Have you always followed Law Society Guidelines when issuing Undertakings? **Yes / No**

*If no, please provide details separately on your firms headed notepaper*

## 6. FINANCIAL SERVICES

**(a)** Has your firm or any Preceding Practice, within the last 6 years, ever sold a financial product or provided advice in connection with financial services where such activity is regulated by the Central Bank of Ireland? **Yes / No**

**(b)** Has your firm or any Preceding Practice, within the last 6 years, ever established or administered any investment scheme or product which was offered to two or more individuals? **Yes / No**

*If yes to either of the above, please provide details separately on you firms headed notepaper*

## 7. GENERAL QUESTIONS

Has any Partner, Principal, consultant or any other legal employee:

- (a) been subject of any investigation resulting in any adverse finding by the Law Society of Ireland or Solicitors Disciplinary Tribunal **Yes / No**
- (b) been either refused or granted only a conditional practicing certificate by the Law Society of Ireland **Yes / No**
- (c) been the subject of a finding of misconduct by the Solicitors Disciplinary Tribunal **Yes / No**

*If yes to any of the above, please provide full details separately on your firms headed notepaper*

## 8. CLAIMS AND CIRCUMSTANCES

- (a) Has your firm or any Preceding Practice made or reported any claims in the last 7 years? **Yes / No**  
*If yes, please provide full details, including the amounts involved and an up to date copy of the qualified insurer's claims summary for the relevant years.*
- (b) Is any Principal or Partner in your firm aware, after careful enquiry of all solicitors and employees of the firm, of any loss or claim or circumstance that may give rise to a loss being sustained or a claim being made against or involving any person or persons to be included in this insurance, their predecessors in practice, or any past partners, principals, directors or members, where such has not been previously notified to past or present insurers? **Yes / No**

## 9. RISK MANAGEMENT

- (a) Does your firm have written risk management procedures and are these reviewed at least annually by a Partner or Principal? **Yes / No**  
Please confirm these written risk management procedures cover:
- Engaging new clients and new matters **Yes / No**
  - Supervision and training **Yes / No**
  - File Management **Yes / No**
  - Conclusion of Matters **Yes / No**
  - File Management **Yes / No**
  - Undertakings **Yes / No**
  - Financial administration **Yes / No**
- (b) Have you applied for, or achieved, any risk management or quality standard? **Yes / No**  
If yes, please state which standard? \_\_\_\_\_
- (c) Does the firm have in place for all of the following: **Yes / No**
- Procedures for the control of undertakings? When were these established? \_\_\_\_\_
  - Critical dates diary system and are all key dates noted prominently on file?
  - Measures or controls to prevent or mitigate against fraud in the form of impersonation of your partners or employees (impersonation fraud) and impersonation of your suppliers/vendors (payment diversion fraud)?
- (d) How are fund transfers over €10,000 made? Are all instructions subject to authentication by the employee receiving the request by one of the following: **Yes / No**
- Making a call back to the requestor using a predesignated telephone number held on file
  - Verifying that the requestor has the authority to make such instruction
  - Prior to the payment request being actioned, ensuring supporting documentation of the payment transfer request is provided

- Verifying that any signature provided on any written instruction or telefacsimile matches that held on file
- For e-mail instructions, verifying the requestors work e-mail address has been used
- For telex or telefacsimile, ensuring the test key/algorithm matches that held on file

## 10. SIGNIFIGANT CHANGE

**(a)** Has your firm undergone any significant changes in the past year, this includes any change in partners or significant fee earners, or significant change in the area of practice the firm undertakes? **Yes / No**

*If yes, please provide details separately on your firms headed notepaper*

**(b)** Is your firm considering or anticipating any significant change over the next 12 months? **Yes / No**

*If yes, please provide details separately on your firms headed notepaper*

## 11. DECLARATION

**Please read carefully the following statements prior to signing where indicated.**

I/We hereby declare that:

I/We undertake to inform insurers of alterations to this proposal occurring before completion of a contract of insurance. I/We are satisfied that after careful enquiry of all Principals, consultants and employees, the above details are correct to the best of our knowledge and belief and that we have not suppressed or misstated any material facts. I/We understand that any fraudulent suppression or fraudulent misstatements of any material facts will be reported by insurers to the Law Society of Ireland. I/We authorise prior insurers of the firm to release to your broker any information that they may require including all claims information which may be requested by insurers pursuant to this proposal for insurance. I/We understand that the information I/we provide will be passed to or used by your broker and insurers for the purpose of providing insurance, underwriting, processing, claims handling and preventing fraud.

I/We acknowledge that, by submitting this proposal, I/we hereby consent to insurers carrying out any enquiries into our financial standing (including, but not limited to, a credit search with one or more (licensed) credit reference or fraud prevention agencies) to check our identity and credit status. Such enquiries may be made either before or during the existence of the contract of insurance.

I/We acknowledge and agree that, by submitting this proposal, I/we hereby consent, in the event of the legal practice carried on by me/us ceasing during or on expiry of any period of insurance provided by insurers, to your broker or insurers requesting and obtaining data (including but not limited to personal data as defined in the Data Protection Act 1988 and the Data Protection (Amendment) Act 2003 (the "Data Protection Acts") from relevant regulatory bodies and to your broker or insurers processing such data for purposes in connection with providing run off cover in accordance with the insurance policy conditions and/or regulatory requirements on such cessation..

Signed: \_\_\_\_\_  
(This form must be signed by a Principal / Partner)

Date \_\_\_\_\_

**The completion of this proposal does not bind the Practice or Insurers to affect a Contract of Insurance, but if a policy is issued, this Declaration Form, together with any other information supplied prior to inception shall form the basis of any Contract of Insurance affected thereon.**