Paragon International Insurance Brokers Ltd

Solicitors Professional Indemnity Insurance 2012/2013

Proposal Form

Instructions

- Please provide a full answer to every question.
- A "Principal" (Principal = Partner, Director or Member) 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.
- Before any question is answered, read carefully the declaration 'Disclosure of material facts' on page 16 which you are required to sign.

Section 1: Your Details

Practice name and 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

Main Office SRA Registration Number

Main Office Address

Post Code

Main Office Telephone Number

Main Office Fax Number

Practice Website

Primary Contact

E-mail Address

Date First Established

Is your practice an LLP or a Company registered with Companies House? Yes ☐ No ☐

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

If **Yes** please fill in the box below and use a separate sheet if necessary

Address	Postcode	Is there a resident Principal? If No see question below.

If there is no resident Principal in the branch offices please explain how that office is supervised

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.

Name of Practice	Date Established	Date of Succession

Since 1/10/2010 have you merged with, or acquired, any firm that has purchased run-off cover prior to the merger or acquisition with the result that you are not a successor practice? If **Yes** please provide full details including the name of the firm, their last completed proposal form and proof of run-off cover Yes ☐ No ☐

Section 2: Alternative Business Structures

Does the practice have an intention to convert to an Alternative Business Structure in the next 12 months? (If **no**, move onto next set of questions. If **Yes**, please answer the following) Yes ☐ No ☐

Has the practice been approved as an Alternative Business Structure? If **Yes** please forward a copy of your license. Yes ☐ No ☐

Has the practice registered its intent to convert with the Solicitors Regulatory Authority? Yes ☐ No ☐

Has the practice completed stage one of the application process? If **Yes** please submit a copy of the application Yes ☐ No ☐

Has the practice completed stage two of the application process? If **Yes** please submit a copy of the application Yes ☐ No ☐

Is the practice intending to have outside investors? If **Yes** please provide further information to their role (if any) within the practice. Yes ☐ No ☐

Is the practice intending to become a Multi Disciplinary Practice? If **Yes** please confirm the additional services which are being considered. Yes ☐ No ☐

Please give an overview of the changes which will happen to the current practice if it is approved as an Alternative Business Structure.

Legal Disciplinary Practices/Alternative Business Structures – Please provide all information requested for every Principal who is **not** a solicitor. **If necessary, please use additional sheet at the end of the proposal**

Title	Full Name	Date of Birth	Role (HR/IT/Finance Director, Barrister, Legal Executive, licensed conveyancer etc.)	Fee Earner Yes/No	Full/Part time	Regulatory Body/ Qualifications

Section 3: Solicitors Details (please provide details below)

	2009	2010	2011	2012
Partner/Principals/Member/Director				
Solicitors & Assistant Solicitors				
Consultants				
Non Solicitor Fee Earning staff (including Fee Earning Trainees & Legal Executives)				
All other Staff (including secretarial; excluding domestic and catering staff)				
Total Number of Staff				

Provide all information requested for every Principal, 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. If you are a newly established practice, please enclose Curriculum Vitae for every Principal in your practice, your Business Plan and Cash Flow Statement**. If necessary, please use additional sheet at the end of the proposal.**

Title	Solicitor's Full Name	Date of Birth	Solicitor's Status *(Principal/Assistant/Member etc)*	Office Location	Full/Part Time	Year and Country of Qualification	Roll Number

Are any Principals or other Fee Earners **also** Principals, Fee Earners or Employees of **other** Law Practices or any other business? If **Yes** please provide full details — Yes ☐ No ☐

Do any principals or other fee earners regularly work from home, client's offices, or other locations? If **Yes** please provide details — Yes ☐ No ☐

Is the business that of a solicitors firm only? If **No** please provide full details — Yes ☐ No ☐

Section 4: Disciplinary and Regulation

In the last ten years has any Partner, Principal, Member, Director, Consultant, or Employee of the firm or any prior practice:

- ever had a Practising Certificate refused, withdrawn or suspended or 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 Ombudsman or by the former LCS, CCS or OSS or entered into any regulatory settlement agreement with the SRA? Yes ☐ No ☐
- practised in a firm that has been subject to an investigation, intervention by any regulatory department of The Law Society or SRA? Yes ☐ No ☐
- been brought before the SDT, and/or been the subject of a notification to the Legal Ombudsman or the former LCS, CCS or OSS, having been charged with a serious arrestable offence? Yes ☐ No ☐
- been investigated or interviewed by any regulatory body other than the Law Society or SRA (e.g. FSA, Council of Licensed Conveyancers, ILEX)? Yes ☐ No ☐
- been (or is currently) the subject of an Individual Voluntary Arrangement (IVA) or other arrangement? Yes ☐ No ☐
- acted as an intervening agent appointed by the Law Society or SRA? Yes ☐ No ☐
- taken over an intervened firm? Yes ☐ No ☐
- ever been investigated, charged, tried or convicted for any criminal offence involving fraud or dishonesty or had a civil judgement made against them? Yes ☐ No ☐
- Has the firm been the subject of any visit or enquiry from the Forensic Investigation Unit or SRA in the past three years or has notice of any proposed visit or enquiry been given? Yes ☐ No ☐
- Has the practice been the subject of a monitoring visit from the SRA in the last three years or has any notice of a visit been given? Yes ☐ No ☐
- Have you ever failed to meet any insurance premium, run-off premium or excess contribution in full or in part when requested including any instalments due to premium finance companies in respect of such payments? Yes ☐ No ☐
- Has your practice or any prior practice ever been in the Assigned Risk Pool? If **Yes** please explain on a separate sheet 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 SRA, Legal Ombudsman, the former LCS, CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/ or any regulatory body.

Section 5: Practice Fees

Please state the gross fees received for **past three financial years** and estimates for current and forthcoming years emanating from:

	YEAR ENDING (2009) / /	YEAR ENDING (2010) / /	PAST YEAR ENDING (2011) / /	CURRENT YEAR ESTIMATE (2012) / /	ESTIMATE FOR NEXT 12 MONTHS / /
UK	£	£	£	£	£
Europe	£	£	£	£	£
USA/Canada	£	£	£	£	£
Elsewhere	£	£	£	£	£
TOTAL FEE INCOME	£	£	£	£	£

Please state largest Gross Fee for the last 3 years	£
Please state average Gross Fee in the last 12 months	£
Please state average Gross Fees for the last 5 years	£

If your practice has any fees from clients in USA/Canada or Elsewhere please provide full details of these clients, the work undertaken for them and whether the work involved advice on UK, US, Canadian or other law (please specify)

Does any one client, group of clients or any referral source continuously generate 20% or more of your annual fees? If **Yes** please provide full details of the nature of your client's business, the work undertaken and the gross fees billed to each client on a separate sheet — Yes ☐ No ☐

Has your Practice or any Prior Practice ever: (If **Yes** to any of the below questions, please provide details on a separate sheet)

Provided management services or investment advice to any entertainment clients, sporting professionals or high net worth individuals? — Yes ☐ No ☐

Accepted instructions for any class actions or other group litigation? — Yes ☐ No ☐

Please provide the following information for the last three Financial Years:	**2009/10**	**2010/11**	**2011/12**
Net Profit/Loss after tax and before drawings			
Total Partner/Principal drawings or Member/Director Remuneration			
Net Worth of the Practice (Total Assets less Total Liabilities)			

As at the date of this application form, please confirm:

The total fees outstanding to the Practice	£
The percentage of total outstanding fees that were billed more than 90 days ago	%
The total unbilled work in progress	£

Section 6: Area of Practice

Please provide the percentage of gross fees, **rounded to the nearest whole percent**, allocated to each area of practice for the past financial year or, if a new practice, estimated percentages for the coming year.

		2009/10	2010/11	2011/12
1	Administering oaths, taking affidavits and notary public	%	%	%
2	Agency advocacy	%	%	%
3	Acting as an arbitrator, adjudicator or mediator	%	%	%
4	Children, mental health tribunal and welfare	%	%	%
5	Commercial litigation	%	%	%
6	Commercial/corporate work (excluding work related to public companies) **(please complete commercial section below)**	%	%	%
7	Commercial/corporate work for public companies **(please complete commercial section below)**	%	%	%
8	Conveyancing – commercial **(please complete conveyancing section below)**	%	%	%
9	Conveyancing – residential **(please complete conveyancing section below)**	%	%	%
10	Criminal law	%	%	%
11	Debt collection	%	%	%
12	Defendant litigious work for insurers, including defendant personal injury work	%	%	%
13	Employment – contentious	%	%	%
14	Employment – non-contentious	%	%	%
15	Financial advice and services regulated by the Solicitors Regulation Authority **(please complete FSA questionnaire)**	%	%	%
16	Financial advice and services where your practice has opted into regulation by the FSA **(please complete FSA questionnaire)**	%	%	%
17	Immigration	%	%	%
18	Intellectual property including patent, trademark and copyright **(please provide details below)**	%	%	%
19	Landlord and tenant	%	%	%
20	Lecturing and related activities and expert witness work	%	%	%
21	Litigious work other than given in any other category **(please provide details below)**	%	%	%
22	Matrimonial/Family	%	%	%
23	Non-litigious work other than given in any other category **(please provide details below)**	%	%	%
24	Offices and appointments	%	%	%
25	Parliamentary agency	%	%	%
26	Personal injury (claimant)	%	%	%
27	Probate and estate administration	%	%	%
28	Property management, valuations and real estate agency	%	%	%
29	Town and country planning	%	%	%
30	Wills, trusts and tax planning	%	%	%
	Total must equal 100%	%	%	%

a. Details of litigious work other (see 21 above)

b. Details of non-litigious work other (see 23 above)

c. Details of intellectual property work (see 18 above)

d. Any other details of your practice that you consider to be relevant (e.g. specific client base, specialist, or niche field)

e. Has your practice, or any prior practice, ever accepted instructions for any class actions or other group litigation? If **Yes** please provide full details: Yes ☐ No ☐

Section 7: Commercial Work

Please provide gross fee income for the last accounting period from:

Area	Gross fees non-public companies	Gross fees public companies
Company Disposals		
Mergers and Acquisitions		
Debt Issuance/Securitisation		
Project Financing		
Pension Schemes		
Tax & Insolvency		
Regulation/Compliance		
Insurance Brokers, Companies, Underwritering Agencies (other than claims handling)		
Repurchase of Shares		
Repurchase of Debt		
Issue of New Shares/ Share Rights		
Other (please specify)		

In respect of **commercial work**, 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

Section 8: Conveyancing Work

i. In the last three years, has your practice undertaken any residential and/or commercial conveyancing? If **No** please go to next section — Yes ☐ No ☐

ii. Has the firm ever been removed from a lender's panel for any reason relating to your professional work? If **Yes** please provide details: — Yes ☐ No ☐

Name the person/s responsible for the supervision of the conveyancing department/s and their position:	

This questionnaire must be completed if at any time in the last three financial years gross fees for your firm have been derived from any conveyancing work including remortgages (residential and/or commercial). Continue any explanations on a separate sheet where necessary. We appreciate not all information will be readily available. Please complete the form to the best of your knowledge.

Please state the number of fee earners in your firm who undertake or have undertaken conveyancing work.

	Prior completed year (2009)	Prior completed year (2010)	Last completed year (2011)
Solicitors			
Other qualified fee earners			
Non qualified fee earners*			

* **Please provide details of separately their supervision**

Please fill in the below table in relation to **residential conveyancing**:

	Prior completed year (2009)	Prior completed year (2010)	Last completed year (2011)
Gross fees			
Number of transactions			
Percentage of transactions relating to remortgage work			
Highest loan value			
Highest capital value			
Average typical capital value			

Over the last 3 years how many completed sales and purchase transactions fall into the following categories:

	Prior completed year (2009)	Prior completed year (2010)	Last completed year (2011)
Residential property - mortgaged			
Residential property - non mortgaged			
Total number of back to back transactions			
How many of these did lenders approve			
Percentage of total conveyancing work from house builders / property developers			

Please fill in the below table in relation to **commercial conveyancing**:

	Prior completed year (2009)	Prior completed year (2010)	Last completed year (2011)
Gross fees			
Number of transactions			
Highest loan value			
Highest capital value			
Average typical capital value			

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Over the last 3 years how many completed sales and purchase transactions fall into the following categories:

	Prior completed year (2009)	Prior completed year (2010)	Last completed year (2011)
Commercial property – mortgaged			
Commercial property - non mortgaged			
Total number of back to back transactions			
How many of these did lenders approve			
Percentage of total conveyancing work from house builders / property developers			

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

	Prior completed year (2009)	Prior completed year (2010)	Last completed year (2011)
Irish lenders			
Prime lenders			
Secondary / sub prime lenders			
Intermediaries / brokers / packagers (secured lending which could be prime or sub prime with the instruction coming from a broker or intermediary)			
Investment / property clubs			
Other			

Over the last 6 years have you ever acted for multiple (more than 5) purchasers in the same development or in the same building? If **Yes** please provide full details — Yes ☐ No ☐

In any of the last three years have more than 10% of your conveyancing instructions originated from any development or from any one client or referrer, e.g. a mortgage broker, developer, financial advisor, estate agent? If **Yes** please provide full details — Yes ☐ No ☐

Estimate what percentage of all your conveyancing instructions in each of the last three complete financial years relates to the purchase of buy-to-let properties?

Prior completed year (2009) ____ % Prior completed year (2010) ____ Last completed year (2011) ____

What identity checks do you carry out on conveyancing clients?

How do you comply with lender requirements on verification of identity?

If you do not meet a client prior to a transaction how do you establish identity?

Does your firm comply with the Law Society Practice Note on Mortgage Fraud (dated 15th April 2009)? Yes ☐ No ☐

Please confirm that fraud prevention training is given to staff undertaking conveyancing Yes ☐ No ☐

Over the last three years what safeguards have you had in place to ensure that any information indicative of mortgage fraud (e.g. back to back transactions, discounts, incentives) is:

a) Identified; and

b) Reported to lender clients

In circumstances where a Principal, close family member or friend is the party to the conveyancing transaction; does another Principal sign reports and/or certificates of address to lenders? Yes ☐ No ☐

On approximately how many occasions in the last 24 months have you received requests for conveyancing files from lenders? Please provide full details including the name(s) of the lender(s) and provide confirmation that they have been reported to insurers.

How do you ensure you establish the net price paid for a property when acting on behalf of the purchaser? i.e. incentives etc.

Does a partner directly supervise all residential conveyancing transactions undertaken by the firm and conduct file audits on residential conveyancing files including partner to partner? If **No** please provide details Yes ☐ No ☐

Does anyone other than a Principal sign reports and/or certificates of title addressed to lenders or their representatives? If **Yes** please provide full details including the name(s) of the lender(s) and how this is monitored in the practice Yes ☐ No ☐

Has the practice or any prior practice in the last twelve months:

		Yes/No	Number
a)	undertaken residential or commercial surveys/valuations for lending purposes?		
b)	advised on Equity Release Plans?		

Does the practice plan to do any of the above in the next 12 months? If **Yes** please provide full details Yes ☐ No ☐

Is your practice accredited with the Law Society Conveyancing Quality Standard? Yes ☐ No ☐

In the last 15 years has year your firm or any practice received referrals from a broker or marketing professional in relation to “right to buy” purchases? If yes, please estimate the number of referrals. Yes ☐ No ☐

In the last 12 months have any clients for whom you conducted a “right to buy” purchase:

Requested their file? Yes ☐ No ☐

Made or intimated a compliant or claim against your practice? Yes ☐ No ☐

If **Yes** please provide full details

Have any file requests resulted in a claim/notification being made to Insurers? If **Yes** please provide full details below Yes ☐ No ☐

Section 9: Personal Injury Work

Please state the percentage of Personal Injury Work:

Claimant %

Defendant %

Please state the percentage of gross fee Income relating to the following areas of practice:

Clinical negligence %

Occupational disease %

All other personal injury (e.g. RTA, employers'/public liability etc). %

Class Actions or Group Litigations %

How many open claimant personal injury cases does your practice currently have?

Please state the number of fee earners in your practice who undertake or have undertaken personal injury work.	**Prior completed year (2009)**	**Prior completed year (2010)**	**Last completed year (2011)**
Solicitors			
Other qualified fee earners			
Non-qualified fee earners			

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Please specify the highest settlement on behalf of a claimant in the past 6 years £

What is the average settlement received on behalf of the claimant in the past 3 years £

If applicable – what % of settlements received were in excess of £50,000? %

If applicable – what % of settlements received were in excess of £250,000? %

Does the practice operate and/or offer Conditional Fee Arrangements? Yes ☐ No ☐

What percentage of gross fees billed is attributable to Conditional Fee Arrangements?

Previous Year % Past Year Ending % Current Year %

What percentage of such arrangements do you win and what is your average fee? Average Fee £

Previous Year % Past Year Ending % Current Year %

How many arrangements did you start?

Previous Year Past Year Ending Current Year

How many arrangements did you complete?

Previous Year Past Year Ending Current Year

Does one or more partner(s) agree to each CFA 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

Does the practice vet personal injury cases for a third party? If **Yes** please provide full details below Yes ☐ No ☐

What percentage of your current cases has ATE insurance? %

Please provide the names of all ATE insurance providers you deal with or have dealt with within the last two years

Please name any ATE insurance providers that you place more than 20% of your business with and specify the percentage in each case.

What is the average and largest personal injury claimant settlement in the last 12 months? Average £

Largest £

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 full 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 ☐

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

Have your files been audited or has an audit been proposed by any underwriters or funders? If **Yes** please provide details below, including copies of any correspondence relating to any audit or proposed audit — Yes ☐ No ☐

Do you receive, or have you received, any time in the last three years, any commission, fees or other financial incentive from any insurer, referral agent or cover holder? If **Yes** please provide details below — Yes ☐ No ☐

Please provide a copy of any standard letter that you have advising about the choice of ATE insurer and any commissions, financial incentives or similar that you receive

Do you use any particular provider for expert reports in more than 20% of your cases? If **Yes** please provide details below, including identity of provider, percentage of cases and background to the level in instructions — Yes ☐ No ☐

Have you or do you undertake work or accept any referrals from Claims Management Companies or referral networks? — Yes ☐ No ☐

If **Yes** please provide the names of the companies/networks used

Section 10: Risk Management

i. Please provide the name and status of the person responsible for risk management in your firm.

Name: **Status:**

ii. Please provide the name and status of the person nominated as the Compliance Officer for Legal Practice

Name: **Status:**

Please state date they joined the practice?

iii. Please provide the name and status of the person nominated as the Compliance Officer for Finance and Administrations

Name: **Status:**

Please state date they joined the practice?

iv. Please provide the name and status of the person responsible for complaints handling in your firm

Name: **Status:**

Please state date they joined the practice?

Is the practice accredited or in the process of being accredited with LEXCEL, CQS, Investors in People or BE EN ISO 900/01/02?
Name/s of Accreditation/s:

What date was the practice accredited:

Has a Legal Services Commission Quality Mark ever been withdrawn? If **Yes** please provide full details — Yes ☐ No ☐

Does the practice hold any membership of any speciality Law Society group? If **Yes** please specify: — Yes ☐ No ☐

Does the practice always obtain written references immediately preceding the engagement of an employee or Partner/ Member? If **No** please provide details on a separate sheet — Yes ☐ No ☐

Does the practice have a formal performance management system in place, which evaluates (at least annually) all solicitors and other legal staff? If **No** please provide full details of the appraisal system — Yes ☐ No ☐

Is the work of assistant solicitors supervised by a partner and subject to regular review meetings? If **No** please provide full details of the practice's lines of supervision — Yes ☐ No ☐

Are all telephone conversations involving legal matters the subject of a written record on the file or case management system? If **No** please provide full details of how the advice is recorded — Yes ☐ No ☐

Does a designated supervisor or partner check all incoming post? — Yes ☐ No ☐

Does the practice carry out regular audits/reviews on <u>all</u> active files? (including partners casework) If **Yes** how many files are audited, how often, and by whom? — Yes ☐ No ☐

Is there a procedure in place to ensure that, prior to taking on a new instruction, the client's requirements are clearly identified and can be met by your firm? — Yes ☐ No ☐

Does the practice have a standard quality procedure/office manual in place which is regularly reviewed and circulated? — Yes ☐ No ☐

Does the firm have documented procedures in place for client vetting and identifying conflicts of interest? — Yes ☐ No ☐

Does your firm have established procedures for supervising, training, and keeping staff up to date with legal developments? — Yes ☐ No ☐

Does the practice operate a centralised/departmental diary system with appropriate electronic/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 a management structure in place? — Yes ☐ No ☐

Does the practice have and use a written retainer and engagement letter that complies with Rule 2.02 of the Code of Conduct — 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 ☐

Name and status of person authorised to give such undertaking: ______ | ______

Are all undertakings reconciled with the practices accounts system? — Yes ☐ No ☐

Do you have a formal money laundering policy, and has training been provided to all Partners and Staff? If **No** please provide full details on a separate sheet — Yes ☐ No ☐

Has there been any change to the internal management structure of the practice in the past 3 years? If **Yes** please provide details on a separate sheet — Yes ☐ No ☐

What is the average number of files per fee earner? ______

What is the average number of files per partner? ______

How often is the client account taken to trial balance? ______

What is the percentage of outstanding fees invoiced over 90 days ago but not yet paid? ______

Do all cheques over £50,000 require two partners signatures? If **No** please provide cheque signing details — Yes ☐ No ☐

Is there any dual control over electronic funds transfer so that no one person can transfer money without the knowledge of another? If **No** please provide details of the security surrounding electronic transfer — Yes ☐ No ☐

In the last 6 years has the SRA qualified the Practice's accounts or has the practice been subject of an inquiry/investigation as a result of a breach of the Solicitors Accounts Rules? If **Yes** please provide details on a separate sheet — Yes ☐ No ☐

Does the practice provide legal services via the internet or transact business via internet forums? — Yes ☐ No ☐

Does the practice have an email or Internet security policy? If **No** please provide full details on a separate sheet — Yes ☐ No ☐

Does the practice provide professional services for any clients in which any Principal or member of staff holds a partnership/directorship or has any other financial interest? Yes ☐ No ☐

If **Yes** are these services always carried out by Principal/solicitors other than the Principal or member of staff connected with the client? If **No** please provide details below Yes ☐ No ☐

Is there any further information relating to the risk management procedures or tools within your practice that you consider would be of interest to underwriters? (e.g. Completion Manager (for conveyancing), Certainty (wills))

Section 11: Current Coverage

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 ☐

Current Insurer	Broker	Premium	Limit	Excess
		£	£	£

Limit of Indemnity (any one claim)

Option 1 £ **Option 2** £ **Option 3** £

Excess (each and every claim) We will quote the minimum available for your practice

Option 1 £ **Option 2** £ **Option 3** £

Do you require an Aggregate Excess? Yes ☐ No ☐

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

Section 12: 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 2007 – 2008	Yes ☐	No ☐
Insurance Year 2008 – 2009	Yes ☐	No ☐
Insurance Year 2009 – 2010	Yes ☐	No ☐
Insurance Year 2010 – 2011	Yes ☐	No ☐
Insurance Year 2011 – 2012	Yes ☐	No ☐

Please provide claim summaries (from Qualifying Insurers or the Assigned Risks Pool) for ALL years from 01/10/2007 by your practice and any practice to which you are a successor practice, irrespective if there has been claims/circumstances or not.

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.

Have any notifications been declined by Insurers? If **Yes** please provide details on a separate sheet Yes ☐ No ☐

Section 13: Other Material Information

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 explain on a separate sheet

Is the practice planning any succession or merger with another practice within the next 12 months? If **Yes** please provide full details. Yes ☐ No ☐

Do you intend to diversify your work split (as declared in the Areas of Practice section) in the next 12 months?

Yes ☐ No ☐ If **Yes** please give estimated % of fees billed to the new discipline

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 explain on a separate sheet

Section 14: Declaration

DISCLOSURE OF MATERIAL FACTS - Every proposer or insured, when seeking new insurance, amending or renewing an existing policy must disclose any information which might influence the insurer in deciding whether or not to accept the risk, what the terms of the policy should be or what premium to charge. If you fail to disclose all material facts, this may render the insurance voidable from inception (the start of the contract) and enable the insurer to repudiate liability (entitle the insurer not to pay your claims). If you are not sure whether a fact is material, you should disclose it.

☐ By ticking here, We declare that all statements and particulars are true, full enquiry having been made, and we have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this insurance proposal and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been concluded and throughout the duration of the contact of insurance. We understand that the information we provide will be used by the Insurer in determining acceptance of the application together with the premium charged for the risk and the terms of any policy provided.

☐ By ticking here, We understand that if the practice acquires, merges with or absorbs another practice during the period of insurance, the Insurer will require similar information in relation to that practice and may charge an additional premium.

☐ By ticking here, We agree that a credit check may be undertaken against the Firm and the Partners.

E.U. Disclosure Clause (UK)

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law. Any enquiry or complaint should be addressed in the first instance to your Broker or Insurer. If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyds to review your case without prejudice to your rights in law.

The address is:
Complaints and Advisory Department Lloyd's
One Lime Street
London
EC3M 7HA
Telephone: 020 7327 1000

Data Protection

Any personal information you provide may be passed to Paragon International Insurance Brokers Ltd and your Insurer(s) in relation to your application for Professional Indemnity Insurance Cover. It may be used by such Broker's or Insurers' relevant staff in making a decision concerning your insurance application and for the purpose of servicing any cover which may be arranged and administering claims. Information may be passed to loss adjusters and reinsurers for these purposes.

In the signing of this Proposal form or otherwise seeking insurance through us you are agreeing to the above terms.

A minimum of two Principals must sign the proposal form

Signature of Partner/ Principal/ Member		
Print Name		
Date		

It is very important to read and understand the contract you will be entering into when purchasing insurance.

Completion of this proposal form/questionnaire does not imply that insurance cover will be offered by insurers.

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 PARAGON INTERNATIONAL INSURANCE BROKERS LTD'

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 and cash flow statement.
- A copy of all reports issued by the SRA, Legal Ombudsman or the former LCS, CSS or OSS, Forensic Investigation Unit, Solicitors Disciplinary Tribunal and/ or any regulatory body.

Contact Details for The Solicitors Team

Please return the completed proposal form to. **A copy of this form should be retained for your records:**

Should you require any assistance when completing this form or you simply wish to discuss your requirements then please do not hesitate to contact:

The Solicitors Team
Paragon International Insurance Brokers Ltd
140 Leadenhall Street
London
EC3V 4QT

Telephone: **0207 280 8200**
Facsimile: **020 7280 8270**
Website: **www.paragonbrokers.com/solicitors**
Email: **solicitors@paragonbrokers.com**

James Noon	Vice President	020 7280 8242 jnoon@paragonbrokers.com
Piers Winton	Vice President	020 7280 8224 piers@paragonbrokers.com
Michael Munns	Assistant Vice President	020 7280 8211 mmunns@paragonbrokers.com
Adam Cossins	Account Executive	020 7280 8259 acossins@paragonbrokers.com
Oliver Winton	Account Executive	020 7280 8220 owinton@paragonbrokers.com

Additional Solicitors Details

Title	Solicitor's Full Name	Date of Birth	Solicitor's Status *(Principal/Assistant/Member etc)*	Office Location	Full/Part Time	Year and Country of Qualification	Roll Number

Legal Disciplinary Practices/Alternative Business Structures

Title	Full Name	Date of Birth	**Role** (HR/IT/Finance Director, Barrister, Legal Executive, Licensed Conveyancer etc.)	Fee Earner Yes/No	Full/Part time	Regulatory body/ Qualifications