



Headley Insurance Services Limited

Primary Professional Indemnity for Solicitors

Registered Insurance Brokers
Established 1974

Alton

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EXISTING COVER – PERIOD 2010/2011

Current Insurer (Primary Layer)

Indemnity Limit

Excess

Premium

Excess Layer Insurer (If applicable)

Indemnity Limit

Premium

Solicitors *P*rofessional *I*ndemnity *P*roposal *F*orm

Instructions:

- Ensure that all answers are typewritten or printed in block letters in **BLACK INK** within the spaces provided.
- A Principal of the practice must sign and date this form and any separate sheets of paper.
- 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 (Please include all names under which you practice)	Solicitors Regulation Authority (Law Society) main office Registration Number
<input type="text"/>	<input type="text"/>
Main office address (please list preferred mailing address on separate sheet if different)	Main office telephone number:
<input type="text"/>	<input type="text"/>
<input type="text"/>	Main office fax number:
<input type="text"/>	<input type="text"/>
Postcode:	Practice Website:
<input type="text"/>	<input type="text"/>
Date of Establishment of the Practice:	Main contact and 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

If Yes, please attach a copy of your most recent full statutory accounts (not abbreviated accounts) or management accounts where not yet prepared.

Is your Practice a Legal Disciplinary Practice? Yes No

*If 'Yes', please see New Partner and LDP Non Solicitor Manager Additional Information**

**These can be obtained from either the 'download section' of www.headleyinsurance.co.uk or 01420 594242*

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 on a separate sheet. Including full address, postcode and the supervising partners name and if the position is full or part time.

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. (if none please enter "None")

Name of Prior Practice:	Date Established:	Date of Succession:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please list any additional prior practices on a separate sheet)

Have any of the practices listed above reported any circumstances, incidents or claims in the last 10 years? Yes No

(If 'Yes', please provide details on a separate sheet)

3 Solicitor Details:

Please provide all information requested for every solicitor in the practice. If anyone listed is a Registered Foreign Lawyer or Registered European Lawyer, please note RFL or REL alongside the solicitor status.

- If you are a newly established practice, please enclose a curriculum vitae for each principal in your firm, a business plan and a cash flow forecast.

Title (Mr, Mrs, Other)	FULL NAME	Date of Birth	Solicitor Status (Principal/ Assistant/ Consultant)	Full Time / Part Time	Roll Number (as shown on practising certificate)	Year of Admission in England and Wales

(Please list additional solicitors on a separate sheet)

Non Solicitor Principals

Title (Mr, Mrs, Other)	FULL NAME	Date of Birth	Role (e.g. HR/IT/Finance Director, barrister, legal executive, licenced conveyancer etc)	Fee Earner (Yes/No)	Full or Part Time	Regulatory Body

Are any principals or other fee earners also principals, fee earners or employees of other law firms or businesses? Yes No
(If 'Yes' please provide full details)

Did any Principal first join the practice in the last 12 months? Yes No
If 'Yes', please provide an up-to-date professional CV for each such individual.

Does any organisation or person who is not a Principal in the practice exercise a controlling or financial interest in the practice? Yes No
If 'Yes', please confirm how the SRA's requirements are met and provide details of the procedures in place to avoid conflicts of interest.

Please provide the number of non-solicitor fee-earning staff: i.e. Legal Executives *(please state if none)*
 All other staff *(please state if none)* i.e. Secretarial/Admin staff

How many people have left the practice in the last 12 months?
 a) What is your current case count per partner?
 b) Is this typical of your firm? Yes No

What is the average number of files per Fee Earner?

4 Practice Fees:

Please provide gross fee income for the last three completed accounting periods and an estimate of gross fee income for the current accounting period, derived from your offices in the following territories:

Applicable?	Estimated Current Year £		Last Completed Year £		Prior Completed Year 1 £		Prior Completed Year 2 £	
	Month	Year	Month	Year	Month	Year	Month	Year
Financial year end Please enter as mm/yy								
Total gross fee income for financial year £								
Apportionment of gross fee income derived from work undertaken in the following territories								
UK	Yes <input type="checkbox"/> No <input type="checkbox"/>							
USA/Canada	Yes <input type="checkbox"/> No <input type="checkbox"/>							
Elsewhere	Yes <input type="checkbox"/> No <input type="checkbox"/>							
TOTALS	Yes <input type="checkbox"/> No <input type="checkbox"/>							

Does any one client, group of clients or any referral source of clients or any referral source generate 20% or greater of your annual fees? (If 'Yes', please provide full details of the client or referrers and the work undertaken on a separate sheet including the actual percentage) Yes No

Has the firm's fee income changed by more than 20% in the last three years? (If 'Yes', please provide gross fees for previous two accounting periods) Yes No

Does the firm carry out any activities where no fees are charged? (If 'Yes', please provide full details) Yes No

Please provide details of the borrowing facilities (including any loans from Principals) available to the practice, and the actual borrowing levels of the practice.

	Facilities Available Yes <input type="checkbox"/> No <input type="checkbox"/>	Loan outstanding (over past 24 months)	
		Maximum	Average
Overdraft facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
Mortgages secured on office	Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
Other borrowing	Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£

What percentage of current outstanding fees was invoiced more than 90 days ago? %
Is this typical of your firm? Yes No

Please give (rounded to the nearest whole number) the percentage of your fees for each of the last three completed accounting periods arising from the following categories:

	Last Completed Year %	Prior Completed Year 1 %	Prior Completed Year 2 %
Acting as an Adjudicator, Arbitrator or Mediator			
Agency Advocacy			
Children Work, Mental Health Tribunal and Welfare			
Commercial Litigation			
Commercial/Corporate - excluding work for Public Companies			
Commercial/Corporate - including work for Public Companies - Please provide details			
Conveyancing - Commercial			
Conveyancing - Residential			
Criminal			
Debt Collection (Small)			
Debt Collection (Large)			
Defendant Litigation (Insurers)			
Employment (Litigious)			
Employment (Non-Litigious)			
Estate Agency, Property Valuation and Property Management			
Expert Witness/Lecturing Work			
Financial Advice & Services regulated by the Solicitors Regulation Authority			
Financial Advice & Services regulated by the FSA			
Immigration			
Intellectual Property including Patent, Trademark and Copyright - Please provide details			
Landlord/Tenant (Non-Litigious)			
Landlord/Tenant (Litigious)			
Marine Litigation			
Matrimonial/Family			
Oaths and Affidavits and Notary Public			
Offices & Appointments			
Parliamentary Agency			
Pension Trustee Work			
Personal Injury - Claimant			
Personal Injury - Defendant			
Probate and Estate Administration			
Town & Country Planning			
Wills, Trust and Tax Planning			
All other Litigious Work - Please provide details			
All other Non-Litigious Work - Please provide details			
Totals:	100%	100%	100%

5 Area of Practice:

Is your business that of a solicitors practice only? Yes No

If 'No', please provide further details including types of work undertaken and fees received.

If no financial services work has been undertaken in the last year, has the firm ever been involved in any such work? Yes No

If 'Yes', please see **Financial Services Additional Information***

Please confirm whether the Firm has completed commercial and/or residential conveyancing transactions (including buy to let) during the last 5 accounting periods: Yes No

If 'Yes', please see **Conveyancing Additional Information***

In respect of Personal Injury work, please confirm whether any fees have arisen in ANY of the last five accounting periods: Yes No

If 'Yes', please see **Personal Injury Claims Additional Information***

***These can be obtained from either the 'download section' of www.headleyinsurance.co.uk or 01420 594242**

Please state percentage totalling 100% of gross fees arising from the categories of clients listed below:-

Public Quoted Companies (Takeover, Merger & Share issue work only) %

Merchant Banks, Finance Houses, Hire Purchases and Credit Sales and other concerns providing Finance (other than Building Societies) %

Property Developers or Property Investment Companies (including their commercial conveyancing) %

Insurance Brokers, Insurance Companies, Underwriting Agencies and similar organisations (other than handling of claims under insurance policies) %

All other clients %

TOTAL 100%

Have you ever provided legal advice in respect of foreign law, foreign jurisdictions or contracts not subject to English Law? Yes No

If 'Yes', please provide details below, including details of the Firm's experience in such foreign jurisdiction(s):

Please provide details of the top five clients by fees billed and gross fee income in the last three years

Nature of client's Business/reason for instruction	Activities undertaken	Gross fees

6 Commercial Section:

In respect of Commercial work, please confirm whether any fees have arisen in ANY of the last three accounting periods: Yes No

If 'Yes', please answer the remaining questions in this Section

In respect of Commercial Work, please provide gross fee income for the last accounting period from:	Gross fees non-public companies	Gross fees public companies
Mergers and Acquisitions		
Debt Issuance/Securitisation		
Project Financing		
Pensions Schemes		
Tax		
Insolvency		
Regulation		
General Commercial		

In respect of mergers and acquisitions, please confirm whether any fees have arisen in ANY of the last three accounting periods:

Yes No

If 'Yes', please provide details below of the three largest transactions undertaken in the last three accounting periods, including approximate value and client name:

Client Name	Value

Has the firm ever acted for the issuer of securities registered under the Securities Act of 1933 or Securities Act of 1934? Yes No

If 'Yes', please state:

a) The fees received from this work in the last accounting period:

7 Conveyancing Section:

Please confirm whether the Firm has undertaken commercial and/or residential conveyancing transactions (including buy to let) during the last four years:

Yes No

If Yes, please complete our *Conveyancing Questionnaire*

This can be obtained from either the 'download section' of www.headleyinsurance.co.uk or 01420 594242

8 Litigation Section:

In respect of Litigation work, please confirm whether any fees have arisen in ANY of the last three accounting periods: Yes No

If 'Yes', please answer the remaining questions in this Section

Over the last three accounting periods what was the average size of settlement awarded?

What percentage of all litigation settlements in the last accounting period were less than £50,000?

 %

What was the largest settlement achieved in the last three accounting periods?

Has the firm received instructions in the last three accounting periods, for any class actions or group litigation orders (other than for Personal Injury)? Yes No

If 'Yes', please provide details of the number of claimants and the outcome of the actions for the three largest:

9 Personal Injury Section

In respect of Personal Injury work, please confirm whether any fees have arisen in ANY of the last five accounting periods: Yes No

If Yes, please complete our *personal injury questionnaire*.

This can be obtained from either the 'download section' of www.headleyinsurance.co.uk or 01420 594242

10 Risk Management

In the last 10 years has any principle or fee earner in the firm:

ever been refused a practising certificate or been granted a conditional certificate?

Yes No

ever been the subject of a cost or penalty order?

Yes No

been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal?

Yes No

been in a firm subject to an OSS or CCS investigation, or any investigation or an intervention by any regulatory department of 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 statement agreement with the SRA.

Yes No

been investigated, charged, tried or convicted for any criminal offence involving fraud or dishonesty, or been subject themselves or as principal of a practice to a civil judgement or voluntary insolvency agreement?

Yes No

ever been subject to an IVA, been made bankrupt, or come to an arrangement with creditors?

Yes No

Have you, your practice or any prior practice, currently or ever been in the Assigned Risks Pool?	Yes <input type="checkbox"/> No <input type="checkbox"/>
failed to meet any professional indemnity insurance premium payment or excess contribution?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been investigated by any regulatory body other than the Law Society, Solicitors Regulation Authority (e.g. FSA) or Legal Complaints Service or the former CCS or OSS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
has the firm been the subject of a monitoring visit from the Solicitors Regulation Authority in the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
has the firm ever been the subject of any visit or enquiry from the Forensic Investigation Unit or has notice of any proposed visit or enquiry been given?	Yes <input type="checkbox"/> No <input type="checkbox"/>
acted as an intervening agent appointed by the Law Society or SRA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
taken over an intervened Firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been subject to an intervention by the Law Society or SRA?	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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)

11 Risk Management Questionnaire:

Please complete in full the following Risk Management Questionnaire:-

Is a 'Critical Date' diary system in operation (e.g. for limitation periods)? Yes No

Is the practice accredited or in the process of becoming accredited to BS EN ISO9000 or LEXCEL? Yes No

If 'Yes', please provide date obtained:

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

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

Are all telephone conversations the subject of a note on the file? Yes No

Please list any Legal Services Commission franchises or other accreditations (eg ISO) that you hold or have held in the last three years

Have you ceased to hold a particular franchise or accreditation in the last three years? Yes No

Where you no longer hold a particular franchise or accreditation, please state why and the date it ceased.

Does the practice hold any membership of any speciality Law Society group? Yes No

If 'Yes' please specify:

Does the practice always obtain written references immediately preceding the engagement of an employee or Partner? Yes No

If 'No', please provide details of the engagement procedure on a separate sheet.

Does the practice provide professional services for any client in which any Principal holds a partnership/directorship or has any other financial interest? Yes No

If 'Yes', are these services always carried out by a Principal/solicitor other than the Principal connected with the client? Yes No

If 'No', please provide details.

Does the practice have a formal performance management system in place which evaluates (at least annually) all solicitors and other legal staff? Yes No

If 'No', please provide full details of the appraisal system.

Does the practice have a Management Structure in place? Yes No

Does a designated Supervisor or Partner check all incoming post? Yes No

Does the practice have a time recording system? Yes No

Does the practice have a standard Quality Procedure in place which is regularly reviewed and circulated? Yes No

Does the practice have documented procedures in place for client vetting and identifying conflicts of interest? Yes No

Does the practice have a designated individual responsible for either Risk Management and / or the handling of complaints and / or claims? Yes No

If 'No', please explain responsibilities on a separate sheet.

Does the practice operate a centralised/departmental diary system with appropriate electronic/manual back up? Yes No

Does the practice make regular checks to ensure that the diary system in which all key dates are entered is being adhered to and the system caters for absenteeism? Yes No

Does the practice use a written retainer and engagement letter that complies with Rule 15? Yes No

Please confirm that Partners / Supervisors monitor and / or authorise the giving of all solicitors' undertakings and these are always confirmed in writing and recorded on file. Yes No

Do you have a formal money laundering policy, and/or has training been provided to all Partners and Staff? Yes No

If 'No', please provide full details of procedures in place a separate sheet.

Has there been any change to the internal management structure of the practice in the last 3 years? Yes No

If 'Yes', please provide details on a separate sheet.

Have a file audit procedure including (as a minimum) regular monitoring to identify dormant or inactive files and a formal file closure procedure? Yes No

Is any individual authorised to sign cheques or process telegraphic transfers or other transfers for over £25,000 as a sole signatory (or at all if not a partner) from either office or client accounts? Yes No

If 'Yes', please provide details including the name of the signatory, their position in the Firm and the limit of their authority:

Name	Position	Limit

EXISTING FIRMS (over 1 year since business started):

What is the total number of SRA recognised CPD points recorded by solicitors in your firm?

Demonstration of compliance with rule 5 of the Solicitors Code of Conduct:

Do you have an audit system? Yes No

If 'No', please explain how you comply with Rule 5, and particularly how adherence to Rule 2 is checked.

If Yes, please answer the following questions:
Is the audit carried out (Please select) Monthly?

Quarterly? Yearly?

Number of files audited in the last 12 months:

Please provide a list of the fee earners audited in the last 12 months:

Name of fee earner audited	Position held

Please provide a list of auditors who have conducted audits in the last 12 months:

Name of auditor

Please provide details of Audit action taken if any e.g. none, training given, disciplinary action etc., in the last 12 months

In the last 6 years has the Law Society qualified the practice's accounts or has the practice 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

Does the practice always receive written confirmation when money is transferred electronically?

Yes No

If 'No', please provide full details of what confirmation is received on a separate sheet

Does the practice provide legal services via the Internet or transact business via Internet forums?

Yes No

Does the practice have an e-mail or internet security policy?

Yes No

If 'No', please provide full details of security methods used on a separate sheet

12 Claims and Circumstances:

Please provide with this form claims information from other qualifying insurers or the Assigned Risks Pool for all circumstances, incidents or claims reported since 01/09/2000 by your practice or any practice to which you are a successor practice. This can be obtained from your Insurance Broker/Qualifying Insurer.

Insurance Year 2000-2001	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance Year 2006-2007	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Year 2001-2002	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance Year 2007-2008	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Year 2002-2003	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance Year 2008-2009	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Year 2003-2004	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance Year 2009-2010	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Year 2004-2005	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance Year 2010-2011	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Year 2005-2006	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Have any circumstances, incidents or claims reported by you or any prior practice arisen as a result of the dishonesty of any principal or employee of the practice?

Yes No

If 'Yes', please provide details of all incidents on a separate sheet including how the matter was resolved and the procedures now in place to avoid re-occurrence.

After making full enquiry of all principals and employees of your practice, are you aware of any circumstances, incidents or claims that you have not reported to your current or any prior insurers?

Yes No

If 'Yes', please explain on a separate sheet.

After making full enquiry of all Principals, Employees and Consultants of your practice are you aware of any circumstances, incidents or claims which have arisen out of the work of any Principal of your practice in previous employment?

Yes No

If 'Yes', please provide details 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.

13 Requested Cover:

The minimum cover required is £2 million for a partnership 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

Do you require an aggregate excess on your policy?

Yes

No

Include both options

Certificates

Does the Firm have a valid Employer's Liability Certificate

Yes

No

Expiry date

14 Additional Information

For the last three accounting periods, please provide the following information from your annual accounts:

	Last Completed Year	Prior Completed Year 1	Prior Completed Year 2
Net Profit / (Loss) after tax and before drawings			
Total Principal/Partner drawings or Director/Member Remuneration			
Net Worth of the Firm (Total Assets less Total Liabilities)			

15 Significant Change:

Are there any other details or material facts in respect of this proposal that you think we may wish to take into account (e.g. intended mergers or acquisitions, changes in staff profile, retirement, cessation of practice, registration as an LDP or changing the regulator of the Firm, etc)?

Yes

No

If 'Yes', please provide details:

16 Confirmation – This form must be signed by a principal of the firm:

I hereby warrant that all personal data (as defined in the Data Protection Act 1998 ("the Act")) has been obtained by me in accordance with the Act, and in particular that I have notified "data subjects" (as defined in the Act) that I will be transferring personal data relating to them to Headley Insurance Services Limited for the purpose of obtaining data, and further that I have informed such persons that Headley Insurance Services Limited may, from time to time, send to them information concerning products or services which may be of interest to them, and that such persons have consented to being so contacted. If I do not wish this to happen, I will write to: The Marketing Department, Headley Insurance Services Limited, William Curtis House, Lenten Street, Alton, Hampshire GU34 1HH

I declare that the above statements and particulars are true, full enquiry having been made, and I have not suppressed or miss-stated any material facts and I undertake to inform the insurer of any change to any material fact. I agree that this declaration, together with any other information, shall be the basis of any contract between myself and the insurer. This information will be considered material and may also be used in deciding whether to accept an application or a claim.

Print Name

Print Name

Signature 1: (Partner, Principal, Member or Director)

Signature 2: (Partner, Principal, Member or Director)

On behalf of

On behalf of

Date

Date

Should we need to contact you regarding any queries arising from the completion of this proposal form please provide an e-mail address or fax number:

Document Checklist:

Before posting, please ensure that you have included the following documents:

- this form, fully completed, **signed** and **dated**.

- a sheet of your firm's current HEADED NOTE PAPER, crossed 'For Insurance Purposes Only'.

- should you (or any prior practice) have indicated any claims / circumstances reported to insurers in Section 7 please obtain from those insurers or from Assigned Risks Pool a current year's Claims Summary report.

- if you are a newly established practice, a cash flow statement as well as a Curriculum Vitae for every Principal of the firm and your business plan.

- a copy of all reports issued by the SRA Legal Complaints Service or the former CCS or OSS, Disciplinary Tribunal, Forensic Investigation Unit and/or any regulatory body (see Section 6).

- any information provided on separate sheets.

- a completed conveyancy questionnaire if any residential / commercial transaction have taken place in the last four years

- personal injury questionnaire

- financial services questionnaire

- Completion of a new partner & LDP Non solicitor Management Questionnaire, if you are a legal disciplinary practice

Office Insurance

Current Insurers

Renewal Date

Premium

Sums Insured

1. Contents at premises (excluding computers)

£

2. Computer and Peripheral Equipment

£

3. Laptops, Mobiles etc. (away from the office)

£

4. Goods in trust

£

5. Buildings

£

6. Tenants Improvements

£

Claims Experience

1. Any claims within the last 5 years: YES NO

2. If so, please provide the following details:

Date	Type of Claim	Payments Made



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