

Freelance Solicitor Professional Indemnity Insurance Proposal Form 2020

1. Name and Address Details

Proposer's Full Name	<input type="text"/>		
S.R.A. Roll No.	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Country Qualified (RFL/REL)	<input type="text"/>	Date Qualified	<input type="text"/> / <input type="text"/> / <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"/>
Contact Email Address	<input type="text"/>		
Practice Website	<input type="text"/>		

Do you have any offices, other than the main office listed above, for which you are seeking cover?
 If Yes, please list the addresses on a separate sheet. If the Proposer is not resident at any of these offices, please identify the office concerned and explain how the office/post is supervised.

Yes No

2. Prior Practices

List the names of all Prior Practices to which the Proposer has assumed liability of.

Name of Practice	Date established	Date of succession
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have any of the Practices listed above reported any circumstances, incidents or claims in the last eight years?
 If Yes, please refer to Question 8 and disclose all details.

Yes No

3. Fee Income

Please list fee income for your last five financial years.

Financial Year	<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"/>
Gross Fees	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Please state your estimated fees for the next financial year.

£

Do you have an overdraft facility?

Yes No

If Yes: What is your overdraft limit?

£

What is the amount currently owing at the date of this Application?

£

Does you have any other loans or borrowings from third parties?

Yes No

If Yes: What is the total amount of loans or borrowings outstanding at the date of this Application?

£

Please enclose a copy of your latest accounts.

Is any proportion of your fee income derived from Clients domiciled outside of the United Kingdom?
 If Yes, please provide details of the Client(s) and the work undertaken on a separate sheet.

%

Does anyone Client or group of Clients generate 20% or more of your annual fees?
 If Yes, please provide details of the Client(s) and the work undertaken on a separate sheet.

%

Fee Income (Cont.)

Please state the percentage of gross fees that arise from the categories of Clients listed below:

- | | | |
|---|----------------------|---|
| a) Public Limited Companies (Takeover & Merger & Share Issue work only) | <input type="text"/> | % |
| b) Merchant Banks, Finance Houses, Hire Purchase Companies and Credit Sales and other entities providing Finance (other than Building Societies) | <input type="text"/> | % |
| c) Property Developers or Property Investment Companies (including their commercial conveyancing) | <input type="text"/> | % |
| d) Sub-Prime Lenders | <input type="text"/> | % |
| e) Insurance Brokers, Insurance Companies, Underwriting Agencies and similar organisations (other than handling of claims under insurance policies) | <input type="text"/> | % |
| f) All other clients | <input type="text"/> | % |

4. Current Insurance Cover

Have you ever failed to pay any Insurance Premium, or excess, or ever defaulted on a repayment where the Premium was financed?

Yes No

If Yes, please provide details on a separate sheet.

Has any Insurer refused to offer you terms for Professional Indemnity Insurance?

Yes No

If Yes, please provide details on a separate sheet.

If you are not a Client of Inperio please provide details of your current professional indemnity insurance:

Current Insurer	<input type="text"/>	Limit of Indemnity	<input type="text"/>
		Premium	<input type="text"/>
Current Broker	<input type="text"/>	Excess	<input type="text"/>
		Aggregate Excess?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Limit of Indemnity Requested

Limit of Indemnity Excess Aggregate Excess? Yes No

5. Practising Certificate

Have you ever:

Been refused a practising certificate? Yes No

Been granted a conditional practising certificate? Yes No

Been the subject of a costs or penalty order? Yes No

Been reprimanded by the Solicitors Disciplinary Tribunal (SDT)? Yes No

Practised in a firm subject to an investigation or intervention by the Law Society or Solicitors Regulation Authority (including OSS & CSS)? Yes No

Had an award for inadequate Professional Service made against you by the Legal Complaints Service (formerly OSS/CSS)? Yes No

Had a civil or criminal judgement against you? Yes No

Been investigated by any other regulatory body other than the Solicitors Regulation Authority (e.g. FCA)? Yes No

If the answer to any of the above is Yes, please provide full details and include a copy of all reports issued by the relevant body.

6. Risk Management

What Legal Services Commission Quality Mark or other quality standards, e.g. LEXCEL or Investors in People are you currently accredited with? Yes No

Please specify:

Has a Legal Services Commission Quality Mark ever been withdrawn? Yes No

If Yes, please provide details on a separate sheet.

Do you personally check all incoming post? Yes No

Do you carry out regular audits/reviews on all active files? Yes No

Do you have documented procedures in place for client vetting and identifying conflicts of interest? Yes No

Do you operate a centralised/departmental diary system with appropriate electronic/manual back up? Yes No

Do you make regular checks to ensure that the diary system in which all key dates are entered is being adhered to? Yes No

Do you have a time recording system? Yes No

Please confirm that all Solicitors' undertakings are always confirmed in writing and recorded on file. Yes No

Do you have a formal money laundering policy? Yes No

If No, please provide details on a separate sheet.

Do you always receive written confirmation when money is transferred electronically? Yes No

If No, please provide details on a separate sheet.

Do you operate a Client account? Yes No

If yes, who is entitled to authorise payments from the Client account?

Who is authorised to give undertakings on behalf of the firm?

What is the average number of live files?

How often is the Client account taken to trial balance?

In the last six years has the Law Society or Solicitors Regulation Authority qualified the Proposer's accounts or has the Proposer been the subject of an inquiry/investigation as a result of a breach of the Solicitors Accounts Rules? Yes No

If Yes, please provide details on a separate sheet.

Do you provide legal services via the internet or transact business via internet forums? Yes No

Do you have an email or internet security policy? Yes No

If No, please provide details on a separate sheet.

7. Areas of Practice

Please provide the percentage of gross fees allocated to each Area of Practice for the previous three years or, an estimated percentage for the coming year if you are a new start.

	Last Year %	Prior Year %	Two Years Prior %		Last Year %	Prior Year %	Two Years Prior %
Administering oaths, taking affidavits and notary public				Matrimonial			
Agency Advocacy				Mergers & Acquisitions work (non Securities related)			
Arbitration, Adjudication and Mediation				Non-litigious work not in any other category			
Children, Mental Health Tribunal and Welfare				Offices & Appointments			
Commercial Litigation				Other litigious work not in any other category			
Commercial work (excluding work related to Public Companies)				Parliamentary Agency			
Conveyancing – Commercial				Personal Injury (Claimant)			
Conveyancing – Residential				Personal Injury (Defendant)			
Criminal Law				Probate			
Debt Collection				Property Selling, Valuations & Property Management			
Defendant – Litigious work (Insurers)				Town & Country Planning			
Employment – Litigious				Wills, Trusts and Tax Planning			
Employment – Non-Litigious				If you indicate a percentage in any of the areas below, please provide details on a separate sheet.			
Estate Administration				Commercial work for Public Companies			
Immigration				Financial Services where you are regulated by the FCA			
Landlord and Tenant – Litigious				Intellectual Property including patent, trademark and copyright			
Landlord and Tenant – Non-Litigious				Other – Please provide details			
Lecturing & related activities and Expert Witness work				TOTAL MUST EQUAL 100%			

Have you/do you intend to carry out any activities where no fees are charged? Yes No

Do you provide management services or investment advice to any entertainment Clients or sporting professionals? Yes No

In the last six years, have you/do you intend to accept instructions for any class actions or any other group litigation? Yes No

If Yes, to any of the above please provide details on a separate sheet.

Have you carried out conveyancing services in the last three years or intend to do so? Yes No

If Yes, please complete a conveyancing questionnaire.

8. Personal Injury

If the Proposer has carried out Personal Injury work in the last three years, please provide the following details:

	Last Year	Prior Year	Two Years Prior
Small Claims	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fast Track	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Multi Track	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Have you ever accepted referrals from claims management companies, referral networks or their agents? Yes No

If Yes: Approximately how many personal injury cases (from claims companies) have you undertaken in the last five years?

What was your average personal injury settlement over the last 12 months? £

What was your highest personal injury settlement over the last 12 months? £

Have you ever operated an After the Event Insurance binding authority on behalf of an insurance company? Yes No

If Yes, please provide details below.

Name of Insurer	Number of Policies Issued			Number of Live Policies
	Last Year	Prior Year	Two Years Prior	
<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"/>

Please continue on a separate sheet should you require additional space.

9. Claims and Circumstances

Has the Proposer ever been responsible for any Circumstance, Incident or Claim reported to any Professional Indemnity Insurer in the following years

Insurance Years

2012 – 2013	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2016 – 2017	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2013 – 2014	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2017 – 2018	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2014 – 2015	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2018 – 2019	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2015 – 2016	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2019 – 2020	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answer to any of the above is Yes, please provide up to date claims information from those Insurers for all circumstances, incidents or claims reported and any Practice to which you succeeded.

After making full enquiry, are you aware of any circumstances, incidents or claims that you have not reported to your current or any prior Insurers? Yes No

Have any circumstances, incidents or claims reported by you or any Prior Practice in the last ten years arisen as a result of dishonesty? Yes No

After making full enquiry are you aware of any circumstances, incidents or claims that have been notified to your current or prior insurers but have not been accepted? Yes No
If Yes, please provide details on a separate sheet.

10. Other Material Information

Has there been any significant change in the last year or do you expect any significant change in the coming year? Yes No

Is there any other material information that may be relevant to this application? Yes No
If Yes, to either of the above please provide details on a separate sheet.

If you are in any doubt as to what constitutes a material fact please contact us.

11. Important Notice / Declaration

By signing this Proposal Form you consent to Inperio (London) Ltd 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 obligations to you, this information may be disclosed to agents and service providers appointed by us and to insurers, (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 2018. 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 declare that the Statement and Particulars in this Proposal are true and that I have not mis-stated or suppressed any Material Facts. I agree that this Proposal, together with any other information supplied by me shall form the basis of any Contract of Insurance effected thereon. I 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

Inperio (London) Limited

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