

## Solicitors Professional Indemnity Insurance Renewal Proposal Form 2019/20

### 1. NAME AND ADDRESS DETAILS

|   |  |                          |                             |
|---|--|--------------------------|-----------------------------|
| Practice Name   | <input type="text"/>   |                          |                             |
| Date Established  | <input type="text"/>   |                          |                             |
| Main Office Address   | <input type="text"/>   |                          |                             |
|   | <input type="text"/>   | Postcode                 | <input type="text"/>        |
| Telephone Number  | <input type="text"/>   | Fax No.                  | <input type="text"/>        |
| Date of original proposal form  | <input type="text"/> / <input type="text"/> / <input type="text"/> |                          |                             |
| Do you have any other offices, other than those declared in your original proposal form that you wish to cover? | Yes  | <input type="checkbox"/> | No <input type="checkbox"/> |

*If Yes, please provide details on a separate sheet. If there is no resident Partner/Member/Director at any of these offices, please identify the office concerned and explain how the office is supervised.*

### 2. PRACTICE FEES

|  |                      |
|--|----------------------|
| Please state the gross fees for the last completed financial year. | <input type="text"/> |
| Please state the gross estimated fees for the next financial year. | <input type="text"/> |

### 3. CLAIMS AND CIRCUMSTANCES

After making full enquiry of all Principals/Members/Directors and employees in your practice, are you aware of any circumstances, incidents or claims that have not been reported to your current or prior insurers (including any letters of complaint about your service or dispute as to outstanding fees)? Yes  No

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

After making full enquiry of all Principals/Members/Directors and employees in your practice, are you aware of any circumstances, incidents or claims that have been notified to your current or prior insurers but have not been accepted by insurers as a valid or effective notification? Yes  No

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

After making full enquiry of all Principals/Members/Directors and employees in your practice, are you aware of any circumstances, incidents or claims that have been notified to your current or prior insurers in the last 12 months? Yes  No

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

### 4. PREVIOUS INSURANCE

Have you ever failed to pay either your premium (including run-off premium) and/or any excess? Yes  No

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

Have you ever failed to pay or defaulted on a repayment where the premium was financed? Yes  No

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

## 5. SIGNIFICANT CHANGE

Have there been any significant changes to or in your practice in the last 12 months?

Yes  No

Significant change can mean, but is not limited to the following;

- A change in your work split by more than 10% of your overall turnover
- Any changes of claims reserves/payments since your previous application
- Any new or not disclosed SRA/SDT investigations or monitoring visits
- Any change in Partners/Directors/Staff

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

## 6. MATERIAL INFORMATION

Can you please confirm that there is no other new material information that may be relevant to this form such as, but not limited to, any of the following;

Yes  No

- Details of any member who practised in a firm which was subject to an investigation or intervention by the Law Society or SRA.
- Details of any member/Fee Earner who has had any disciplinary Issues (Inc Civil/Criminal Judgement, investigated by any other regulatory body other than Law Society)
- Confirmation that no member of the firm has been subject of a costs of penalty order/Award for inadequate professional service made against them.
- No Member/Fee Earner in the current policy period has been refused a practising Certificate or granted a conditional practising certificate.
- You are not considering a purchase of another Practice or the sale/run off of your Practice

*If any of the above applies, please provide details on a separate sheet.*

## 7. IMPORTANT NOTICE/DECLARATION

By signing this proposal form you consent to Inperio Limited using the information we may hold about you for the purpose of providing insurance or credit broking 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 or credit terms. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies insurance regulatory authorities, banks and credit referencing agencies. In the course of performing our obligations to you, this information may be disclosed to agents and service providers appointed by us and to insurers or lenders (which includes their re-insurers, legal advisors, 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 in respect of 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 fee) and to have any inaccuracies corrected.

I/We declare that the Statement and Particulars in this Proposal are true and that I/We have not mis-stated or suppressed any Material Facts. I/We agree that this Proposal, together with any other information supplied by Me/Us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration of these facts occurring before completion of the Contract of Insurance. Signing this Declaration does not bind the Proposer or Insurer to complete this insurance.

Signature

Name

Position  Date

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