



SOLICITORS INDEMNITY

PROPOSAL FORM

for

Insurance effected through Williams Insurance Management Limited

15 St Mary at Hill, London EC3R 8EE

Tel: 0203 058 1095 Fax: 0870 4585881

E-mail: info@wimserve.com

Registered Office: as above Registered in England: 4851546

Authorised and regulated by the Financial Services Authority



IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposers or Underwriters to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

E.U. DISCLOSURE CLAUSE (UK)

**ONLY APPLICABLE TO PRIVATE INDIVIDUALS AND SOLE TRADERS,
WHERE THERE IS A LLOYD'S PARTICIPATION IN THE INSURANCE
PLACEMENT.**

Notice to the Proposer/Assured.

The Parties are free to choose the law applicable to this Insurance Contract.
Unless specifically agreed to the contrary this insurance shall be subject to English Law.

Any enquiry or complaint should be addressed in the first instance to your Broker.

If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law. The address is:

Complaints Department
Lloyd's,
One Lime Street, LONDON EC3M 7HA Telephone 020 7327 5693.

LSW 1002 (02/99) (amended).

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax. For any additional information, or information that you cannot fit into the spaces provided, please use a separate sheet.

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) (a) Please provide the following details:

Name of Firm		
Main Office Address		
		Postcode
Telephone	Email	Fax
Web Site Address		
Practice establishment date		

(b) Do you have you any other offices and/or entities (including name and address) that require cover?

YES		NO	
-----	--	----	--

If **YES**, please provide full details:

--

(c) Is your firm an Incorporated Practice?

YES		NO	
-----	--	----	--

2) (a) Please list all the names of prior practices for which this practice is a successor practice (please refer to successor practice definition):

Name of Practice	Date Established	Number of Solicitors	Date of Succession

(b) Have any of the practices listed above reported any circumstances, incidents or claims in the last 5 years?

YES		NO	
-----	--	----	--

If **YES**, please refer to Question 8.

3) (a) Please give the percentage (rounded to the nearest whole percent) of your gross fees arising from the following categories. (Please include both litigious and non-litigious work within the appropriate category unless requested to do otherwise).

Area of Practice	%	Area of Practice	%
Adjudication work		Intellectual property including patent, Trademark and Copyright *	
Agency advocacy work		Landlord and tenant work non-litigious *	
Arbitration work		Landlord and tenant work litigious *	
Children work		Lecturing and related work	
Commercial work including all company work (securities related)*		Litigation – other	
Commercial work including all company work(non-securities related)		Marine litigation	
Conveyancing work – commercial		Matrimonial work	
Conveyancing work – residential		Mediation work	
Criminal law work		Mental health tribunal work	
Debt collection – £10,000 and over		Mergers and acquisitions *	
Debt collection – Under £10,000		Non-litigation – other	
Defendant insurer litigation		Notary public work	
Employment work litigious		Oaths, affidavits, notary public	
Employment work non-litigious		Offices and appointments	
Expert witness work		Parliamentary agency	
Financial advice and services – where your firm has opted into regulation by the FSA *		Personal injury work	
Financial advice and services regulated by the Law Society *		Property selling, informal valuation and property management	
Immigration work		Town and country planning	
		Trust and probate work/wills and tax planning	
		Welfare work	
		TOTAL	100%

* Please provide details of all work undertaken on a separate sheet

(b) **To be answered only if the firm carries out structural surveys or formal valuations:**

Please provide full names and qualifications of all principals, consultants and employees who carry out structural surveys and/or valuations of property:

Name	Qualifications

(c) Do you provide management services or investment advice to any entertainment or sporting professionals?

YES		NO	
-----	--	----	--

If **YES**, please provide full details

(d) In the last 6 years has your firm or any prior practice accepted instructions for any class actions?

YES		NO	
-----	--	----	--

If **YES**, please provide full details

4) (a) Please provide the following information for every solicitor in the firm (use an extra sheet where needed). If anyone listed is a Registered Foreign Lawyer or Registered European Lawyer, please note "RFL" or "REL" alongside solicitor status. **If a new firm then please include CVs for all partners.**

Title Mr/Mrs/ Ms/Dr	Solicitors Full Name	Date of Birth	Date Qualified	Date Joined Firm	Solicitor Status (Principal/ Assistant/Consultant	Full/ Part Time	Roll Number

(b) Please state the total number of partners:

If sole practitioner, please state number of years as principal:

(c) Please state the number of:

Full Time Fee Earners		Part Time Fee Earners	
Other Staff (inc. admin / secretarial)		Total Number of Staff	

5) (a) Please state the firm's gross fee income for the past five year period:

	Year Ending / /	Year Ending / /	Past Year Ending / /	Estimate for Current Year	Estimate for Coming Year
UK	£	£	£	£	£
USA /Canada	£	£	£	£	£
Elsewhere	£	£	£	£	£
Total Gross Fees	£	£	£	£	£

(b) Please provide the approximate percentage of your total gross fee income generated by your single largest client for the past year:

	%
--	---

(c) **To be answered only if the firm carries out any conveyancing work:**

Please provide the following details for your conveyancing work for the past year:

	Residential	Commercial
Approximate number of transactions		
Highest single transaction value	£	£
Average transaction value	£	£

6) (a) In the coming year, do you expect any significant change to or in your firm?

YES		NO	
-----	--	----	--

If **YES**, please provide full details on a separate sheet.

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

YES		NO	
-----	--	----	--

If **YES**, please provide full details on a separate sheet.

(c) Are the 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 full details on a separate sheet.

7) Has the firm or any principal, consultant or employee:

(a) Applied to the Law Society for a waiver of the SIF contribution?

YES		NO	
-----	--	----	--

(b) Been in a firm subject to an OSS investigation or any investigation or intervention by any regulatory department of the Law Society?

YES		NO	
-----	--	----	--

(c) Been subject to a petition for bankruptcy or voluntary insolvency agreement?

YES		NO	
-----	--	----	--

(d) Been convicted of (or charged with but not yet tried for) any criminal offence?

YES		NO	
-----	--	----	--

(e) Ever had a civil judgment made against them?

YES		NO	
-----	--	----	--

(f) Practising certificate

Has any fee earner in the firm:

(i) Ever been refused a practising certificate

YES		NO	
-----	--	----	--

(ii) Been granted a conditional practising certificate

YES		NO	
-----	--	----	--

(iii) Been the subject of a costs or penalty order

YES		NO	
-----	--	----	--

(iv) Been reprimanded by the Disciplinary Tribunal

YES		NO	
-----	--	----	--

(v) Practised in a firm subject to an OSS investigation or an investigation or an intervention by any regulatory department of the Law Society

YES		NO	
-----	--	----	--

(vi) Had a civil or criminal judgement against him or her

YES		NO	
-----	--	----	--

(g) Been declined professional indemnity insurance by any insurer?

YES		NO	
-----	--	----	--

(h) Been referred to the Assigned Risk Pool?

YES		NO	
-----	--	----	--

(i) Failed to meet any insurance premium payment or excess contribution?

YES		NO	
-----	--	----	--

If **YES to any of the above**, please provide details on the additional information sheet including a copy of all reports issued by the OSS and Disciplinary Tribunal.

8) (a) Has your practice, or any prior practice, reported any circumstances, incidents or claims to SIF in the last 5 years?

YES		NO	
-----	--	----	--

If **YES**, please include with this form:

1. An updated claims history supplied by SIF for your firm and any to which you are a successor practice.
2. Full details of any other matters notified by your firm or any prior practice to SIF but which have not been accepted as an effective notification.

(b) Has your practice, or any prior practice, reported any circumstances, incidents or claims to Qualifying Insurers or the Assigned Risk Pool?

YES		NO	
-----	--	----	--

If **YES**, please include with this form:

1. Claims information from Qualifying Insurers or the Assigned Risk Pool for all circumstances, incidents or claims reported since 01/09/2000 by your firm and any firm to which you are a successor practice. (If this is not available, please provide details on a separate sheet)
2. Full details of any other matters notified by your firm or any prior practice to Qualifying Insurers or the Assigned Risk Pool but which have not been accepted as an effective notification.

(c) Have any circumstance, incidents or claims reported by you or any practice in the past 5 years arisen as a result of the dishonesty of any principal or employee of the practice?

YES		NO	
-----	--	----	--

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

(d) Are you aware of any circumstances, incidents or claims that, after making full enquiry of all principals and employees of your practice, you have **not** reported to your current or any prior insurers?

YES		NO	
-----	--	----	--

If **YES**, please provide details on the additional information sheet.

9) Does the firm currently hold any of the following Legal Aid Franchises?

Consumer	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
Immigration	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
Crime	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
Matrimonial	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
Debt	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
Mental health	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
Employment	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
Personal injury	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
General contracts	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
Welfare benefits	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
Housing	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>

10) Is the whole firm currently accredited with the following quality standards?

Investors in people	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
SO9002	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
ISO9000	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
Lexcel	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
ISO9001	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>

11) Is any part of the firm regulated by the Financial Services Authority?

<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>
------------------------------	--------------------------	-----------------------------	--------------------------

12) Is the firm regularly and indiscriminately audited from an independent source?

YES		NO	
-----	--	----	--

13) Does the firm offer advice and/or transact business over the internet?

YES		NO	
-----	--	----	--

If **YES**, are security checks regularly undertaken and appropriate disclaimers used?

YES		NO	
-----	--	----	--

14) Does the firm have clearly defined and documented procedures for the screening of all clients?

YES		NO	
-----	--	----	--

15) Is each new matter screened to ensure no conflict of interest exists before any work is done on the file?

YES		NO	
-----	--	----	--

16) Does the firm use an engagement letter for each new matter which:

Identifies the client

YES		NO	
-----	--	----	--

Confirms 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	
-----	--	----	--

17) Does the firm have policies and procedures for communicating with clients which include:

(a) Keeping the client regularly updated of progress?

YES		NO	
-----	--	----	--

(b) The requirement to confirm all significant advice in writing?

YES		NO	
-----	--	----	--

18) Does the firm have clear policies and procedures laid down for the allocation, delegation and supervision of work?

YES		NO	
-----	--	----	--

If **YES**, are the partners aware of any circumstances where the policies and procedures have been ignored?

YES		NO	
-----	--	----	--

19) Does the firm have a policy and established systems and procedures that emphasise the importance placed on researching, identifying, recording and complying with contractual, statutory and procedural time limits and ensure compliance with them?

YES		NO	
-----	--	----	--

20) Does the firm provide any services that might reasonably be regarded as unusual for a firm of solicitors to provide?

YES		NO	
-----	--	----	--

If **YES**, please explain on a separate sheet.

21) (a) Please provide details of your current insurance:

Name of insurers
Name of broker
Limit of indemnity
Premium
Excess

(b) Quotes can be provided for various combinations of limit and excess (each and every claim). Please indicate the limits and excess you require below:

Limits of Indemnity			
Excess			

(c) Do you require an aggregated excess?

YES		NO	
-----	--	----	--

(d) Do you require defence reimbursement?

YES		NO	
-----	--	----	--

DECLARATION:

I/We confirm that all claims made against the Firm or any Principal, Consultant or Employee, or any Prior Practice during the last seven years in respect of the type of liabilities to which this Application relates or any claims pending or circumstances that might give rise to a claim against the firm or any present or previous Principal, Consultant or Employee of which any Principal, Consultant or Employee is aware, have already been notified to our/my existing insurers or to the Solicitors Indemnity Fund. I/We confirm that, after enquiry with all Principals, Consultants and Employees, I/we have no knowledge of any circumstances which would be notifiable under our existing insurance arrangements or to the Solicitors Indemnity Fund save those declared within this Application and confirm that if we become aware of any such circumstance up to200 we will forthwith so notify them to Williams Insurance Management Ltd

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/we have not suppressed or mis-stated any material facts and undertake to inform Williams Insurance Management Ltd. of any change to any material fact

I/We agree that if the information supplied on this Application changes prior to the effective date of any contract of insurance based on this Application, I/we will, in order for the information to be accurate, immediately notify Williams Insurance Management Ltd. of such changes

I/We understand and agree that such changes may result in withdrawal of or amendment to a prior quotation.

It is agreed that this Application shall become the Statement of Fact upon which quotations are sought. Upon acceptance of the insurer's terms and conditions and payment of premium, the Statement of Fact shall be the basis of the contract of insurance and will attach to and become part of that contract

Date:

Signature of Partner:

DEFINITIONS:

FINANCIAL ADVICE AND SERVICES

This covers all financial advice and services (including services which are regulated by the Financial Services Act 1986 or Financial Services and Markets Act 2000, whether or not requiring authorisation by the Law Society or the Financial Services Authority) provided to private individuals unincorporated bodies and companies but does not include Commercial Work including All Company Work (securities-related).

**COMMERCIAL WORK INCLUDING ALL COMPANY WORK
(SECURITIES-RELATED)**

This covers all work relating to securities in public limited companies, including initial public offerings, venture capital work and other corporate finance work.

**COMMERCIAL WORK INCLUDING ALL COMPANY WORK
(NON SECURITIES-RELATED)**

This covers all commercial work, including private company share sales and acquisitions, which is not Financial Advice and Services or Commercial Work including All Company Work (securities-related).

SUCCESSOR PRACTICE

You may be a successor practice even though you did not intend to take on the liabilities of another practice when taking it over or merging with it and even if you specifically agreed that those liabilities would remain elsewhere.

Whenever a practice ceases "being carried on as a discrete business," there is potential for the successor practice clause to take effect.

You may become a successor by holding out your practice "expressly or by implication" as being the successor of or by incorporating the other practice(s), by taking on a majority of the principals in the other practice as principals in your firm, by taking on at least one such principal as a principal when the majority have not become principals in another practice, by taking a sole practitioner or Recognised Body into your Firm as a principal, or by taking on a sole practitioner as an employee after 31 August 2000.

If your Firm has done any of these things, at any time or is planning to do so, you may be a successor practice and should provide full details

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION