

Solicitors professional indemnity insurance 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/Director of the practice must sign and date this form and any separate sheets. **Please include with this form a sheet of your current HEADED NOTEBOOK, 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		Main Office Law Society 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"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Postcode		Postcode	
<input type="text"/>		<input type="text"/>	
Main office telephone number		Main office fax number	
<input type="text"/>		<input type="text"/>	
Practice website		Contact e-mail address	
<input type="text"/>		<input type="text"/>	
Date established		Is your practice a Limited Liability Partnership or a Company registered at Companies House? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="text"/>			
Do you have any other offices, other than the main office listed above, for which you are seeking cover? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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. Please refer to successor practice definition.

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 refer to question 7.

3 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	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"/>
<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"/>

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

Total gross fees for the last annual accounting period or, if you are a new practice, estimated fees for the coming year £

Of the total, please provide gross fees for the last annual accounting period paid by clients domiciled in the USA and Canada. £ Please state if None

Please provide full details of these clients and the work undertaken on a separate sheet.

Does any one client or group of clients generate 20% or greater of your annual fees? Yes No

If Yes, please provide full details of these clients and the work undertaken on a separate sheet.

6 Practising certificate

In the last ten years has any 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? Yes No
- had an award for inadequate professional service made against him or her by the CCS (formerly the OSS)? 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 (eg. FSA)? Yes No

If Yes, please provide full details on a separate sheet and include a copy of all reports issued by the CCS (formerly the OSS), Disciplinary Tribunal and/or any other 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 other than Zurich Professional Limited in the:

- Insurance Year 2001-2002 Yes No
- Insurance Year 2002-2003 Yes No
- Insurance Year 2003-2004 Yes No
- Insurance Year 2004-2005 Yes No
- Insurance Year 2005-2006 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 01/09/2001 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 five 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		17 Lecturing and Related Activities and Expert Witness Work	
2 Agency Advocacy		18 Litigious work other than given in any other category	
3 Arbitration, Adjudication and Mediation		19 Matrimonial	
4 Children, Mental Health Tribunal and Welfare		20 Non-litigious work other than given in any other category	
5 Commercial Litigation		21 Offices & Appointments	
6 Commercial Work (excluding work related to public companies)		22 Parliamentary Agency	
7 Conveyancing – Commercial		23 Personal Injury (Claimant)	
8 Conveyancing – Residential		24 Probate and Estate Administration	
9 Criminal Law		25 Property Selling, Valuations and Property Management	
10 Debt Collection		26 Town & Country Planning	
11 Defendant litigious work for insurers, Defendant Personal Injury Work		27 Wills, Trusts and Tax Planning	
12 Employment – litigious		If you indicate a percentage in any of the areas below, please provide full details on a separate sheet or for 29 complete our FSA Questionnaire.	
13 Employment – non-litigious		28 Commercial Work for public companies	
14 Financial Advice and Services regulated by the Law Society		29 Financial Advice and Services where your practice has opted into regulation by the FSA	
15 Immigration		30 Intellectual Property including patent, trademark and copyright	
16 Landlord and Tenant		Total must equal 100%	100%

Has your practice, or any prior practice, ever:

- provided management services or investment advice to any entertainment clients or sporting professionals?
Yes No If Yes, please explain on a separate sheet.
- 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

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

Please state if None

Are you accredited with LEXCEL?

Yes No If Yes, please provide date of accreditation

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 £2million for a partnership or £3million for LLPs and companies registered at Companies House.

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

- £2 million £3 million £4 million
 £5 million £6 million £7 million
 £8 million £9 million £10 million
 Other (Please specify) £

Excess – please limit to a maximum of 4 choices

- £Nil £1,000 £3,000
 £5,000 £10,000 £25,000
 £50,000 £75,000
 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

Cover Plus (Please refer to definitions for details on this coverage)

I require a quotation for Cover Plus: Yes No Include both options

11 Significant change

Do you expect there to be any significant change to or in your practice in the coming year?

Yes No If Yes, please explain on a separate sheet.

12 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

All personal data collected by Zurich Professional Limited will be held in accordance with the Data Protection Act 1998. Zurich Professional Limited will disclose this information to our service providers and agents for policy administration purposes. In addition, Zurich Professional Limited may exchange information with other organisations such as the police, regulatory authorities and professional bodies by whose rules the insured is bound, through various databases to help us check information provided and to prevent fraudulent claims. By returning this form, you consent to the processing of personal data, including sensitive personal data, for these purposes and to Zurich Professional Limited transferring such information outside the European Economic Area where necessary.

When you provide information about another person, you are confirming that they have appointed you to act for them. Such persons will have been made aware of the purposes for data collection and processing set out above and have consented to such processing. You will receive, on their behalf, any data protection notices and keep them informed about how their data will be processed and where it may be disclosed.

Zurich Professional Limited may share personal data within the Zurich Financial Services Group and with other companies with which we establish commercial links, so we and they may contact you (by mail, e-mail, telephone or other appropriate means) in order to keep you informed about carefully selected products, services or offers that we believe will be of interest to you. If you do not wish us to do this please tick the box.

I declare that to the best of my knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application are true and complete and this application, declaration, documentation and information will be the basis of the contract between the Insured and the Insurer.

I declare that I have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of this insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

Number of additional sheets included with this application

Signature

Date

Print name

Principal/Member/Director

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

Legal information

Zurich Professional is a trading name for the following companies: Zurich Professional Limited. Registered in England and Wales No. 3571229. Registered Office: The Zurich Building, 90 Fenchurch Street, London EC3M 4JX. Zurich Insurance Company*. A limited company incorporated in Switzerland. Registered in the canton of Zurich No. CH-020.3.929.583-0. UK Branch registered in England and Wales No. BR105. Registered Office: Mythenquai 2, 8022 Zurich, Switzerland. Head office in the UK: Zurich House, Stanhope Road, Portsmouth, Hampshire PO1 1DU. Zurich Insurance Ireland Limited**. A limited company incorporated in the Republic of Ireland. Registered No. 13460. UK Branch registered in England and Wales No. BR7985. Registered office: Eagle Star House, Ballsbridge Park, Dublin 4. Head office in the UK: The Zurich Building, 90 Fenchurch Street, London EC3M 4JX.

*Authorised and regulated by the Financial Services Authority **Authorised and regulated by the Irish Financial Services Regulatory Authority and regulated by the Financial Services Authority for the conduct of UK business.

Document checklist

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

- this form; fully completed, signed and dated.
 a sheet of your practice's current **HEADED** notepaper.

And, if applicable, please provide the following:

- claims information for all claims and circumstances reported to Qualifying Insurers or the Assigned Risks Pool, by your practice and any practice to which you are a successor practice.
 if you are a newly established practice, a Curriculum Vitae for every Principal/Member of the practice and your Business Plan and Cash Flow Statement.
 a copy of all reports issued by the CCS (formerly the OSS), Disciplinary Tribunal and/or any other regulatory body.