



specialist professional indemnity insurance brokers

Solicitors PII Proposal Form

1. Firm Details

a) Please provide all practicing titles including all entities for which you are seeking cover:

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| |

b) Address (es):

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| |

c) Key Details:

| | |
|---------------------------------------|--|
| i. Main Office SRA Number | |
| ii. Date Established | |
| iii. Telephone Number | |
| iv. Website Address | |
| v. Primary Contact and E-mail Address | |

2. Practice Mergers/Acquisitions and Structure

a) Is the Practice a successor to any other Practice (as defined in the SRA's Minimum Terms & Conditions)? If 'YES' please supply full details

YES NO

b) Is the Practice planning any succession or merger with another Practice within the next 12 months? If 'YES' please supply full details

YES NO

c) Has the Practice been approved as an Alternative Business Structure (ABS) or does the Practice have any plans to become an ABS? If 'YES' please supply full details

YES NO

3. Staff Details

a) Please advise the total number of staff:

| | Full Time | Part Time | | Full Time | Part Time |
|---------------------------|-----------|-----------|-------------------|-----------|-----------|
| Equity Partners/Members | | | Legal Executives | | |
| Salaried Partners/Members | | | Other Fee Earners | | |
| Solicitors & Consultants | | | Other Employees* | | |

* Excluding cleaning, maintenance and other manual employees

b) Please provide details of every solicitor in the Practice under the following headings:

| Full Name of Solicitor | Date of Birth | Status - Equity Partner/Member/Director, Salaried Partner/Member/ Director, Assistant, Associate or Consultant | Full (FT) or Part-time (PT) | Roll Number | Year of Admission in England & Wales |
|------------------------|---------------|--|-----------------------------|-------------|--------------------------------------|
| | | | | | |
| | | | | | |
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|---|---|
| c) Has any Partner, Principal, Member, Director, Assistant, Consultant or Employee during the last ten years: | |
| i. been or is the subject of an investigation that has been upheld, or any investigation or intervention by any regulatory department of the SRA, the Legal Ombudsman or any other | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ii. ever been refused a Practising Certificate or granted a Conditional Practising Certificate or been the subject of costs or penalty order or reprimand by the Solicitors Disciplinary Tribunal? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| iii. ever been convicted of (or charged but not yet tried for) any criminal offence involving fraud or dishonesty other than spent convictions? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| iv. ever failed to meet any insurance premium (including premium finance payments), run-off premium or excess contribution in full or in part? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| v. previously been, or is currently the subject to a Petition for Bankruptcy or Voluntary Insolvency Agreement or any other arrangement with creditors? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

4. Fee Income and Work Undertaken

| | | | | | |
|--|--|--|--|--|--|
| a) Please provide your gross fee income for the following accounting periods: | | | | | |
| | Financial Year End (DD/MM/YYYY) | UK | USA/Canada | Elsewhere | Total |
| Estimated Current Year | | | | | |
| Last Completed Year | | | | | |
| Accounting Period before Last | | | | | |
| b) Please provide the following information for the last two financial years and an estimate for the current financial year: | | | Financial Year End (DD/MM/YYYY) | Financial Year End (DD/MM/YYYY) | Financial Year End (DD/MM/YYYY) |
| i. Insert date of Financial Year End | | | | | |
| ii. Operating/Admin expenses (excl. Partner drawings/salary) | | | £ | £ | £ |
| iii. Net profit/(loss) after tax and before drawings | | | £ | £ | £ |
| iv. Total Partner/Principal drawings or Member/Director Remuneration | | | £ | £ | £ |
| v. Net worth of the Practice (total assets less total liabilities) | | | £ | £ | £ |
| c) Please indicate the percentage of your gross fee income (to the nearest whole percent) for the last complete financial year, where the main interest is: | | | | | |
| Acting as an Adjudicator, Arbitrator or Mediator | % | Immigration | | | % |
| Agency Advocacy | % | Intellectual Property, Patent, & Trademark | | | % |
| Children Work, Mental Health Tribunal or Welfare | % | Landlord/Tenant (Non-Litigious) | | | % |
| Commercial Litigation | % | Landlord/Tenant (Litigious) | | | % |
| Commercial/Corporate – excluding work for Public Companies | % | Marine Litigation | | | % |
| Commercial/Corporate – including work for Public Companies | % | Matrimonial/Family | | | % |
| Conveyancing - Commercial | % | Oaths, Affidavits & Notary Public | | | % |
| Conveyancing - Residential | % | Offices & Appointments | | | % |
| Criminal | % | Parliamentary Agency | | | % |
| Debt Collection | % | Personal Injury | | | % |
| Defendant Litigation (Insurers) | % | Probate & Estate Administration | | | % |
| Employment | % | Wills, Trust & Tax Planning | | | % |
| Expert Witness/Lecturing Work | % | All other Litigious Work | | | % |
| Financial Advice and Services | % | All other Non-Litigious Work | | | % |
| TOTAL | | | | | 100% |

5. PROPERTY WORK

| a) Has the Practice undertaken any Residential and/or Commercial Conveyancing Work in the last six financial years? | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|---------|--------------------------|---------|---------|-------------------------|------------------------------|-----------------------------|
| If 'YES' please advise the total percentage of fee income received from Residential and Commercial Conveyancing in each of the following financial years: | | | | | | | |
| Financial Year | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | |
| Residential | % | % | % | % | % | % | % |
| Commercial | % | % | % | % | % | % | % |
| Total | % | % | % | % | % | % | % |
| b) In the last financial year, please advise the: | | Residential Conveyancing | | | Commercial Conveyancing | | |
| i. Approximate Number of Transactions | | | | | | | |
| ii. Highest capital value | | £ | | | £ | | |
| iii. Average capital value | | £ | | | £ | | |

6. FRAUD PREVENTION

| | | |
|---|--|------------------------------|
| a) Has the Practice implemented written procedures and training processes to: | | |
| i. raise and maintain awareness of current trends and methods of financial crime (e.g. mortgage, property, banking and identity fraud etc.) and put in place controls to mitigate losses? | | YES <input type="checkbox"/> |
| ii. ensure that all personnel are instructed never to disclose security details (passwords, codes, usernames etc.) to any third party by telephone, letter, email or in any other manner? | | YES <input type="checkbox"/> |
| iii. ensure that due diligence checks are always completed before remitting funds regarding the source and destination of the funds? | | YES <input type="checkbox"/> |

7. CLAIMS INFORMATION

| a) During the last six years, has the Practice or any prior Practice notified claims or circumstances to any Qualifying/Participating Insurer or the Assigned Risks Pool? | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|---------|---------|---------|---------|---------|------------------------------|-----------------------------|
| Policy Period | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | |
| Please state the number of claims or circumstances for each policy period. If none state 'NONE'. | | | | | | | |
| Name of Insurer | | | | | | | |
| b) Are there any matters notified by the Practice (or any predecessor Practice) to Insurers or the Assigned Risks Pool where rights have been reserved by Insurers or the notification declined? | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c) Are there any matters AFTER ENQUIRY which could give rise to a claim which have yet to be notified to Insurers? | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d) Are you aware of any other Material Information that may affect your application to Insurers? | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If you have answered 'YES' to any question in Section 7, please supply full details. | | | | | | | |

8. INSURANCE

| a) Please provide details of your current insurance arrangements: | | | | | |
|---|--------|---------|--------------|---------|--------|
| Limit of Indemnity | Excess | Premium | Renewal Date | Insurer | Broker |
| £ | £ | £ | | | |

9. DECLARATION

It is your duty to make a fair representation of the risk to Insurers in accordance with Section 3 of the Insurance Act 2015.

You must:

- a) disclose to Insurers every material circumstance which the proposer knows or ought to know. Failing that the proposer must give the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent Insurers as to whether to accept the risk, and if so on what terms;
- b) make the disclosure in a) above in a reasonably clear and accessible manner;
- c) ensure that every material representation of fact is substantially correct and that every material representation as to a matter of expectation or belief is made in good faith.

Failure to do so may prejudice your rights in respect of a claim.

Under the Solicitors Regulatory Authority Minimum Terms & Conditions, any failure to make a fair representation of risk will not entitle the Insurer to avoid all cover and any element for the compulsory level of cover. However, the Insurer is entitled to seek reimbursement from you if you omit or misrepresent information or if you commit or condone any breach of the policy conditions or where there is dishonesty or fraud.

I/We declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that by giving the Insurer sufficient information to put a prudent Insurers on notice that it needs to make further enquiries in order to reveal material circumstances.

I/We agree that if I/we become aware of any claim and/or circumstance on or before our current policy/policies renewal date I/we will duly notify our current Insurer and ULP of the same. I/We further agree to notify ULP of any changes to the information herein and understand that such changes may result in Insurers withdrawing their quotation and/or amending the same.

DATA PROTECTION

ULP will process your data in accordance with relevant data protection legislation. Your data will be passed to Insurers so that they can assess and provide you with Quotations and cover (where required), to administer any Insurance cover and may be used in the event of a claim being made. Wherever it is processed, your data will be protected in the appropriate manner.

If you provide us with any information which constitutes 'Personal Data' (including 'Sensitive Personal Data' or 'Special Category Data'), we will treat such information at all times in accordance with the General Data Protection Regulation. ULP may hold and process such information (i) in order to provide a service to you; (ii) to facilitate the effective management and operation of our business; (iii) to comply with applicable laws, prevent and deter fraud and comply with our regulatory requirements. Our full privacy notice can be found at <http://www.ulpltd.co.uk/privacy>.

This form must be signed by a Partner, Principal, Member or Director BUT where the Practice has two or more Partners, Principals, Members or Directors then two signatories are required

| | |
|-----------|-----------------------|
| Signature | Print Name and Status |
| | Date |
| Signature | Print Name and Status |
| | Date |