

This is a fillable PDF form. Please download or open the file directly in [Adobe Reader](#) to fill it out. Please type in your answers in the fields you wish to complete and save a copy for your records.

Please provide a full answer to every question and use supplementary sheets if necessary. The more information you give us, the more we will understand your Firm and be better able to negotiate with the insurer on your behalf.

Please read the note Duty to make a fair presentation of the risk before you complete this form. If in doubt as to the meaning of any question contained within the Proposal Form or any issues raised in the Declaration below, please contact your Broker

A Principal/Member/Partner/Director of the Firm must sign this form along with any supplementary sheets.

1 Your Firm's details

a All practising titles including associate nominee, alternative business structure and service companies

Please mark type against each: 'S' for Sole Practitioner, 'P' for Partnership, 'L' for Limited Liability Partnership (LLP), 'ABS' Alternative Business Structures and 'R' for Recognised Body.

	Type

b Where your Firm is a Partnership or LLP are any of the Partners/members Limited Liability entities? Yes No N/A
 If yes, please provide full details including their SRA ID on a separate page

c Firm's principal address

		Telephone	STD code	number
		Fax	STD code	number
		DX number		
		Email		
		Website		
		Mobile number		
		Date established	/ /	If less than 5 years please provide business plan and CVs for all Partners and Members
Professional Indemnity Contact		Mr/Mrs/Ms		
Solicitors Regulation Authority Firm ID number for all entities insured under this proposal for insurance				
Postcode				

d Do you have any US domiciled interests to be insured under this policy? Yes No
 For example – having a US office that is a subsidiary of a UK parent, or having a US registered address, would count as having a US domiciled interest, whereas providing services to a US client from a UK office (even if it requires you to visit the US) would not.

e Has the practice been approved or is intending to convert to an Alternative Business Structure? Yes No
 If yes, please forward a copy of your licence or details of when your application will be accepted.

2 Successor Practice (a)

Is any Insured a successor as defined in the Solicitors Regulation Authority's Minimum Terms & Conditions to any other Firm (e.g. by holding out, takeover, merger or employment of principals or staff)? Yes No

If you have answered yes, please provide full details.

3 Your Partner details

Please state number of staff:	2018 Full-Time	2018 Part-Time	2018 Full-Time	2018 Part-Time
Equity Partners/Principals/Members			Other fee earners	
Salaried Partners/Members			Other staff	

Please provide all information requested for every current Partner or Member of the Firm and full details of every former Partner or Member for the last 6 years, even if you are a Sole Practitioner.

	Roll number	Partner's full name	Current = C	Years as a Partner/	Date qualified	Place qualified
			Former = F	Member in the Firm		
1					/ /	
2					/ /	
3					/ /	

a References (e)

Does the Firm carry out full recruitment checks in respect of all employees and principals, including the taking up of written references, questions about an individual's claims record and enquiries as to whether they have any disciplinary record with, inter alia, any regulatory department of the Solicitors Regulation Authority or any other recognised body? Yes No

NB If you do not currently have any staff, would you be able to say yes to this question if and when you were to recruit? If yes, please tick yes above

If no, please provide details

4 General questions

Has the Firm or any prior Practice or any present or former Principals, Partners, Members, Directors, Consultants and employees thereof:

- a Been or is the subject of an investigation that has been upheld, or any investigation or intervention by any regulatory department of the Solicitors Regulation Authority, the Legal Ombudsman Service or any other recognised body? Yes No
- b Received a monitoring visit from the PSU? Yes No
- c Been or is the subject of a Financial Conduct Authority and/or Financial Services Authority (been or is the subject or part) investigation or proceedings commenced by the Financial Conduct Authority? Yes No
- d Previously been, or is currently the subject, to a Petition for Bankruptcy or Voluntary Insolvency Agreement or any other arrangement with creditors? Yes No
- e Ever been refused a Practising Certificate or granted a Conditional Practising Certificate or been the subject of a costs or penalty order or reprimand by the Solicitors Disciplinary Tribunal? Yes No
- f Ever been convicted of (or charged with but not yet tried for) any criminal offence involving fraud or dishonesty other than spent convictions? Yes No
- g Ever failed to meet any insurance premium, (including premium finance arrangements), run-off premium or excess contribution in full or in part? Yes No
- h Ever been declined Professional Indemnity Insurance by any insurer or referred to the Assigned Risks Pool? Yes No
- i Has there been a material change in the Firm in the last 3 years including, but not limited to, legal entity, nature of work or location? Yes No
- j Do you expect there to be any material change to or in your Firm in the coming year including, but not limited to, legal entity, nature of work or location? (i.e. converting to an LLP or Alternative Business Structures) Yes No

If you have answered yes to any of the above questions please provide details and reports where applicable.

k Is your business that of a Solicitors' Firm only? Yes No

If no, please provide details of any non-regulated business, e.g. separately constituted financial services adviser operating outside of the Solicitors Regulation Authority regulations.

5 Cover required

The statutory minimum cover is £2 million for a Partnership or £3 million for LLPs and other relevant recognised bodies. Are PLB your current Professional Indemnity intermediary? Yes No

If yes, please move to Question 6

If no, please provide details of your current insurance placement.

Total limit of cover	Excess	Premium Ex IPT	Insurer	Broker
£	£	£		
Renewal date				
/ /				

6 Certificates

a Does the Firm have a valid Employer's Liability Certificate? Yes No Expiry date / /

b Your quality standards: Is your Firm currently accredited with: Lexcel Yes No Date first granted / /

CQS Yes No Date first registered / /

7 Your gross fees

Please provide gross fees for the last three completed accounting periods and an estimate for the current year (excluding VAT):

	Year ending	England and Wales	USA/Canada*	Any other jurisdiction*	Total
Last annual accounting period	/ /	£	£	£	£
Estimated current year	/ /	£	£	£	£
Annual accounting period before last	/ /	£	£	£	£
Annual accounting period but two	/ /	£	£	£	£

*Please also provide full details of the clients and work on a separate page

■ The largest total fee that you have charged in the last 3 years £ ■ The average fee charged in the last 3 years £

Has the total Partner/Principal drawings or Members/Directors remuneration exceeded the firm's net profit in any of the last 3 years? Yes No
If yes, please provide the reasons and full details on a separate page

Please attach a copy of your latest completed annual accounts Attached

8 Type of work

Please provide a percentage breakdown of the gross fee income for the last accounting period into the following categories:

Criminal law	<input type="text"/>	%	Personal Injury	<input type="text"/>	%
Acting as arbitrator, adjudicator or mediator	<input type="text"/>	%	Debt collection (judgement debts over £10,000)	<input type="text"/>	%
Immigration	<input type="text"/>	%	Financial advice and services	<input type="text"/>	%
Employment	<input type="text"/>	%	Commercial	<input type="text"/>	%
Property selling and valuation	<input type="text"/>	%	Defendant litigious work for insurers	<input type="text"/>	%
Residential conveyancing	<input type="text"/>	%	Litigation and arbitration (other)	<input type="text"/>	%
Commercial conveyancing	<input type="text"/>	%	Other non-litigious	<input type="text"/>	%
Landlord and tenant	<input type="text"/>	%	Other low risk work*	<input type="text"/>	%
Wills, Trust & Probate	<input type="text"/>	%	Financial Institutions	<input type="text"/>	%
Matrimonial	<input type="text"/>	%	Total (must equal 100%)	<input type="text"/>	%

*Low risk work (40) includes, debt collection under £10,000, children, mental health tribunal, welfare, offices and appointments, administering oaths and taking affidavits, parliamentary advice, agency advocacy, lecturing and related activity, expert witness, town and country planning

9 Nature of work – Personal Injury (10)

a Please advise your current Personal Injury work by percentage: (d)

Clinical Negligence % Occupational Disease % All other Personal Injury e.g. RTA, Employers/Public Liability etc %

b Please estimate the percentage of Personal Injury work (Claimant) you currently have in each of the following categories: (i)

Small Claims % Fast Track % Multi Tracks %

c What was your average personal injury settlement over the last 3 years? (f) £

d What was your highest personal injury settlement over the last 3 years? (g) £

e Please provide details of individual cases settled or likely to settle in excess of £250,000

10 Nature of work – Conveyancing (12)

a Has the firm ever acted on any right to buy transactions where there has been a referral by an introducer? Yes No
If yes: How many? Please provide full details on letter headed paper

b Has the Firm's application been successful when applying for the Conveyancing Quality Scheme (CQS)? Yes No N/A
If no, please provide full details on letter head

c Please confirm average fee charged per conveyancing transaction £

d Has your Firm always complied with the Council of Mortgage Lenders handbook where appropriate? (e) Yes No N/A
If no, please provide full details on a separate page

e Has your Firm been asked by a lender to agree to more onerous terms and conditions than provided for in the CML Handbook? (f) Yes No
If yes, please provide full details on a separate page

11 Nature of work – Commercial (17)

- a Do you conduct commercial work for mergers and acquisitions? Yes No
- b Do you conduct commercial 'securities' related work? (c) Yes No
- c Do you conduct intellectual property work? (e) Yes No

If you have answered Yes to any of the above questions please provide full details on a separate page

12 Fraud prevention

- a Does your fraud prevention training include, as a minimum, information and control methods on the use of malware, vishing and phishing, impersonation, not to provide your PIN numbers or passwords, social engineering and scam methods typically used for external and internal fraud? Yes No

If no, will you implement one within 21 days? Yes No

- b To prevent e-mail hacking (whether against you or your clients) as a basis for intercepting and diverting funds, and to ensure your clients are aware of this threat and will cooperate with your risk mitigation measures, have you got a procedure that controls the validation of the client's account details and the authority required to make changes to these details? Yes No

If no, will you implement one within 21 days? Yes No

The recommended procedure includes Account details (sort code, account name and number) being exchanged with clients at the outset of the transaction and preferably in-person when you meet them (including your account details if you expect them to transfer money to you). Explaining that you will:

- a Only use the original details provided for funds transfer (in or out) and will not under any circumstances provide, confirm or accept any change in, or re-advice of, those account details without seeing the client in person or without abiding by a unique security arrangement for this purpose.
- b Not change your own bank account details.

13 Claims and circumstances

- a Has your Firm or any prior Firm made any claim or reported any circumstances in the last 6 years? Yes No

If yes, please complete the following years

Please provide details of all claims and circumstances for each of the following years of experience, including Firms referred to in Question 2

	Name of qualifying insurer/Assigned Risks Pool	No claims/circumstances	Claims/circumstances attached
2012–2013			
2013–2014			
2014–2015			
2015–2016			
2016–2017			
2017–2018			

Please attach to this form your current claims information provided by the above qualifying insurer(s) or the Assigned Risks Pool. If this is not yet available, please provide claims/circumstances details on the attached supplementary claims form.

- b Are there any matters notified by your Firm (or any predecessor Practice) to qualifying insurers or the Assigned Risks Pool including years where you have not reported any circumstances in respect of which rights have been reserved or the notification declined? Yes No

If yes, please provide full details on a separate page

- c Please give details of all claims and circumstances not already notified to your insurers that may give rise to a claim of which you are aware but not included in the above. If none, please tick

Date of claim/circumstance	Claimant's name	Type of work eg conveyancing, matrimonial etc.	Estimated cost of claim
/ /			
/ /			

Please confirm that all of the matters stated above will be notified to your current Professional Indemnity Insurers prior to expiry of your current cover. Yes No N/A

For additional information

Duty to make a fair presentation of the risk

Material information is information that would influence an Insurer in deciding whether a risk is acceptable and, if so, the premium, terms and conditions to be applied. Insurers cannot avoid or repudiate claims for the cover required under the minimum terms, but if they later find you have not disclosed something material they may charge an additional premium (if provided for in the policy) or, in the event of prejudice, seek recovery for the claim from you. For claims above the statutory limit, failing to disclose such information could result in the policy being rendered void so that claims would not be paid.

In addition, the Insurance Act 2015 sets out whose knowledge of material information you must disclose. As an organisation you will be deemed to know all material information that is known to your senior management and those responsible for arranging your insurance, and which should reasonably have been revealed by a reasonable search. Your search will need to include information which is held by other persons such as your agents, outside advisers (including lawyers and consultants), suppliers/service providers etc.

There are clearly limits to the search you, and we, can carry out. Please talk to your usual adviser if you are in any doubt about what information needs to be disclosed.

Declaration

I/We declare the following:

- 1 I/We understand that I/we have a legal duty to make a fair presentation of the risk to be insured and that failure in this duty could result in the policy being invalidated and/or any claims not being paid or not being paid in full.
- 2 All facts, provided within this proposal form, or provided separately as part of this application for insurance, are true or substantially true and any representations as to matters of expectation or belief are made in good faith.
- 3 I/We understand that any fraudulent suppression or fraudulent mis-statements of any material facts will be reported by Insurers to the Solicitors Regulation Authority.
- 4 I/We authorise any prior insurers of the Firm to release to PLB any information that they may require including all claims information which may be requested by insurers pursuant to this Proposal for Insurance
- 5 I/We understand that by submitting this proposal form I/we consent to the information being used by PLB and Insurers (including Underwriting Managers on Insurers behalf) for the purpose of providing insurance, underwriting, processing, claims handling and preventing fraud.
- 6 I/We acknowledge that, by submitting this Proposal, I/we hereby consent to insurers carrying out any enquiries into my/our financial standing (including, but not limited to, a credit search with one or more (licensed) credit reference or fraud prevention agencies) to check our your indemnity and credit status. Such enquires may be made either before or during the existence of the Contract of Insurance.
- 7 I/We acknowledge and agree that, by submitting this proposal, I/we hereby consent, in the event of the legal Firm carried on by me/us ceasing during or on expiry of any period of insurance provided by insurers, to PLB or insurers requesting and obtaining any information or data (including but not limited to personal data as defined by the Data Protection Act 1998) from relevant regulatory bodies (including but not limited to the Solicitors Regulation Authority, the Law Society, Solicitors Indemnity Fund and Solicitors Compensation Fund) and to PLB or insurers processing such data for purposes in connection with this insurance (including but not limited to providing run off cover in accordance with the Insurance Policy conditions and/ or regulatory requirements on such cessation).
- 8 I/We understand that completion of this proposal form does not bind the Insurer to a contract of insurance.
- 9 If any information provided as part of this application for insurance materially changes before a contract of insurance is concluded, I/we will immediately advise PLB or the Insurer.
- 10 I/We declare that by signing my/our name below I/we have the authority of all partners, members, directors, officers, board members and shareholders of the legal Firm to bind and commit each of them individually to comply with the terms of this policy of insurance.
- 11 Is any Partner, Director or Member aware, after enquiry, of any loss or claim or circumstance which may give rise to a loss being sustained or claim being made against or involving any person or persons to be included in this insurance, their predecessors in practice or any Partners, Directors or Members, where such has not been previously notified to past or present insurers?
Yes No
If yes, please provide full details on a separate sheet.

12 I/We understand that the information I/we provide will be passed to or used or other third parties (for example suppliers, underwriters or (re) insurers and other entities within their group of companies) located in the UK or any other country (which may not have equivalent data protection laws) for the purposes of providing our services to you, verifying credit information, developing our products and services, and to better understand our customers requirements (including the marketing of products and services which may include those of a third party), analytics and compiling statistical information.

Print name	Signature of principal/partner	Date					
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