



CARROLL INSURANCE GROUP LIMITED

Insurance & Reinsurance Brokers

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PROFESSIONAL INDEMNITY INSURANCE

Proposal Form For Solicitors

1. Name and Address Details

Name of Practice

Please include 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.

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Main office Solicitors Regulation Authority Registration No.....

Main Office Address

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Postcode:

Telephone Number: Fax Number:

Primary Contact: Primary Contact e-mail :

Practice Website (if any):

Date Established: Incorporated Practice (i.e. **LLP** or **Registered Company**) YES NO

Are there offices other than the main office, for which cover is sought? YES NO

If "Yes", please list the addresses on a separate sheet and, if no resident Partner/Principal, identify the office concerned and explain supervision arrangements.

Overseas Offices (if yes please list address on a separate sheet): YES NO

2. Prior Practices and Practice Changes

Please list, using a separate sheet if required, the names of all Prior Practices to which this Practice has become a Successor Practice (as defined in the governing Solicitors' Indemnity Insurance Rules) in the last fifteen years:

Name of Practice	Date of Establishment	Date of Succession
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has any such Practice reported any Circumstances or Claims in the last six years?
If "Yes", please refer to question 7 and provide full details there.

YES NO

Is the practice planning any succession or merger with another practice within the next 12 months?
If yes, please provide full details on a separate sheet.

YES NO

3. Solicitors' Details and those of other Staff

3.1 Please provide the information requested in respect of every Solicitor (whether a Partner/Principal, Assistant or Consultant) engaged by the Practice at the commencement date of the insurance policy. If any Solicitor so designated is a Registered Foreign Lawyer or a Registered European Lawyer, please specify RFL or REL by "Solicitor Status". If the Practice is newly established, please enclose a CV for every Partner/Principal and a Business Plan and Cash Flow Statement.

Title (Mr. Mrs. Ms. Other)	Solicitor's Full Name	Date of Birth	Solicitor Status as Partner/Principal Assistant/ Consultant	Period of Time as Partner/ Principal	Full / Part Time	Roll Number	Year of admission in England and Wales

3.2 Legal Disciplinary Practices

Please provide all information requested for every non-solicitor Principal, Member or Director

Title (Mr. / Mrs. etc)	Full Name	Date of Birth	Role (eg. HR/IT/Finance Director, Barrister, Legal Exec etc)	Full / Part Time	Fee Earner Yes / No	Regulatory Body

Do any Principals or fee earners listed above work for any other Law Firms or businesses?
If "Yes" please provide details

YES NO

3.3 Other Staff

- Does the practice have any non-solicitor fee earning Staff? If "none" please state.
- How many other staff are employed at the firm including administrative and secretarial staff? If "none" please state.

4. Practice Fees

Please state total gross fees for the last 3 annual accounting periods and an estimate for the current financial year, or if you are a new practice, estimated fees for the coming year

	Date (dd/mm/yr)	UK	USA/Can	Other	Total
Estimated Current Year	.. / .. /
Last Completed Year	.. / .. /

Prior Completed Year 1 .. / .. /

Prior Completed Year 2 .. / .. /

If your practice has any fees from clients in USA/Canada or elsewhere please provide full details (on a separate sheet) 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 client, group of clients or any referral source generate 20% or more of annual gross fees? YES NO
If "Yes" please provide details of the client and nature of the work undertaken on a separate sheet.

5. Areas of Practice and Procedures

Has the Practice, or any Prior Practice, ever:

- 5.1 • provided management services / investment advice to any entertainment clients / sporting professionals?

If "Yes", please provide details on a separate sheet YES NO

- accepted instructions for any class actions or other group litigation?

If "Yes", please provide details on a separate sheet YES NO

- In the last twelve months, on how many occasions has your Practice or any Prior Practices advised on any Equity Release Plans or Home Income Plans?

If "none" please state.

- Does the Practice have LEXCEL or Investors in People accreditation? YES NO

• Please state the date of accreditation

- Please provide the name & status of the person with risk management responsibility within the Practice (including dealing with and evaluating complaints or claims).

NAME:

STATUS:

- Does the Practice utilise an annual review and appraisal system for Solicitors and legal staff? YES NO

- Does the Practice carry out regular audits on all files? YES NO

- Is incoming post checked by a Partner/Principal? YES NO

- Does the Practice operate a centralized or departmental diary system with appropriate manual back-up? YES NO

- Does the diary system provide for Solicitors' absence (e.g. on holiday/sickness) to ensure time deadlines are not missed? YES NO

- Does the Practice have a standard compliance letter (complying with Rule 15 requirements)? YES NO

- Does the Practice have an email or internet user policy or formal guidelines for use of email/internet? YES NO

5.2 Please provide the percentage of the Practice's gross fees and income derived, or estimated if a new Practice, from the following:

	Last Year	Prior Year (-1)	Prior Year (-2)
1. CRIMINAL LAW WORK	%	%	%
2. DEBT COLLECTION	%	%	%
3. CHILDREN, MENTAL HEALTH TRIBUNAL and WELFARE	%	%	%
4. IMMIGRATION WORK	%	%	%
5. OFFICES and APPOINTMENTS	%	%	%
6. Acting as an ARBITRATOR, ADJUDICATOR or MEDIATOR	%	%	%
7. ADMINISTERING OATHS, TAKING AFFIDAVITS, NOTARY PUBLIC	%	%	%
8. EMPLOYMENT WORK			
(a) CONTENTIOUS	%	%	%
(b) NON-CONTENTIOUS	%	%	%
9. PROPERTY SELLING & VALUATION WORK (inc Property Management)	%	%	%
10. PARLIAMENTARY AGENCY	%	%	%
11. AGENCY ADVOCACY WORK	%	%	%
12. LECTURING and RELATED ACTIVITY WORK	%	%	%
13. EXPERT WITNESS WORK	%	%	%
14. TOWN and COUNTRY PLANNING	%	%	%
15. * CONVEYANCING – RESIDENTIAL	%	%	%
16. * CONVEYANCING – COMMERCIAL	%	%	%
17. LANDLORD and TENANT	%	%	%
18. PROBATE and ESTATE ADMINISTRATION	%	%	%
19. WILLS, TRUSTS and TAX PLANNING	%	%	%
20. MATRIMONIAL / FAMILY	%	%	%
21. PERSONAL INJURY (Claimant)	%	%	%
22. FINANCIAL ADVICE and SERVICES including PENSIONS (Regulated by The Solicitors Regulation Authority)	%	%	%
23. COMMERCIAL/CORPORATE WORK not PUBLIC COMPANY WORK	%	%	%
24. COMMERCIAL LITIGATION WORK	%	%	%
25. DEFENDANT LITIGIOUS WORK for INSURERS DEFENDANT PERSONAL INJURY WORK	%	%	%
<i>IF YOU GIVE A PERCENTAGE IN ANY OF THE FIVE FOLLOWING AREAS, PLEASE PROVIDE FULL DETAILS ON A SEPARATE SHEET OR FOR 29 PLEASE COMPLETE THE FSA QUESTIONNAIRE: -</i>			
26. LITIGIOUS WORK other than given in any category above	%	%	%
27. NON-LITIGIOUS WORK other than given in any category above	%	%	%
28. COMMERCIAL / CORPORATE WORK FOR PUBLIC COMPANIES	%	%	%
29. FINANCIAL ADVICE and SERVICES including PENSIONS where the PRACTICE has opted to be regulated by the FSA	%	%	%
30. INTELLECTUAL PROPERTY WORK including PATENT, TRADE MARK, COPYRIGHT and INDUSTRIAL DESIGN	%	%	%
TOTAL (must equal 100%)	%	%	%

5.3 Commercial

In respect of commercial work, please provide gross fee income for the last accounting period from:

Area	Gross Fees Non-Public Companies	Gross Fees Public Companies
Mergers and Acquisitions
Debt issuance/securitisation
Project Financing
Pension Schemes
Tax
Insolvency
Regulation/Compliance
Other (please specify)
Other (please specify)

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
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5.4 Conveyancing

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

	Last completed Year	Prior completed Year (-1)	Prior completed Year (-2)
Solicitors
Other qualified fee earners
Non-qualified fee earners

Please complete the below in relation to **Residential Conveyancing**.

	Last completed Year	Prior completed Year (-1)	Prior completed Year (-2)
Gross fees
Number of Transactions
Highest capital value
Average typical capital value
Total % relating to remortgage work

Please complete the below in relation to **Commercial Conveyancing**.

	Last completed Year	Prior completed Year (-1)	Prior completed Year (-2)
Gross fees
Number of Transactions
Highest capital value
Average typical capital value

In any year in the last three, have more than 10% of your conveyancing instructions originated from any one Development or from any one client or referrer, e.g, mortgage broker, developer, financial adviser, estate agent?

YES **NO**

If yes, please provide full details.

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.....

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.

Last completed Year	Prior completed Year (-1)	Prior completed Year (-2)
.....%%%

What identity checks do you carry out on conveyancing clients?

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.....
.....

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

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.....
.....

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

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.....

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

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.....
.....

b) reported to lender clients?

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Does anyone other than a Principal sign reports and/or certificates of title addressed to lenders?

YES NO

If yes, please provide full details.

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On approximately how many occasions in the last 12 months have you received requests for conveyancing files from lenders? Please provide full details including the name(s) of the lender(s).

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.....

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 twelve months?

YES NO

If yes, please provide full details.

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5.5 Personal Injury

Please provide your current personal injury work by percentage.

Clinical Negligence%

Occupational disease%

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

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

What was your average personal injury settlement over the last twelve months? £.....

What was your highest personal injury settlement over the last twelve months? £.....

Please estimate the percentage of personal injury work (claimant) you currently have in each of the following categories:

Small Claims% Fast Track% Multi Track%

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

.....

Please state the number of fee earners in your practice who undertake or have undertaken personal injury work.

	Last completed Year	Prior completed Year (-1)	Prior completed Year (-2)
Solicitors
Other qualified fee earners
Non-qualified fee earners

Do you undertake work or accept any referrals from Claims Management Companies or referral networks? **YES** **NO**

If yes, please provide full details.

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Does the practice vet personal injury cases for a third party? **YES** **NO**

If yes, please provide full details.

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What percentage of your current cases have ATE insurance?%

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

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

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Have your files been audited or has an audit been proposed by any underwriters or funders? **YES** **NO**

If yes, please provide details, including copies of all correspondence relating to any audit or proposed audit.

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Do you receive, or have you received, any time in the last three years, any commission or other financial incentive from any insurer? **YES** **NO**

If yes, please provide full details.

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Please provide a copy of any standard letter that you have advising clients 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? **YES** **NO**
If yes, please provide full details, including identity of provider, percentage of cases and background to the level of instructions.

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5.6 Risk Management

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

Name Status

Is your practice accredited with LEXCEL? **YES** **NO**

If yes, please provide date of accreditation

Are regular file audits undertaken in each department including Principals' files? **YES** **NO**
If yes, how many files are audited, how often and by whom ?

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Who is authorised to give undertakings on behalf of the practice?

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Who is entitled to authorise payment from the client account?

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Does the practice provide professional services for any client in which any Principal holds a partnership/directorship or has any other financial interest? **YES** **NO**

If yes, are these services always carried out by a Principal/solicitor other than the Principal connected with the client?

YES **NO**

If no, please provide details.

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6. Practising Certificate

A) Has the Practice:

- been the subject of a monitoring visit from The Law Society or Solicitors Regulation Authority (SRA) in the last three years? YES NO
- 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

B) In the last ten years has any Principal or fee earner in the Practice:

- been refused a practising certificate? YES NO
- been granted a conditional practising certificate? YES NO
- been subject to a costs or penalty order? YES NO
- been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal? YES NO
- practised in a Firm subject to an investigation/intervention by The Law Society or the SRA? YES NO
- had a civil/criminal judgment against him/her? YES NO
- been investigated by any regulatory body other than The Law Society or SRA (e.g. FSA, Council of Licensed Conveyancers, ILEX) YES NO
- had an award for inadequate professional service made against him/her by the Legal Complaints Services or the former CCS or OSS or entered into any regulatory settlement agreement with the SRA? YES NO

If “Yes” please provide details on a separate sheet including a copy of any/all reports issued by the Legal Complaints Service, SRA, the former CCS or OSS, Disciplinary Tribunal, Forensic Investigation Unit and/or any regulatory body.

7. Claims and Particulars

Has the Practice or any Prior Practice reported any Circumstances or Claims to the Assigned Risks Pool or to Qualifying Insurers in the following years: *(N.B if fewer than 4 Partners/Principals please complete for the last 5 Years only)*

Insurance Year 2000 – 2001	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Insurance Year 2001 – 2002	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Insurance Year 2002 – 2003	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Insurance Year 2003 – 2004	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Insurance Year 2004 – 2005	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Insurance Year 2005 – 2006	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Insurance Year 2006 – 2007	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Insurance Year 2007 – 2008	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Insurance Year 2008 – 2009	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Insurance Year 2009 – 2010	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If "Yes" to any relevant Insurance Year above, please provide with this Proposal Form Claims information from **all** relevant Qualifying Insurers or the Assigned Risks Pool for all such Circumstances or Claims reported by the Practice or any Practice to which you are a Successor Practice.

Have any Circumstances or Claims reported by the Practice or any Prior Practice in the last six years arisen as a result of the dishonesty of any Principal and/or employee of the Practice?

YES NO If "Yes" please provide full details on a separate sheet including details of the Circumstance, its resolution and procedures in place to prevent a re-occurrence.

After making full enquiries of all Principals and/or employees of the Practice, are you aware of any Circumstances or Claims that you have not reported to your current or any previous Qualifying Insurers?

YES NO If "Yes" please amplify on a separate sheet.

Please note that there is an obligation under your current Professional Indemnity insurance policy to notify these matters to your current Qualifying Insurer before expiry of your current policy. Please confirm that you will do so:

YES

8. Is the Practice, or any Principal, connected or associated with, financially or otherwise, any other Practice, LLP or Registered Company for which it renders professional services?

YES NO

If "Yes", please provide details

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9. Are there any aspects of the Practice's work, not detailed in this Proposal Form, which you think may be of interest to Qualifying Insurers/Underwriters?

YES NO

If "Yes", please provide details

.....

10. Current Coverage

Is the Practice currently or has the Practice or Prior Practice ever been in the Assigned Risks Pool?

YES NO If "Yes", please explain on a separate sheet.

Has any Qualifying Insurer refused to offer your Practice, or any Prior Practice terms for Professional Indemnity Insurance?

YES NO If "Yes", please explain on a separate sheet.

Please provide details of the Practice's current insurance below:

Current Qualifying Insurer	Limit	Excess	Premium
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Does the Practice have an Aggregate Excess?

YES NO If "Yes", what is it?

11. Required Coverage:

What is the total Limit of Indemnity cover required by the Practice? Please note that the minimum cover required is £2,000,000 for a **Partnership** or £3,000,000 for **LLPs** and **Companies** registered at Companies House.

£2,000,000 £3,000,000 £10,000,000 Other

What level of excess per claim is the Practice prepared to carry if available?

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Does the Practice wish to acquire Aggregate Excess cover? YES NO

If "Yes", please provide details:

.....

Does the Practice wish to acquire additional coverage against employee fraud or dishonesty or against defence re-imbursement (if available)?

YES NO

12. Significant Change

Has there been any significant change in your Practice in the last year or do you expect significant change to the Practice in the coming year?

If "Yes", please provide details on a separate sheet. YES NO

13. Material Other Information

Is there any other material information relevant to this application? YES NO

If "Yes", please provide details on a separate sheet.

14. Checklist

Before posting and/or emailing please tick to confirm inclusion of:

- (a) This Proposal Form fully completed signed and dated.
- (b) All relevant additional sheets including one of the Practice's current headed notepaper.
- (c) (If applicable) Claims information about all Claims and Circumstances reported to Qualifying Insurers or the Assigned Risks Pool by the Practice or any Practice to which the Practice is a Successor Practice.
- (d) If the Practice is **newly established**, a C.V. for every Principal/Partner of the Practice, a Business Plan and a Cash Flow Statement.
- (e) (If applicable) a copy of any report issued by the Legal Complaints Service or the former CCS or OSS, Disciplinary Tribunal and/or any other regulatory body.

15. Declaration

I/WE DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND I/WE HAVE NOT SUPPRESSED OR MIS-STATED ANY MATERIAL FACTS. I/WE AGREE THAT THIS DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE INSURERS.

SIGNATURE OF TWO PRINCIPALS
(unless sole practitioner)

.....

PLEASE PRINT NAMES

.....

DATE:

.....

Number of additional sheets included with this application (including a sheet of the Practice’s headed notepaper):

NOTES

Your Proposal Form: Please answer fully all questions. If there is insufficient space please supply additional information on a separate sheet of the Practice’s current HEADED NOTEPAER. A sheet of such notepaper should be provided with the completed form. Completion of this Proposal Form does not bind you to complete the insurance, however, should the insurance be accepted, this Proposal Form shall form the basis of the Contract. This Proposal Form should be completed by a Partner/Principal of the Practice and a copy kept for your records. It should be typed or completed in ink.

Disclosure of Material Facts: The information you provide in this Proposal Form must be accurate, complete and not misleading. In particular you must inform us about all facts or matters relevant to our consideration of your application. Any failure or omission in this regard may entitle us to recover from you any sums paid out in relation to claims notified under the terms of your policy. If there is doubt whether information is material, it should be disclosed to insurers. Duties of utmost good faith and disclosure also apply to the claims process, to any relevant situation(s) discovered from the date of completion of this form to the commencement of the insurance contract and during the period of the insurance policy.

Definitions: Where applicable, relevant definitions are adopted from the governing Solicitors’ Indemnity Insurance Rules published by The Law Society and/or Solicitors Regulation Authority from time to time and in particular from the Minimum Terms and Conditions of Professional Indemnity Insurance for Solicitors and Registered European Lawyers in England and Wales in Appendix 1 thereof.

Data Protection: All personal data collected by Carroll Insurance Group Limited (CIG) will be held in accordance with the Data Protection Act 1998. CIG will disclose this information to Qualifying Insurers and our service providers and agents for policy administration purposes. By returning this form, you consent to the processing of such personal data. (see also CIG’s Terms of Business.)

Please return the completed Proposal Form to:

Carroll Insurance Group Limited
Professional Indemnity Division
2 White Lion Court
Cornhill
London
EC3V 3NP

Tel: 020 7623 2228
Fax: 020 7283 7181
Email: solicitorspi@carrollinsurance.co.uk

Lloyd’s Broker
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