



PROPOSAL FORM FOR SOLICITORS

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1. Title of Firm

2. Profession(s) / Business(es) of Practice / Firm

3. a) Date of Commencement of current practice(s) / firms: _____

b) Date of Commencement and cessation of former practice(s) / firms: _____

c) Reason for cessation of former practice(s) / firms: _____

4. Address(es) of Practice(s)

Postcode:	Postcode:
Telephone:	E-mail:
Fax:	Website:
Mobile:	

5.

Names in full of all partners/principals and consultants	Age	Qualifications	Date Qualified	How long a partner in this practice	How long as partner/principal

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6. Is the cover in respect of past work for any partner / principal who has left, retired or died? **Yes / No**

If **yes**, please give the following:

Full Name	Position	Qualifications	How long in employment with this practice

7. Total number of:

Partners/Principals [] System Analysts []

Qualified Staff [] Typists/Office []

8. Has the practice previously been insured for professional Indemnity? **Yes / No**

If **yes**, please complete:

Name of Insurers:			
Premium:			
Indemnity Limit:		Excess of £	each and every claim
Date of expiry of coverage:			

9. Please state the firms gross fee income for the past five year period

			Last Complete year	Current Year Estimate	Forthcoming Year Estimate
Year End	/ /	/ /	/ /	/ /	/ /
Commission plus Fees from UK clients	£	£	£	£	£
Commission plus Fees from overseas Clients (Exc. USA/Canada)	£	£	£	£	£
Commission plus Fees from USA/Canada Clients	£	£	£	£	£
Total Commission plus fees	£	£	£	£	£
Average Commission plus Fee per client	£	£	£	£	£

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10. Do you expect any significant changes to this in the coming year? **Yes / No**

If yes, please provide details:

11. Are the firms gross fees declared and type of work undertaken broadly representative of the past three years and your estimate for the coming year? **Yes / No**

If no, please provide details:

12. Please complete the table below to indicate what percentage of your gross fees arise form each category.

Area of Practice	%	Area of Practice	%
Town and country planning		Marine litigation	
Employment work		Matrimonial work	
Immigration work		Commercial work including all company work (securities related)	
Adjudication work		Commercial work including all company work (non-securities related)	
Landlord and tenant work		Criminal law work	
Agency advocacy work		Conveyancing work -commercial	
Property selling and valuation		Conveyancing work – residential	
Defendant insurer litigation		Non-litigation –other	
Arbitration work		Personal injury work	
Lecturing and related work		Oaths and affidavits	
Litigation -other		Officers and appointments	
Children work		Parliamentary agency	
Debt collection -£10, 000 and over		Debt collection – Under £10,000	
Mediation work		Mental Health tribunal work	
Intellectual property work		Trademark work	
Patent work		Copyright work	
Merges and/or acquisition			

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13. If you are involved in intellectual property, patent, trademark or copyright work. Please give a full description of activities.

14. Does your firm carry out structural surveys or formal valuations, if so, please provide the names and details of all principals/ Consultants and employees who do so.

Name	Qualifications

15. Has the firm ever:

Been subjected to an investigation which has been upheld by the OSS.	Yes / No
Any investigation or intervention by any regulatory department by the law society.	Yes / No
Applied to the law society for a waiver of the SIF contribution	Yes / No
Been refused a practising certificate or granted a conditional practising certificate or been the subject of a cost or penalty order or reprimand by the Disciplinary Tribunal	Yes / No
Been subject to a petition for bankruptcy or voluntary insolvency agreement	Yes / No
Been convicted of (or charged with but not yet tried for) any criminal offence of fraud or dishonesty other than in respect of a spent conviction	Yes / No
Failed to meet any insurance premium payment or excess contribution	Yes / No
Been declined professional indemnity insurance by any insurer or referred to the Assigned Risk pool	Yes / No

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16. Please give details of any claims made against you together with any losses suffered by you in respect of ANY of the activities mentioned in this proposal form. This includes past or present Principal / Director /Partners.

Date of claim/ loss	Brief details of each claim/ loss	Cost of claim/ loss	Estimated cost of claim/ loss outstanding

17. What compliance and training has been put in place to avoid a recurrence?

18. Are any Principal/ Director/ Partner aware of any circumstance that may:

- a) Give rise to a claim against you, a predecessor or any past or present Principal / Director /Partner. **Yes/No**
- b) Cause any loss to you, any predecessor or past Principal/Director/Partner. **Yes/No**
- c) Otherwise affect the consideration of this proposal for insurance? **Yes/No**

If you answered yes to any of the above, please provide details:

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19. Which of the following Legal Aid Franchises do your firm currently hold:
(please tick all appropriate)

Consumer		Debt	
Immigration		Mental Health	
Matrimonial		Employment	
Crime		Personal Injury	
Housing		General Contracts	
Welfare benefits			

20. Does the firm hold any accreditation such as:

Investors in people	Yes / No
ISO9002	Yes / No
Lexcel	Yes / No
ISO9000	Yes / No

21. Please answer the following questions:

Is the firm regularly audited from an independent source?	Yes / No
Is the firm regulated by the Financial Services Authority?	Yes / No
Does the firm have clearly defined and documented procedures for the screening of clients?	Yes / No
Does the firm offer advice and/or transact business over the internet?	Yes / No
If yes, are security checks carried out and disclaimers used?	Yes / No
Is each new matter screened to ensure no conflict of interest exists?	
Does the firm have policies and procedures set up to inform clients of progress, and do you confirm all advice in writing?	Yes / No
Does the firm have clear procedures laid down for the allocation, delegation and supervision of work?	Yes / No
If yes, have these rules ever been ignored?	Yes / No
Does the firm have policies established that emphasis the importance of researching, identifying, recording and complying with contractual, statutory and procedural time limits and ensure compliance with them?	Yes / No

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22. Does the firm use an engagement letter for each new matter which:

Identifies the client **Yes / No**

Confirm the instructions received **Yes / No**

Sets out the scope of the retainer **Yes / No**

States what is expected of the client **Yes / No**

Includes an outline of the proposed schedule for the new matter **Yes / No**

Complies with Rule 15 requirements regarding costs information and client Care **Yes / No**

23. Does the firm provide a service that might reasonably be regarded as unusual for a firm of solicitors to provide? **Yes / No**

If yes, please provide details

24. Because signatures are not widely available via the E-mail, (ie, scanning) a No Claims Declaration will need to be signed and all terms will be subject to this.

Is this acceptable **Yes / No**

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I/We declare that the statements 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 to these facts occurring before completion of the Contract of Insurance. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Professional Insurance Agents Limited' to seek terms on my/our behalf from Insurers including current Insurer's if any.

Signed: _____

Date: _____