

Solicitors Professional Indemnity Insurance Commercial Questionnaire

Areas of Commercial Work

Area	Gross Fees Non Public Companies	Gross Fees Public Companies
Mergers and Acquisitions	£ <input type="text"/>	£ <input type="text"/>
Debt Issuance / Securitisation	£ <input type="text"/>	£ <input type="text"/>
Project Financing	£ <input type="text"/>	£ <input type="text"/>
Pension Schemes	£ <input type="text"/>	£ <input type="text"/>
Tax	£ <input type="text"/>	£ <input type="text"/>
Insolvency	£ <input type="text"/>	£ <input type="text"/>
Regulation/Compliance	£ <input type="text"/>	£ <input type="text"/>
Other (Please Specify)	£ <input type="text"/>	£ <input type="text"/>

Largest Commercial Transactions

Please list the five largest matters over the last three years and fees earned in each case

Area of Work	Contract Value	Fees Earned	Year Completed	Public / Private Co?
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

Has the firm ever acted for the issuer of securities under the Securities Act 1933 or Securities Act 1934 Yes No

If YES, please state :

a. The fees received from this work in the last year £

b. What percentage of these fees relate to work undertaken for Fortune 1000 companies? %

I/We declare that to the best of our knowledge and belief the particulars and statements given in this form are true and complete. I/We understand that this form, together with the application, declaration, documentation and information supplied shall form the basis of the contract between the Practice and the selected Insurer.

This form must be signed by a Partner/Member/Director of the Practice

Signature

Name

Position Date

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