



**PROPOSAL FORM FOR
SOLICITORS' PROFESSIONAL INDEMNITY INSURANCE**

Prime Professions Limited

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Prime Risk Solutions is a division of Prime Professions Limited which is an accredited Lloyd's Broker and is authorised and regulated by the Financial Services Authority.

IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

1. DISCLOSURE

All material facts must be disclosed to Insurers as part of the proposal before the insurance commences and throughout the period of Insurance. A "material fact" is any fact which the Insurer may reasonably wish to know in relation to their assessment of the risk, the exposure and in calculation of any appropriate premium. You must disclose all such facts whether or not a specific question has been included in this Proposal Form.

2. CONSEQUENCES OF NON-DISCLOSURE

Any failure to disclose material information which may influence Insurers will not entitle the Insurers to avoid all cover and claims (Clause 4.1 "No avoidance or repudiation" of the Solicitors Regulation Authority (SRA) Minimum Terms and Conditions (MT&C's)) for any element of the compulsory cover.

Insurers are entitled to seek reimbursement if you either omit or misrepresent any information (Clause 7.2 "Reimbursement" of the MT&C's). The Reimbursement Clause shall also apply should you either commit or condone any breach of the policy conditions or where there is dishonesty or fraud.

The MT&C's apply to the compulsory level of cover only, with Insurers being entitled to avoid cover and decline to pay claims for non-disclosure or misrepresentation of all material facts for any limits of indemnity arranged in excess of this unless you are advised to the contrary.

3. PRESENTATION

This Proposal Form must be completed in ink by an authorised individual, a Partner, Principal, Member or Director of the Proposer. All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's **HEADED** notepaper. Where available, brochures, standard terms of business and an example Rule 2 letter should be provided. Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

4. GUIDANCE

If you have any queries about the contents of this Notice, the remainder of this Proposal Form or any documents which you need to provide, you should seek advice from an insurance advisor in the first instance.

If you have insufficient space to answer any question, please provide additional details on the Practice's HEADED notepaper.

DEFINITIONS

DIVISION OF WORK

ADJUDICATION WORK

Defined as acting as a neutral third party engaged by disputing parties to provide a non-judicial resolution of their dispute which is, subject to the terms of any contract between the disputing parties, binding upon them, but excluding arbitration work.

AGENCY ADVOCACY WORK

Defined as all civil advocacy work, including attendance at a Court or Tribunal for the purpose of such advocacy, done on behalf of another insured Practice, but excluding any work done as a solicitor working as an agent or locum tenens in another Practice.

ARBITRATION WORK

Defined as any work done in the discharge or the purported discharge of the functions of an arbitrator in relation to an arbitration to which the Arbitrations Acts 1950-1996 apply.

CHILDREN WORK

Defined as applications made in relation to family proceedings as defined by section 8(3) of the Children Act 1989 and including Parts III and V of the Children Act 1989.

COMMERCIAL CORPORATE WORK INCLUDING WORK FOR PUBLIC COMPANIES

This covers all work relating to Public Limited Companies, including mergers and acquisitions, corporate insolvency, corporate trusts and taxation.

COMMERCIAL/CORPORATE WORK EXCLUDING WORK FOR PUBLIC COMPANIES

This covers all commercial and private company work, including mergers and acquisitions, corporate insolvency, corporate trusts and taxation.

CONVEYANCING - COMMERCIAL

Acting on the acquisition, sale or financing of freehold or leasehold property where the client is acting in the course of a business. This includes the drafting of leases and related documentation.

CONVEYANCING - RESIDENTIAL

Acting on the acquisition, sale or financing of freehold or leasehold property where the client is not acting in the course of a business.

DEBT COLLECTION - SMALL

Collection of undisputed or undefended debts not exceeding £10,000. Debt recovery work that involves a dispute including the defence of a debt action, should be classified as other litigious work.

DEBT COLLECTION - LARGE

Collection of undisputed or undefended debts exceeding £10,000. Debt recovery work that involves a dispute, including the defence of a debt action, should be classified as other litigious work.

EMPLOYMENT - CONTENTIOUS

Advising and acting on disputes between employer and employee which arise from statute and/or contracts of employment.

DEFINITIONS

EMPLOYMENT - NON-CONTENTIOUS

General employment advice to employers and employees, including corporate support on transfer of businesses, employee benefits and drafting of contracts of employment and staff handbooks.

ESTATE AGENCY, PROPERTY VALUATION AND PROPERTY MANAGEMENT

This covers property management, valuations and real estate agency carried out by the practice but does not include any separate business providing these services that is outside the regulation of the SRA.

EXPERT WITNESS WORK

Defined as work done in the capacity as an expert witness.

FINANCIAL ADVICE AND SERVICES REGULATED BY THE SRA

This covers all financial advice and services provided to private individuals, unincorporated bodies and companies where such work is regulated by the SRA as a designated professional body under The Financial Services and Markets Act 2000.

FINANCIAL ADVICE AND SERVICES WHERE YOUR PRACTICE HAS OPTED INTO REGULATION BY THE FINANCIAL SERVICES AUTHORITY

This covers financial advice and services provided to private individuals, unincorporated bodies and companies where such work is directly regulated by the Financial Services Authority under the Financial Services and Markets Act 2000.

IMMIGRATION WORK

Defined as advice and assistance on UK immigration and nationality law, including preparation for and representation before Immigration Adjudicators, Special Adjudicators, and any Tribunals or Courts of Justice up to but not including the Divisional Court, the Court of Justice of the European Union, the Commission on Human Rights of the Council of Europe, or the European Court of Human Rights.

LANDLORD/TENANT

Dealing with the exercise of contractual rights under a lease whether acting for a landlord or a tenant, including rights of enfranchisement, Landlord and Tenant Act 1954 claims, rent reviews, rights to manage, possession, and dilapidations. Does not include the creation/drafting of contractual rights.

LECTURING AND RELATED ACTIVITY WORK

Defined as work involving the preparation for, and the presentation of, lectures, seminars, training and tuition whether for the purposes of professional skills training, continuing education or otherwise, including the provision of written material for publication.

MEDIATION WORK

Defined as acting as a neutral third party engaged by disputing parties to assist them to resolve their dispute by negotiated agreement without resort to adjudication.

MENTAL HEALTH TRIBUNAL WORK

Defined as representation of patients detained under the Mental Health Act 1983 at hearings of the Mental Health Tribunal.

OFFICES AND APPOINTMENTS

This does not include appointment as an Officer or Director of a company but does include acting as a clerk to City Livery Companies, Dean and Chapters, Drainage Boards, Local Councils, Charities or School Governing Bodies, Diocesan Registrars, Archdeacon's Registrars or Provincial Registrars of the provinces of the Church of England in respect of work covered by an Ecclesiastical Fees Order; provided that any such offices and appointments are undertaken in the course of private legal practice.

PARLIAMENTARY AGENCY

Defined as all work done in the promotion of or opposition to primary or subordinate legislation.

TOWN AND COUNTRY PLANNING

Includes compulsory purchase, listed buildings and conservation areas work.

WELFARE WORK

Defined as advice and assistance about assessment of clients' entitlement to welfare benefits and for verifying an assessment by the Department of Work and Pensions or other benefit granting bodies such as Local Authorities.

FEE INCOME

OVERSEAS WORK

Gross fees derived from work done overseas and/or work done in the UK but relating to instructions received from and/or fees paid by clients overseas.

UK WORK

Gross fees derived from work done in the UK for clients based in the UK including overseas contracts involving occasional trips abroad.

PRACTICE DETAILS

SUCCESSOR PRACTICE

The definition of Successor Practice in the SRA Minimum Terms is complicated. You may be a Successor Practice even though you did not intend to take on the liabilities of another Practice when taking it over or merging with it and even if you specifically agreed that those liabilities would remain elsewhere.

Whenever a Practice ceases "being carried on as discreet business", there is potential for the Successor Practice clause to take effect.

You may become a Successor by holding out your Practice "expressly or by implication" as being the successor of or by incorporating the other Practice(s), by taking on the majority of the Principals in the other Practice as Principals in your Practice, by taking on at least one such Principal as a Principal when the majority have not become Principals in another Practice, by taking a Sole Practitioner or Recognised Body into your Practice as a Principal, or by taking on a Sole Practitioner as an employee after 31st August 2000.

If your Practice has done any of these things, at any time or is planning to do so, you may be a Successor Practice and should provide full details.

MERGER WITH A FIRM IN RUN-OFF

Since 1 October 2010 a firm which is ceasing in circumstances where another firm would otherwise become a Successor Practice, may elect, before cessation, to be insured under run-off cover provided that payment of the run-off premium is made in full prior to cessation. If your firm has merged or taken over a firm which is insured under such run-off cover, please provide full details of that firm's run-off insurance.

PROPERTY

BACK TO BACK TRANSACTIONS

A sale and purchase happening simultaneously on the same property, where the purchaser has no intention of occupying the property and is undertaking a quick turnaround sale.

1. PRACTICE DETAILS

a) Title of Practice:				
Establishment Date:		SRA Registration No:		
b) 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:				
c) Is your Practice a Limited Liability Partnership or a Company registered at Companies House?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
d) Is your Practice considering or intending to incorporate or convert to a Limited Liability Partnership during the next 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
e) Is the Practice considering becoming an Alternative Business Structure within the next twelve months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If 'YES' to e), please provide details on the Practice's HEADED notepaper.				
f) Address of the principal office:				
			Postcode:	
Telephone Number	Fax Number	Website	DX Address	
Name of person responsible for the Professional Indemnity Insurance	Email	Contact Telephone Number		
g) Do you have any other branch offices (including Overseas Offices) for which you are seeking cover?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If 'YES', please provide a schedule of these on the Practice's HEADED notepaper and explain how each office is supervised.				
h) Please provide details of all Prior Practice(s) and/or individual Partner(s), Principal(s), Member(s) or Director(s) where you are deemed to be the Successor Practice (please refer to Successor Practice definition). If insufficient space is available please provide additional details on the Practice's HEADED notepaper.				
Name of Practice(s)	Date of Establishment (DD/MM/YYYY)	Date of Succession (DD/MM/YYYY)	No. of Solicitors joining the Practice	Have any claims or circumstances been notified in the last 6 years?*
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
* If claims or circumstances have been notified please include figures within section 11 and provide up to date Qualifying Insurers Claims Summaries for each Practice.				
i) Has the Practice merged with or acquired any other firm since 1st October 2010, where that firm has elected to purchase run-off cover prior to the merger or acquisition and you are therefore not the Successor Practice to that firm?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If 'YES', please provide details of all the firm(s) acquired on the Practice's HEADED notepaper and attach proof of run-off cover.				
j) Does your Practice's HEADED notepaper refer to any Practice other than your own or any Prior Practice to which you have disclosed in question 1. h)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
k) Is the Practice planning any succession or merger with another Practice within the next 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If 'YES' to j)-k), please provide full details on the Practice's HEADED notepaper.				

2. SOLICITORS/PERSONNEL DETAILS

a) Please advise the following (if none, state ' NONE):	No. of Staff
Partners, Principals, Members or Directors (including salaried Partners held out as Partners)	
Assistant Solicitors (including qualified Consultants)	
Non Solicitor Fee Earning staff (including Fee Earning Trainees & Legal Executives)	
All other staff (including secretarial; excluding domestic, cleaning and catering staff)	
Total No. of Staff	

b) Please provide all information for every Partner, Principal, Member, Director, 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 solicitor's status:

Title (Mr/Mrs etc)	Solicitor's Full Name	Date of Birth (DD/MM/YYYY)	Solicitor's Status (Principal/ Assistant etc)	Full or Part-Time (less than 20 hours per week)	Roll No. (As shown on Practising Certificate)	Number of years practising since admission in England & Wales (excluding career breaks)

c) Is the firm a Legal Disciplinary Practice?

If '**YES**', please provide all information requested for every Partner, Principal, Member or Director who is **not** a solicitor:

Title (Mr/Mrs etc)	Solicitor's Full Name	Date of Birth (DD/MM/YYYY)	Role (e.g. HR/IT, Finance Director, Barrister, Legal Executive, Licensed Conveyancer etc)	Fee Earner Yes/No	Full or Part-Time (less than 20 hours per week)	Regulatory Body

d) Does any Partner, Principal, Member, Director, Assistant, Consultant or Employee also work for any other law firm or any other business?

YES NO

If '**YES**', please provide full details on the Practice's **HEADED** notepaper.

e) Has any Partner, Principal, Member, Director, Assistant, Consultant or Employee during the last 10 years:

i) ever had a Practising Certificate refused, withdrawn or suspended or been granted a Conditional Practising Certificate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ii) ever been reprimanded, fined or otherwise sanctioned by the Solicitors Disciplinary Tribunal?	YES <input type="checkbox"/> NO <input type="checkbox"/>
iii) had an award 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 <input type="checkbox"/> NO <input type="checkbox"/>
iv) practised in a firm that has been subject to an investigation, or intervention by any regulatory department of the Law Society or SRA?	YES <input type="checkbox"/> NO <input type="checkbox"/>
v) been brought before the Solicitors Disciplinary Tribunal, 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 <input type="checkbox"/> NO <input type="checkbox"/>

vi) been investigated by any other regulatory body other than the Law Society or SRA (e.g. FSA, Council of Licensed Conveyancers, ILEX)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
vii) had a civil or criminal judgment (other than minor traffic offences) against him/her?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
viii) acted as an intervening agent appointed by the Law Society or SRA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ix) taken over an intervened firm?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f) Has the Practice been the subject of any visit or enquiry from the Forensic Investigation Unit of the Law Society or SRA in the past three years or has notice of any proposed visit or enquiry been given?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
g) Has your Practice been the subject of a monitoring visit from the SRA in the last three years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' to e) - g), please provide details on the Practice's HEADED notepaper and include a copy of all reports issued by the Legal Ombudsman or the former LCS, CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/or any regulatory body.		

3. FEE INCOME

a) Please provide your gross fee income for the following accounting periods:					
Year Ending	Financial Year End (DD/MM/YYYY)	UK	USA/Canada	Elsewhere	Total
2008		£	£	£	£
2009		£	£	£	£
2010		£	£	£	£
2011 (Current Year)		£	£	£	£
Estimate for next 12 months		£	£	£	£
b) Does any one client, group of clients or any referral source generate 20% or greater of your annual fees?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' , please provide details of these clients or referrers, fees earned/percentage generated and the work undertaken on the Practice's HEADED notepaper.					
c) Does the Practice provide professional services for any client in which any Partner, Principal, Member or Director holds a Partnership/Directorship or has any other financial interest?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' , please provide full details on the Practice's HEADED notepaper including who carries out the work.					
d) Does the Practice provide legal advice via its website?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) Does your Practice outsource any legal, secretarial or other work?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' to d) - e), please provide full details on the Practice's HEADED notepaper.					
f) Has your Practice, or any Prior Practice, ever undertaken work in relation to selling or advising on any mortgage endowment policies since 1st April 1991?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
g) Has your Practice or any Prior Practice ever undertaken Financial Advice and Services?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' to f) - g), please complete the Solicitors' Financial Services Questionnaire available at www.primeprofessions.co.uk					

4. DIVISION OF WORK

Please indicate the percentage of your gross fees (to the nearest whole percent) for the last three Financial Years, where the main interest is:
(Definitions are detailed at the front of this Proposal Form)

Year Ending	2008/09	2009/10	2010/11
Acting as an Adjudicator, Arbitrator or Mediator	%	%	%
Agency Advocacy	%	%	%
Children Work, Mental Health Tribunal and Welfare	%	%	%
Commercial Litigation	%	%	%
Commercial/Corporate - excluding work for Public Companies	%	%	%
Commercial/Corporate - including work for Public Companies - Please provide details	%	%	%
Conveyancing - Commercial	%	%	%
Conveyancing - Residential	%	%	%
Criminal	%	%	%
Debt Collection (Small)	%	%	%
Debt Collection (Large)	%	%	%
Defendant Litigation (Insurers)	%	%	%
Employment (Contentious)	%	%	%
Employment (Non-Contentious)	%	%	%
Estate Agency, Property Valuation and Property Management	%	%	%
Expert Witness/Lecturing Work	%	%	%
* Financial Advice & Services regulated by the SRA	%	%	%
* Financial Advice & Services regulated by the FSA	%	%	%
Immigration	%	%	%
Intellectual Property including Patent, Trademark and Copyright - Please provide details	%	%	%
Landlord/Tenant (Non-Litigious)	%	%	%
Landlord/Tenant (Litigious)	%	%	%
Marine Litigation	%	%	%
Matrimonial/Family	%	%	%
Oaths and Affidavits and Notary Public	%	%	%
Offices & Appointments	%	%	%
Parliamentary Agency	%	%	%
Personal Injury - Claimant	%	%	%
Personal Injury - Defendant	%	%	%
Probate and Estate Administration	%	%	%
Town & Country Planning	%	%	%
Wills, Trust and Tax Planning	%	%	%
All other Litigious Work - Please provide details	%	%	%
All other Non-Litigious Work - Please provide details	%	%	%
TOTAL	100 %	100 %	100 %

* Please complete the Solicitors' Financial Services Questionnaire available at www.primeprofessions.co.uk

Solicitors Proposal Form June 2011.

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5. OVERSEAS WORK

a) Please indicate fees derived from each Overseas Office. (These figures must be included within the Overseas figures in question 3.a):

Overseas Office(s)	Last Accounting Period	Estimate for Next 12 Months
	£	£
	£	£
	£	£
	£	£

b) Is the Practice represented in any way in the USA or its territories and possessions or Canada? YES NO

If 'YES', please provide full details on the Practice's **HEADED** notepaper.

c) Please state the gross fees for the last Financial Year relating to fees paid by clients with a billing address in the USA or its territories and possessions or Canada, if none, state 'NONE'. £

Do you give Foreign Law advice?	Gross Fees from all Foreign Law advice in the past Financial Year	Do you give USA/Canada Law advice?	Gross Fees from USA/Canada Law advice in the past Financial Year
YES <input type="checkbox"/> NO <input type="checkbox"/>	£	YES <input type="checkbox"/> NO <input type="checkbox"/>	£

If you provide Foreign Law advice, please provide details of those clients and a brief description of the work undertaken and specify under which jurisdiction this work takes place on the Practice's **HEADED** notepaper.

6. COMMERCIAL WORK

Have you undertaken any Commercial Work in the last three Financial Years?

YES NO

If 'NO', then please go to section 7 - Litigation Work.

a) Type	Total Gross Fee Income in last Financial Year	
	Non-Public Companies	Public Companies
Mergers and Acquisitions	£	£
Debt Issuance/Securities	£	£
Project Financing	£	£
Pension Schemes	£	£
Tax	£	£
Insolvency	£	£
Regulation/Compliance	£	£
General Commercial	£	£
Other (please specify)	£	£

b) In respect of Mergers and Acquisition work, please confirm in the last Financial Year:

i) the gross fees generated from such work	£
ii) the highest deal value	£
iii) the average typical value	£

c) Please detail the five largest contracts over the last three Financial Years:

Area of Work	Public or Non-Public Company	Contract Value	Fees Earned	Year Completed
		£	£	
		£	£	
		£	£	
		£	£	
		£	£	

d) Has the Practice ever acted for the issuer of securities registered under the Securities Act of 1933 or Securities Act of 1934? YES NO

If 'YES':

i) what was the gross fee income received from this work in your last accounting period? £

ii) what percentage of these fees relates to Fortune 1000 companies? %

7. LITIGATION WORK

Have you undertaken any Litigation Work in the last three Financial Years? YES NO

If 'NO', then please go to section 8 - Personal Injury Work.

a) In the last six years, has your Practice, or any Prior Practice, accepted instructions for any group litigation and/or class actions or other group litigation, where you have acted for the:	Defendant		Claimant	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES', please provide full details on the Practice's HEADED notepaper.				
b) Over the last three Financial Years, what was the average size of settlement awarded?	£			
c) What was the largest settlement achieved in the last three Financial Years?	£			
d) What percentage of all litigation settlements in the last Financial Year were less than £50,000?	%			

8. PERSONAL INJURY WORK

Have you undertaken any Personal Injury Work in the last three Financial Years? YES NO

If 'NO', then please go to section 9 - Property Work.

a) What is your typical average and largest personal injury claimant settlement during the last Financial Year?	Average	Largest
	£	£
b) Please estimate the number of personal injury cases you currently have where the expected settlement exceeds £250,000		
c) Approximately how many claimant personal injury cases has the Practice dealt with during the last 12 months?		
d) Approximately what percentage of claimant personal injury cases have been rejected by the Practice during the last 12 months?	%	
e) What is the average current case count per full-time Fee Earner including Partners, Principals, Members or Directors?		
f) What percentage of your current cases have ATE Insurance?	%	

g) Please advise your claimant personal injury work by percentage:						
Clinical Negligence	Class Action	Road Traffic Act	Employers'/ Public Liability	Occupational Disease	Other	
%	%	%	%	%	%	
h) Please estimate the percentage of current claimant personal injury cases in each of the following categories:						
Small Claims		Fast Track		Multi Track		
%		%		%		
i) What percentage of your work is Trade Union Funded?				%		
j) Does the Practice undertake work or accept any referrals from Claims Management Companies or referral networks?				YES <input type="checkbox"/> NO <input type="checkbox"/>		
If 'YES', please provide a list of all organisations on the Practice's HEADED notepaper with details of the Practice's membership of each.						
k) Does the Practice vet personal injury cases for a third party?				YES <input type="checkbox"/> NO <input type="checkbox"/>		
If 'YES', please provide details on the Practice's HEADED notepaper.						
l) Have you reviewed all industrial disease scheme cases (including but not limited to vibration white finger, bronchitis and emphysema) and complied with the scheme deadlines for lodging claims?				YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		
m) Please provide the names of all ATE insurance providers you deal with or have dealt with in the last two Financial Years:						
n) Please provide details of any ATE insurance provider that you place more than 20% of your business with and specify the percentage in each case:						
Name of Insurance Provider				Percentage		
				%		
				%		
o) Have your files been audited or has an audit been proposed by any Underwriter or Funder?				YES <input type="checkbox"/> NO <input type="checkbox"/>		
If 'YES', please provide details on the Practice's HEADED notepaper and include copies of all correspondence relating to any audit or proposed audit.						
p) Do you receive or have you received in the last three years any commission or other financial incentive from any Insurer?				YES <input type="checkbox"/> NO <input type="checkbox"/>		
If 'YES', please provide details on the Practice's HEADED notepaper.						
q) Please provide a copy of any standard letter where you have advised clients about the choice of ATE Insurers and any commissions, financial incentives or similar that you receive.						
r) Do you use any particular provider for expert reports in more than 20% of your cases?				YES <input type="checkbox"/> NO <input type="checkbox"/>		
If 'YES', please provide details on the Practice's HEADED notepaper.						
s) Please state the number of Fee Earners who undertake or have undertaken personal injury work:				2008/09	2009/10	2010/11
Solicitors						
Other Qualified Fee Earners						
Non Qualified Fee Earners						
How many Fee Earners undertaking personal injury work are members of APIL?						

9. PROPERTY WORK

Have you undertaken any Property Work in the last three Financial Years?

YES NO

If 'NO', then please go to section 10 - Material Information.

a) Is the Practice accredited with membership to the Transaction Conveyancing Quality Scheme?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If the Practice is awaiting accreditation to the Transaction Conveyancing Quality Scheme please advise the date of your application to the scheme:			
b) Please state the number of Fee Earners in your Practice who undertake or have undertaken conveyancing work:	2008/09	2009/10	2010/11
Solicitors			
Other Qualified Fee Earners			
Non Qualified Fee Earners			
c) Residential Conveyancing	2008/09	2009/10	2010/11
Gross Fee Income	£	£	£
Approximate Number of Transactions			
Highest Capital Value	£	£	£
Average Typical Capital Value	£	£	£
Highest Loan Value	£	£	£
d) Commercial Conveyancing	2008/09	2009/10	2010/11
Gross Fee Income	£	£	£
Approximate Number of Transactions			
Highest Capital Value	£	£	£
Average Typical Capital Value	£	£	£
Highest Loan Value	£	£	£
e) Please advise the percentage of your residential conveyancing transactions that relate to the following:	2008/09	2009/10	2010/11
First Mortgages	%	%	%
Re-Mortgages	%	%	%
Buy to Let	%	%	%
f) Are all conveyancing transactions directly supervised by a Partner, Principal, Member or Director of the Practice?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If 'NO', please advise on the Practice's HEADED notepaper, who is responsible for the supervision process and how this works.			
g) What identity checks do you carry out on conveyancing clients?			
h) How do you comply with Lender requirements on verification of identity?			

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i) If you do not meet clients prior to a transaction, how do you establish identity?

j) What training is or has been provided on identifying mortgage fraud to Partners, Principals, Directors, Assistants, Consultants or Employees who undertake conveyancing work?

k) 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:	
i) identified?	
ii) reported to Lender Clients?	

l) In the last three Financial Years have more than 10% of your conveyancing instructions originated from any one development or from any one Client or Referrer, e.g. a Mortgage Broker, Developer, Financial Advisor, Estate Agent, Investment or Property Club?	YES <input type="checkbox"/> NO <input type="checkbox"/>
m) Has the Practice ever been removed from a Lender's panel?	YES <input type="checkbox"/> NO <input type="checkbox"/>
n) Over the last three Financial Years have you acted for multiple buyers of property in the same development or in the same building?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'YES' to l) - n), please provide full details on the Practice's HEADED notepaper.	

	Partners, Principals, Members or Directors only	Assistants, Consultants or Employees
o) Who is authorised to sign payment/cheque requisitions?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
p) Who is authorised to offer undertakings?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
q) Who is allowed to sign reports and/or certificates of title addressed to Lenders?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> * NO <input type="checkbox"/>
* Please provide details of authorised signatories who are not Partners, Principals, Members or Directors on the Practice's HEADED notepaper.		

r) Has the Practice received a request for information or the release of any files by or on behalf of any clients, including Mortgage Lenders, Introducers or their professional bodies or by the police in relation to:	
i) reviews of completed transactions?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ii) mortgage arrears, recovery or repossession actions?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'YES' to i) or ii), please confirm whether you have notified your Professional Indemnity Insurers and please provide full details on the Practice's HEADED notepaper.	

s) In the last twelve months on how many occasions has the Practice or any Prior Practice:	
i) advised on any Home Income Plans or Equity Release Plans? If none, state 'NONE'.	
ii) undertaken residential or commercial survey valuations for lending purposes? If none, state 'NONE'.	
Does the Practice plan to undertake the work described in i) or ii) in the next 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'YES', please provide details on the Practice's HEADED notepaper.	

t) Over the last three Financial Years:	2008/09	2009/10	2010/11
How many 'back to back' sales or purchases have you completed? (Please refer to definitions)			
Of 'back to back' sales or purchases reported to Lenders how many did the Lenders approve to proceed?			
Please provide the percentage of total conveyancing work coming from House Builders/Property Developers	%	%	%
u) Please provide the percentage of instructions accepted from or work introduced by:	2008/09	2009/10	2010/11
Prime Lenders	%	%	%
Secondary/Sub Prime Lenders	%	%	%
Intermediaries/Brokers/Packagers (Secured Lending with which could be Prime or Sub Prime with the instruction coming from a Broker or Intermediary)	%	%	%
Investment/Property Clubs	%	%	%
Other	%	%	%
v) Please provide a list of all Lenders you have acted for in the last three Financial Years, together with the number of completed transactions for each:			
Lender Name	2008/09	2009/10	2010/11

10. MATERIAL INFORMATION

a) Has your Practice or any Prior Practice ever been in the Assigned Risks Pool and/or has any Qualifying Insurer refused to offer your Practice or any Prior Practice terms for your Professional Indemnity Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
b) Have you ever been late in paying or failed to pay either a Professional Indemnity Insurance premium or policy excess?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
c) Has there been any significant change to or in your Practice in the last 12 months or do you expect any significant change during the next 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
d) Are there any areas of your Practice that need further explanation? (e.g. specific client base, specialist or niche field etc).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
e) Is there additional material information which you feel Insurers should be aware of? Please refer to DISCLOSURE on page 1 of this Proposal Form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If ' YES ' to a) - e), please provide details on the Practice's HEADED notepaper.			
f) Please provide the following information for the last three Financial Years:	2008/09	2009/10	2010/11
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)	£	£	£
g) Please attach a copy of the annual accounts for the Practice for the last two complete Financial Years.			
h) As at the date of this application, please confirm:			
i) The total fees outstanding to the Practice	£		
ii) The percentage of total outstanding fees that were billed more than 90 days ago	%		
iii) The total unbilled work in progress	£		

Solicitors Proposal Form June 2011.

Registered in England and Wales No. 5386956. Registered Office: 155 Fenchurch Street, London, EC3M 6AL

Prime Risk Solutions is a division of Prime Professions Limited which is an accredited Lloyd's Broker and is authorised and regulated by the Financial Services Authority.

11. CLAIMS INFORMATION

Please attach a copy of your current confirmed claims experience from all Qualifying Insurers or the Assigned Risks Pool for each policy period since 1 September 2000 for the Practice and any Prior Practice.

a) During the last 6 years has your Practice or any Prior Practice notified claims or circumstances to any Qualifying Insurer or the Assigned Risks Pool?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please state number of claims or circumstances for each of the years, if none state 'NONE' .	2005/06	2006/07	2007/08
Number of claims & circumstances			
b) Are you aware, after full enquiry:			
i) of any claim(s) having been made in the last six years against any Partner, Principal, Member or Director whilst in a previous Practice?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
ii) of any circumstances, allegations, shortcomings or expression of dissatisfaction including any criticism of the Practice's work in the last six years, which has led to or may result in any claim being made against the Practice or any Partner, Principal, Member, Director, Assistant, Consultant or Employee either past or present, whilst they were in the Practice, or in any previous Practice?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' to questions i) - ii), please provide full details on the Practice's HEADED notepaper including your opinion on both liability and quantum.			
iii) of any circumstances, incidents or claims reported by you or any Prior Practice in the past six years as a result of the dishonesty of any Partner, Principal, Member, Director, Assistant, Consultant or Employee of the Practice?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' , please provide details of all incidents on the Practice's HEADED notepaper including how the matter was resolved and the procedures in place to avoid recurrence.			
c) i) after full enquiry are you aware of any claims and/or circumstances and/or shortcomings that you have not notified to your previous and/or current Insurers?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
ii) are there any matters notified by your Practice or any Prior Practice to SIF or Qualifying Insurers or the Assigned Risks Pool which have not been accepted as an effective notification?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' , to i) or ii), please provide details on the Practice's HEADED notepaper.			

PLEASE NOTE THAT YOU ARE OBLIGED TO NOTIFY ALL SUCH MATTERS TO YOUR EXISTING INSURER UNTIL THE END OF THE PRESENT INDEMNITY PERIOD. FAILURE TO DO SO MAY ENTITLE INSURERS TO SEEK REIMBURSEMENT FROM YOU.

12. INSURANCE DETAILS

a) Limit of Indemnity Required	£	£		
b) Policy Excess Required	£	£		
c) Please provide details of your current Professional Indemnity Insurance ONLY if you are NOT a current Prime Professions' client:	Premium (excluding tax)	Limit of Indemnity	Current Insurer(s)	Current Broker
Primary Insurance	£	£		
Excess Layer Insurance	£	£		
Deductible in-fill Insurance	£	£		
Fee payable to Broker (if applicable)	£			

13. RISK MANAGEMENT

Please provide the name and status of the person responsible for risk management in your Practice:

Name:		Status:	
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Is the Practice LEXCEL accredited?

YES NO

If 'YES', please advise the date of accreditation and go to section 14 - Declaration.

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a) Does the Practice have a risk management strategy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b) Does the Practice analyse and/or review its complaints and claims record on a regular basis?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c) Does the Practice have a business continuity plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d) i) Does the Practice operate a firm wide diary system?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ii) How does the Practice monitor its diary system?	
e) Does the Practice have an email policy or any other formal guidelines for the use of emails?	YES <input type="checkbox"/> NO <input type="checkbox"/>
f) Does each department require a standard risk assessment to be carried out relative to each new instruction?	YES <input type="checkbox"/> NO <input type="checkbox"/>
g) Before accepting a new instruction are all new clients vetted and agreed by a Partner, Principal, Member, Director or Department Head?	YES <input type="checkbox"/> NO <input type="checkbox"/>
h) Does the Practice always use Client Care letters, Retainer letters or Engagement letters?	YES <input type="checkbox"/> NO <input type="checkbox"/>
i) Does the Practice have a formal conflict search procedure in place when opening new files?	YES <input type="checkbox"/> NO <input type="checkbox"/>
j) Are regular file audits undertaken in each department including Partners', Principals', Members' or Directors' files?	YES <input type="checkbox"/> NO <input type="checkbox"/>
k) Who is entitled to authorise payment from the Practice's client account?	

l) Is any individual authorised to sign cheques or process telegraphic transfers, or other transfers for over £25,000 as sole signatory from either the office or client accounts?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'YES', please give details including the name of the signatory, their position in the Practice and the limit of their authority:	

Name	Position	Limit
		£
		£
		£

m) Please give details of any accreditation standards	Investors In People	ISO	Other (please specify)
Date accreditation first received:			

14. DECLARATION

By signing this Proposal Form you consent to Prime Professions Limited using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us and/or Insurers, (which includes their re-insurers, legal advisers, loss adjusters or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/we have not omitted, suppressed or mis-stated any material facts which may be relevant to Insurers' consideration of this Proposal Form 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 agreed and throughout the period of insurance. I/We understand that the information I/we provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We understand that if my Practice acquires, merges with or absorbs another Practice during the period of insurance, Insurers will require similar information in relation to that Practice and may charge an additional premium.

Print Name 1:	<input type="text"/>	Print Name 2:	<input type="text"/>
Signature 1: (Partner, Principal, Member or Director)	<input type="text"/>	Signature 2: (Partner, Principal, Member or Director)	<input type="text"/>
On behalf of:	<input type="text"/>	On behalf of:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this Proposal Form. A signed original of the Proposal Form and all attachments are required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this Proposal Form, for the purpose of entering into a contract of insurance.

From time to time, we may disclose personal information (other than sensitive personal data) to other members of the Group. We or they may use that information to advise you of services which may be of interest to you. If you would prefer not to receive information, please contact an Account Executive at Prime Professions Limited.

15. CHECKLIST AND ENCLOSURES REQUIRED

a) Have you signed and dated the Proposal Form and any Supplementary Questionnaires?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
b) Have you attached a schedule of all circumstances and claims notified to Qualifying Insurers or the Assigned Risks Pool post 1st September 2000, by your Practice and any Practice(s) to which you are a Successor Practice?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
c) Have you attached a sheet of your current HEADED notepaper, crossed 'For Prime Professions'?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
d) Have you attached a copy of the annual accounts for the Practice for the last two complete Financial Years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
e) Have you attached all supplementary information on your HEADED notepaper?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
f) Have you attached a copy of all reports issued by the Legal Ombudsman or the former LCS, CCS or OSS, SRA, Forensic Investigation Unit, Disciplinary Tribunal and/or any other regulatory body?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
g) Have you attached a copy of any standard letter advising clients of the choice of ATE Insurer and any commission incentives or similar, that you receive?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
h) If you are a newly established Practice, have you included Curriculum Vitae for every Partner, Principal, Member or Director of the Practice and your business plan and cash flow statement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>