



Priest

PRIEST & CO LTD

SOLICITORS PROFESSIONAL INDEMNITY
PROPOSAL FORM

Please Note:

- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- Please answer all the questions giving full and complete answers. Please use a separate sheet of paper if insufficient space. If necessary please write additional relevant facts on a separate sheet of paper.
- The proposal form must be completed and signed & dated by a person who is of legal capacity and have the authorisation to request this insurance for the Proposer.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.
- All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of any claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters. If you are in doubt as to what constitutes a material fact, you should consult your broker.

Please supply the following additional information:

- Company Brochure
- Copy of letter headed paper
- CV's of Principals, Business Plan and cash flow forecast (If you are a start up practice)
- A copy of all reports issued by the LCS (formally the CCS/OSS) Forensic Investigation Unit, Disciplinary Tribunal and/or any other regulatory body (if applicable)

First Floor, 8-9 Lovat Lane, London EC3R 8DW
Telephone 020 7623 8626 Facsimile 020 7929 2126 e-mail general@priestco.com

Authorised and Regulated by the Financial Services Authority
Registered Office: Bridge House, London Bridge, London SE1 9QR. Registered in England No. 1682825



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Details of the proposer:

1. Practice Name

2. Solicitors Regulation Authority Registration Number

Date of Establishment

3. Main Address:

Primary Contact:	
Tel:	Postcode:
	Fax:

4. Web-Site/Email Address

5. Is the practice a Limited Liability Partnership or a company registered at Companies House? **Yes/No**

6. Do you have any offices other than the main office listed above, for which you are Seeking cover ? **Yes/No**

If yes please list the address on a separate sheet. If there is no resident Principal/Member/Director at these offices, please identify the office concerned and explain how the office is supervised.

7. Please list 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. Use a separate sheet if necessary.

Practice Name	Date established	Date of succession

Have any of the listed practices reported any circumstances or claims in the last five years? **Yes/No**
If yes, please provide copies of the claims information from other Qualifying Insurers or the Assigned Risks Pool for all circumstances and claims reported since 01/09/2004.

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Details of all Directors/Partners/Principals:

- Please provide full details of every Principal, Member, Director, Assistant and Consultant who will be employed by your practice at the inception date of the policy. If anyone listed is a Registered Foreign Lawyer or Registered European Lawyer, please note RFL or REL along side status. If you are newly established practice, please enclose the curriculum vitae for every Principal, Member, Director in your practice, your business plan and a Cash Flow Statement.

Title (Mr/Mrs)	Solicitors Full Name	D/O/B	Status (Principal/Member/ Consultant/ Assistant)	Full/Part Time	Roll Number (as per practising certificate)

Non Solicitor Principals:

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

Title	Full Name	D/O/B	Role (eg HR/IT/Finance Director, Barrister ,Conveyancer	Full/ Part Time	Fee Earner Yes/No	Regulatory Body

- Do any principals also work for any other law firms or businesses? **Yes/No**
- Number of non-solicitor fee earning staff (please state if none):
- Number of all other staff, including secretarial (please state if none):

Details of activities/income/fees:

- Total Gross fees for the last annual accounting period, current year and estimate for next year or if you are a new practice, estimated fees for the forthcoming year.

Previous Year / /2008	Current Year / /2009	Estimated Year / /2010

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2. Of the total gross fees, please provide gross fees for the last annual accounting period paid by clients based in the USA and Canada (please state if none) £
 On a separate sheet, please provide full details of these clients, the work undertaken for them and whether the work involved advice on UK, US or Canadian law.

3. Does any one client, group of clients or any referral source generate more than 20% or greater of your annual fees? **Yes/No**
If yes, please provide full details of the client or group and the work undertaken on a separate sheet.

4. What is the date of your financial year end? / / 2009

5. Please provide the percentage of gross fees allocated to each Area of Practice. If you are a new practice, please provide estimated percentages for the coming year.

Area of practice (Entered to the nearest whole percentage)	%	Area of practice (Entered to the nearest whole percentage)	%
1.Administering oaths, taking affidavits and Notary Public.		17.Lecturing and related activities	
2.Agency Advocacy.		18.Litigious other than given in any other Category. Please provide a breakdown on a separate sheet	
3.Arbitration, Adjudication, and Mediation.		19.Matrimonial/Family	
4. Children, Mental Health Tribunal and Welfare		20.Non-Litigious work over than given in any either category. Please provide a breakdown on separate sheet	
5.Commercial Litigation.		21.Office & 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 and County Planning.	

11. Defendant litigious work for insurers, Defendant Personal injury work.		27. Wills, Trusts and Tax Planning.	
12. Employment Contentious		*28. Commercial/corporate Work for public companies.	
13. Employment Non-Contentious		*29. Financial Advice and Services where your practice has opted in to FSA regulation	
14. Financial Advice and services Regulated by the Solicitors Regulation Authority		*30. Intellectual Property including patent trademark and copyright.	
15. Immigration.			
16. Land lord and tenant.		<u>TOTAL TO ADD UP TO 100%</u>	

* Please provide extra information on a separate sheet or complete a FSA questionnaire.

6. Has your practice or any other practice, ever:
- Provided management or investment advice to any entertainment clients or sporting professionals? *If yes please explain on a separate sheet.* **Yes/No**
 - Accepted instructions for any class action or other group litigation? *If yes please explain on a separate sheet.* **Yes/No**
 - Please estimate the percentage of personal injury work (claimant) you currently have in each of the following categories :

Small claim	Fast track	Multi track
%	%	%

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

7. Do you undertake work or accept any referrals from Claims Management Companies? **Yes/No**

If yes please provide full details on a separate sheet.

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

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Practicing certificate and regulatory issues

1. In the last ten years has any **principal or fee earner** in the practice:

- Ever been refused a practicing 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 (LCS) or the former CCS or OSS or entered into any regulatory settlement agreement.? **Yes/No**
- Had a civil or criminal judgment against him or her ? **Yes/No**
- Been investigated by any regulatory body other than the Law Society or Solicitors Regulation Authority (e.g 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 of the 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 LSC, former CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/or any regulatory body.

Claims/Circumstances information

1. Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or past or present partners, principals or directors?

Insurance Year	Yes	No
2003 – 2004		
2004 – 2005		
2005 – 2006		
2006 – 2007		
2007 – 2008		
2008 – 2009		

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 01/09/2003 by your practice or any practice to which you are a successor practice.



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2. 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 director or employee or 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.

3. Are you or any partners, directors, members or principals, after having made full enquiry, including all employees aware of any of the following matters?

- Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, director principals or employees? Yes/No
The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by any past or present partner, director principals or employees? Yes/No
Aware of any circumstances or claims that you have not reported to your current or any prior insurers? Yes/No

If yes, please provide full details on an additional sheet of paper.

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.

Risk Management

1. 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 / /

Previous/Current Insurance

1. Has your practice or any prior practice, ever been in the Assigned Risks Pool Yes/No
If yes please explain on a separate sheet.

Table with 2 columns and 4 rows: Current Insurer, Limit of liability, Excess, Premium

2. Has any previous policy for Professional Indemnity Insurance been cancelled or refused or had any special terms imposed by any insurer? Yes/No

If Yes, please provide full details on a separate sheet of paper.



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3. Please circle the Limit of Indemnity required:
£2,000,000, £3,000,000, £4,000,000, £5,000,000, £6,000,000, £7,000 0000, £8,000,0000,
£9,000,000, £10,000,000
Please specify if other:

4. What Excess is the Proposer prepared to carry uninsured?
Nil, £1000, £2,500, £5,000, £10,000, £20,000 or 'Other'
Would you like quotes with an aggregate excess? **Yes/No/Both**

Significant Change /Other material information

- 1. 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.
- 2. Is there any other material information that may be relevant to this application? **Yes/No**
If yes, please explain on a separate sheet.

Declaration

The undersigned authorised Officer of the Company declares that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this Proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature (Principal, Member, Director):.....
Name:.....
Position:.....
Date:.....