

TLDallas
Insurance since 1919

**SOLICITORS PROFESSIONAL
INDEMNITY INSURANCE**

APPLICATION FORM

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PROFESSIONAL INDEMNITY INSURANCE FOR SOLICITORS APPLICATION FORM



Please provide a full answer to every question. Useful definitions are enclosed and should be read in conjunction with this form. A Principal / Member of the practice must sign and date this form and any separate sheets. Please include with this form a sheet of your current HEADED NOTEPAPER, which can also be used to supplement areas where you may have insufficient space to answer a question.

1. Name and address details

Practice name	Solicitors Regulation Authority Registration Number
<input type="text"/>	<input type="text"/>
Main office address	Preferred mailing address if different from main office address
<input type="text"/>	<input type="text"/>
Date established	Practice website
<input type="text"/>	<input type="text"/>
Main office telephone number	Main office fax number
<input type="text"/>	<input type="text"/>
Name of primary contact	Contact e-mail address
<input type="text"/>	<input type="text"/>

Is your practice a Limited Liability Partnership or a Company registered at Companies House? Yes No

Do you have any other offices, other than the main office listed above, for which you are seeking cover? Yes No

If Yes, please list the addresses on a separate sheet. If there is no resident Principal/Member at any of these offices, please identify the office concerned and explain how the office is supervised.

2. Prior practices

List, using a separate sheet if necessary, the names of all prior practices to which this practice has become a successor practice in the last fifteen years as defined in the law society's minimum terms.

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

Have any of the listed practices reported any circumstances or claims in the last five years? Yes No

If Yes, please provide copies of claims information from other qualifying insurers or the assigned risk pool for all circumstances and claims reported since 01.09.04.

3a. Solicitors details

Please provide all information requested for every Principal, Member, Assistant and Consultant who will be employed by your practice as at the inception date of the Policy. If anyone listed is a Registered Foreign Lawyer or Registered European Lawyer, please note RFL or REL alongside solicitor status. If you are a newly established practice, please enclose a Curriculum Vitae for every Principal/Member in your practice, your Business Plan and a Cash Flow Statement.

Title (Mr Mrs Ms other)	Solicitor's full name	Date of birth DD/MM/YYYY	Solicitor's status (Principal/Member/ Assistant/Consultant)	Full/Part time	Roll number (As shown on practising certificate)
<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"/>

Continue on a separate sheet

3b. Non Solicitor Principals

Please provide all information requested for every non-solicitor Principal, Member, Director or Partner.

Title <small>(Mr Mrs Ms other)</small>	Full name	Date of birth <small>DD/MM/YYYY</small>	Role <small>(eg.HR/IT/Finance Director, barrister, legal executive, licensed conveyancer etc)</small>	Full/Part time	Regulatory Body
<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"/>

Do any principals also work for any other law firms or businesses? Yes No

If yes please provide full details on a separate sheet.

4. Other staff

Number of non-solicitor fee earning staff: Please state if None

Number of all other staff (including secretarial): Please state if None

5. Practice fees

(a) Please provide details of your annual gross fee income (state none if and where applicable):

	Actual for Previous Financial Year Period ending: (/ /)	Actual for Last Financial Year Period ending: (/ /)	Estimate for Current Financial Year Period ending: (/ /)
UK	£	£	£
Elsewhere	£	£	£
USA/Canada	£	£	£

(b) On a separate sheet, please provide full details of clients based in the USA and Canada and the work undertaken for them, and whether the work involved advice on UK, US or Canadian law.

(c) Does any one client, group of clients or any referral source generate 20% or greater of your annual fees? Yes No

(d) If yes, please provide full details of these clients and the work undertaken on a separate sheet.

(e) If any work is performed outside the UK please provide a list of countries and applicable gross fee income (please provide a breakdown on a separate sheet):

(f) Please advise division of gross fee income for the last completed financial year as follows:

Fee Range	Number of Clients	Total Fees
<£15k		
£15k – £50k		
£50k – £100k		
>£100k		

6. Practising certificate and Regulatory issues

In the last ten years has any principal or fee-earner in the practice:

- ever been refused a practising certificate? Yes No
- ever been granted a conditional practising certificate? Yes No
- been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal? Yes No
- practised in a firm subject to an investigation or an intervention by the Law Society or Solicitors Regulation Authority? Yes No
- had an award for inadequate professional service made against him or her by the Legal Complaints Service or the former CCS or OSS or entered into any regulatory settlement agreement? Yes No
- had a civil or criminal judgement against him or her? Yes No
- been investigated by any regulatory body other than the Law Society or Solicitors Regulation Authority (eg: FSA, Council of Licensed Conveyancers, ILEX)? Yes No

Has the firm been the subject of a monitoring visit from the Solicitors Regulation Authority in the last three years? Yes No

Has the firm been the subject of any visit or enquiry from the Forensic Investigation Unit or Solicitors Regulation Authority in the past three years or has notice of any proposed visit or enquiry been given? Yes No

If you have answered yes to any of the above questions, please provide full details on a separate sheet and include a copy of all reports and relevant correspondence issued by the LCS, former CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/or any regulatory body.

7. Claims and circumstances

Has your practice, or any prior practice, reported any circumstances or claims to the Assigned Risks Pool or to Qualifying Insurers in the:

- Insurance Year 2004-2005 Yes No
- Insurance Year 2005-2006 Yes No
- Insurance Year 2006-2007 Yes No
- Insurance Year 2007-2008 Yes No
- Insurance Year 2008-2009 Yes No

If Yes to any of the above insurance years, please provide with this form claims information from other Qualifying Insurers or the Assigned Risks Pool for all circumstances or claims reported since 01/09/2004 by your practice or any practice to which you are a successor practice.

Have any circumstances or claims reported by your practice or any prior practice in the last six years arisen as a result of the dishonesty of any principal, member or employee of the practice? Yes No

If Yes, please provide full details on a separate sheet including how each matter was resolved and the procedures/processes in place to avoid re-occurrence.

After making full enquiry of all principals, members and employees in your practice, are you aware of any circumstances or claims that you have not reported to your current or any prior insurers? Yes No

If Yes, please explain on a separate sheet.

Please note that you have an obligation under your current professional indemnity insurance policy to notify these matters to your insurer and we shall ask you to confirm that you have done so before cover can be put in place.

8. Area of practice

Please provide the percentage of gross fees allocated to each area of practice or, if you are a new practice, estimated percentages for the coming year (for guidance please refer to definitions).

Area of practice (Rounded to the nearest whole percent)	%	Area of practice (Rounded to the nearest whole percent)	%
1 Administering oaths, taking affidavits and notary public	<input type="text"/>	20 Litigious work other than given in any other category. (Please provide a breakdown on a separate sheet).	<input type="text"/>
2 Agency Advocacy	<input type="text"/>	21 Matrimonial/Family	<input type="text"/>
3 Acting as an Arbitrator, Adjudicator or Mediator	<input type="text"/>	22 Non-litigious work other than given in any other category. (Please provide a breakdown on a separate sheet).	<input type="text"/>
4 Children, Mental Health Tribunal and Welfare	<input type="text"/>	23 Offices & Appointments	<input type="text"/>
5 Commercial Litigation	<input type="text"/>	24 Parliamentary Agency	<input type="text"/>
6 Commercial work/Corporate work (excluding work related to public companies)	<input type="text"/>	25 Personal Injury (Claimant)	<input type="text"/>
7 Conveyancing – Commercial	<input type="text"/>	26 Probate	<input type="text"/>
8 Conveyancing – Residential	<input type="text"/>	27 Property Selling, Valuations and Property Management	<input type="text"/>
9 Criminal Law	<input type="text"/>	28 Town & Country Planning.	<input type="text"/>
10 Debt Collection	<input type="text"/>	29 Trusts and Tax Planning	<input type="text"/>
11 Defendant litigious work for insurers, Defendant Personal Injury Work	<input type="text"/>	30 Wills	<input type="text"/>
12 Employment - contentious	<input type="text"/>	If you indicate a percentage in any of these areas below, please provide full details on a separate sheet or for 32 complete our FSA Questionnaire	<input type="text"/>
13 Employment - non contentious	<input type="text"/>		<input type="text"/>
14 Estate administration	<input type="text"/>	31 Commercial/Corporate work for public companies	<input type="text"/>
15 Financial Advice and Services regulated by the Solicitors Regulation Authority	<input type="text"/>	32 Financial Advice and Services where your practice has opted into regulation by the FSA	<input type="text"/>
16 Immigration	<input type="text"/>	33 Intellectual Property including patent, trademark and copyright.	<input type="text"/>
17 Landlord and Tenant – litigious	<input type="text"/>	34 Any other area of Specialism eg marine law.	<input type="text"/>
18 Landlord and Tenant – non-litigious	<input type="text"/>	Total must equal 100%	<input type="text"/>
19 Lecturing and Related Activities and Expert Witness Work	<input type="text"/>	100%	<input type="text"/>

Has your practice, or any prior practice, ever:

accepted instructions for any class actions or other group litigation? Yes No

If yes, please explain on a separate sheet.

undertaken work in relation to selling or advising on any mortgage endowment policies on or after 01/04/1991? Yes No

Has the proposer ever undertaken any financial services work? Yes No

If Yes, please complete the enclosed financial services questionnaire.

Please estimate the percentage of personal injury cases (claimant) in each of the following categories:

Small claims % Fast track % Multi track %

Please estimate the number of personal injury cases you currently have where the expected settlement exceeds £250,000

Has your firm undertaken any work or accepted any referrals from any claims management companies? Yes No

If Yes, please include details on a separate sheet.

In the last twelve months on how many occasions has your practice or any prior practice advised on Equity Release Plans?

9. Current coverage

Has your practice, or any prior practice, ever been in the Assigned Risks Pool? Yes No

If yes, please explain on a separate sheet.

Has any Qualifying Insurer refused to offer your practice, or any prior practice, terms for professional indemnity insurance? Yes No

If yes, please explain on a separate sheet.

Please provide details of your current insurance below:

Current insurer	Premium	Limit	Excess
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

10. Requested cover

The minimum cover required is £2 million for sole practitioners and partnerships or £3 million for LLPs and companies registered at Companies House.

Limit of Indemnity – please limit to a maximum of 4 choices **Excess – please limit to a maximum of 4 choices**

- | | | | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> £2 million | <input type="checkbox"/> £3 million | <input type="checkbox"/> £4 million | <input type="checkbox"/> £Nil | <input type="checkbox"/> £1,000 | <input type="checkbox"/> £3,000 |
| <input type="checkbox"/> £5 million | <input type="checkbox"/> £6 million | <input type="checkbox"/> £7 million | <input type="checkbox"/> £5,000 | <input type="checkbox"/> £10,000 | <input type="checkbox"/> £25,000 |
| <input type="checkbox"/> £8 million | <input type="checkbox"/> £9 million | <input type="checkbox"/> £10 million | <input type="checkbox"/> £50,000 | <input type="checkbox"/> £75,000 | |

Other (Please specify) £ Other (Please specify) £

Aggregate Excess (Please refer to definitions for details on this coverage)

I require a quotation for aggregate excess: Yes No
Include both options

11. Risk Management

Please provide the name and status of the person responsible for risk management in your firm

Name: Status:

Are you accredited with LEXCEL? Yes No

If Yes, please provide date of accreditation.

Is the practice accredited or in the process of becoming accredited to BE EN ISO 9000/01/02 Yes No

If Yes, please provide dates of accreditation.

Is the work of assistant solicitors supervised by a partner and subject to regular review meetings? Yes No

If no, please provide an explanation on a separate sheet.

Are all relevant telephone conversations involving legal matters the subject of a written record on the file? Yes No

If no, please provide an explanation on a separate sheet.

Does the practice or any Partner/Principals exercise a controlling/financial interest in a company or organisation for which the practice undertakes work? Yes No

Is there a procedure in place to ensure that, prior to taking on a new client, the client's requirements are clearly identified and can be met by your firm? Yes No

Is all work subject to your firm's standard terms of engagement which identifies the client, confirms the instructions, sets out the scope of any retainer, and states what is expected of the client? Yes No

Does your firm operate conflict of interest screening? Yes No

Does your firm confirm all significant advice in writing? Yes No

Does your firm have established procedures for supervising, training and keeping staff up to date with legal developments? Yes No

Does your firm have a central register of complaints? Yes No

Does your firm operate a diary system and ensure it is monitored on a daily basis? Yes No

Are regular file audits undertaken by a partner (including partner files)? Yes No

Does your firm have a formal Money Laundering procedure in place on which all staff receive training? Yes No

What is the average number of files per fee earner?

12. Significant change

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

If Yes, please explain on a separate sheet.

13. Other material information

Is there any other material information that may be relevant to this application?

Yes No

If Yes, please explain on a separate sheet.

Declaration

By signing this proposal form you consent to T L Dallas & Co 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 advisers, 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 above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this insurance proposal and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the Insurance contract has been concluded and throughout the duration of the contract of insurance. I/We understand that the information I/We provide will be used by the insurer in determining acceptance of the application together with the price charged for the risk and and the terms of any policy provided.

I/We understand that if my/our practice acquires, merges with or absorbs another practice during the period of Insurance, the Insurer will require similar information in relation to that practice and may charge and additional premium.

Signed

Date

(Principal/Member)

Print name of Principal

This form must be signed by a Principal/Member of the practice.

Document checklist

Before returning your proposal to us please complete your checklist.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Completed proposal – signed and dated <input type="checkbox"/> Completed financial services questionnaire <input type="checkbox"/> Completed conveyancing questionnaire <input type="checkbox"/> Headed paper with additional details as appropriate <input type="checkbox"/> Claims reports from qualified insurers and ARP if applicable | <ul style="list-style-type: none"> <input type="checkbox"/> Curriculum Vitae for every principal of the firm and your Business Plan and Cash Flow Statement (If firm has been established for less than 12 months). <input type="checkbox"/> A copy of all reports issued by the SRA, LCS (formerly the CSS/OSS/Forensic Investigation Unit) Disciplinary Tribunal and / or any regulatory body if applicable. |
|---|--|

Please indicate the number of separate sheets used and attached as additional information relevant to the questions herein.

If you require any help or assistance in completing this form,
please call our switchboard and ask to speak to the commercial department team on 01274 465500

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