



CARROLL INSURANCE GROUP LIMITED

Insurance & Reinsurance Brokers

2 White Lion Court, Cornhill, London, EC3V 3NP

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PROFESSIONAL INDEMNITY INSURANCE

Proposal Form For Solicitors

1. Name and Address Details

Name of Practice

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

Main Office Address

.....

..... Postcode:

Telephone Number: Fax Number:

E-Mail: DX:

Practice Website (if any):

All other Practice
Addresses:

..... Postcode:.....

Overseas Address (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.

4. Practice Fees

Please state total gross fees and income received (or if a new Practice, estimated):

Date of Financial Year End

/ /

	Last Financial Year	Current Financial Year (estimated if necessary)	Next Financial Year (estimated)
4.1 a) In the United Kingdom ("UK") (excluding below)	[]	[]	[]
b) In the USA and its territories and possessions and/or Canada	[]	[]	[]
c) In the UK or elsewhere for persons, companies, firms or organizations having an address in the USA and its territories and/or Canada	[]	[]	[]
d) Elsewhere (specify countries and amounts) and details of the client and work undertaken (using a separate sheet if necessary).	[]	[]	[]

e) Of the total, please provide total gross fees for the last annual accounting period relating to those fees paid by clients domiciled in the USA and its territories and possessions or Canada. If "none" please state:

Please provide full details of any such client and the work undertaken on a separate sheet and indicate whether it is undertaken under UK or US Law.

/ /

4.2 Does any client or group of clients generate 20% or more of annual gross fees? YES NO

If "Yes" please provide details of the client and nature of the work undertaken below.

5. Areas of Procedures and Practice

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
- undertaken any personal injury work referred by The Accident Group, Claims Direct or any other claims management companies?
If "Yes", please complete the Claims Management Questionnaire YES NO
- 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 estimate the number of personal injury cases you currently have where the expected settlement exceeds £250,000:
- undertaken any work relating to the selling of or advising on any mortgage endowment policies since 1992?
If "Yes", please complete the Endowment Questionnaire 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:

- | | | |
|--|-------|---|
| 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 and NOTARY PUBLIC | ..... | % |
| 8. EMPLOYMENT WORK | | |
| (a) CONTENTIOUS | ..... | % |
| (b) NON-CONTENTIOUS | ..... | % |
| 9. PROPERTY SELLING and VALUATION WORK (including 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 but 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 (to add up to)	100 %
	

5.3 Conveyancing

Please provide the following additional information in regard to items 15 and 16 above:

	Commercial	Residential
a) Number (approx.) of transactions in the last Financial Year?
b) Average (approx.) capital value in the last Financial Year?
c) Highest capital value in the last Financial Year?

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 a visit or enquiry from the Forensic Investigation Unit of The Law Society or SRA in the last three years or has notice of any proposed visit been given? YES NO

B) In the last ten years has any 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 Solicitors Regulation Authority? YES NO
- had a civil/criminal judgment against him/her? YES NO
- been investigated by any regulatory body other than The Law Society or Solicitors Regulation Authority (e.g. FSA)? YES NO
- had an award for inadequate professional service made against him/her by the Legal Complaints Services or the former CCS or OSS? YES NO

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

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"/>

If “Yes” to any Insurance Year above, please provide with this Proposal Form Claims information from **all** relevant Qualifying Insurers or the Assigned Risks Pool for all Circumstances or Claims reported since **1st September 2002** 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
.....

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?

.....

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

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

12. Significant Change

Do you expect significant change to the Practice in the coming year? YES NO

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

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 (C.I.G) 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 C.I.G'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
Registered in England No. 2774470

