



The Law Society

SOLICITORS' PII

Main Proposal Form

2012


1. Your firm's details

Please state all practising titles including associate nominees, alternative business structures and service companies of your firm and state the type of entity: Sole Practitioner (SP), Partnership (P), Limited Liability Partnership (LLP), Legal Disciplinary Practice (LDP), Alternative Business Structure (ABS), Recognised body (R).

	Type

Main Office Address:		Telephone:
		Fax:
		Website:
	Postcode:	SRA number:

Date established: / /

If the firm is newly established (i.e. less than 5 years) please attach  a CV for all principals and a business plan.

Please note: CVs are necessary to establish that principals are suitably experienced to supervise the areas of work conducted by the practice and to manage the firm.


Professional Indemnity Contact:	Telephone:
Email:	

2. Successor Practices

(a) Is any Insured a Successor Practice (as defined in any applicable Minimum Terms and Conditions)?




YES ☐ NO ☐

Please note: any Insured includes the insured firm; a service, administration, trustee or nominee company owned by the insured firm and/or its principals; current or former principals and employees.

If yes, please attach  a copy of the firm's notepaper and enter the details of all Prior Practices and/or individual partners/members where you are deemed or asserted to be a successor practice in the table below.

Name of Prior Practice	SRA ID number	Established Date	Succession Date	If the succession date is after 1 October 2010, was run-off cover purchased for Prior Practice?		No. of fee earners joining the Practice
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

3. Alternative Business Structures (ABSs)

- (a) Has the practice been approved as an Alternative Business Structure?
If yes, please attach  a copy of your license **and go to section 4.** YES ☐ NO ☐
- (b) Does the practice have an intention to convert to an Alternative Business Structure in the next 12 months?
If no, go to section 4. If yes, please answer the following. YES ☐ NO ☐
- (c) Has the practice registered its intent to convert with the Solicitors Regulatory Authority? YES ☐ NO ☐
- (d) Has the practice completed stage one of the application process?
If yes, please attach  a copy of the application. YES ☐ NO ☐
- (e) Has the practice completed stage two of the application process?
If yes, please attach  a copy of the application. YES ☐ NO ☐
- (f) Is the practice intending to have outside investors? YES ☐ NO ☐

If yes, please provide further information about their role (if any) within the practice.

- (g) Is the practice intending to become a Multi Disciplinary Practice? YES ☐ NO ☐

If yes, please confirm the additional services which are being considered.

- (h) Please give an overview of the changes which will happen to the current practice if it is approved as an Alternative Business Structure.

- (i) Please provide any additional information which you feel will support your application for insurance.

4. Your staff details

(a) Please state the number of staff

	2012 FT	2012 PT	2011 FT	2011 PT	2010 FT	2010 PT	2009 FT	2009 PT
Equity partner/member/directors								
Salaried partner/member/directors								
Solicitors								
Assistant solicitors								
Consultants								
Legal Executives								
Other non-solicitor fee earners								
Other staff*								
TOTAL								

* including secretarial; excluding cleaning, maintenance and other manual employees


(b) Please provide information requested below for each current and former partner/member/director of the firm for the last six years, even if you are a sole practitioner

For solicitor principals:

SRA ID number / roll number	Full Name	Current (C) Former (F)	Years as a partner/ member/director	Date qualified	Year of Admission in England & Wales

For non-solicitor principals

SRA ID number / roll number	Full Name	Current (C) Former (F)	Years as a partner/ member/director	Position in firm	Other regulatory body qualifications


Please attach  additional sheets if required.


(c) Has any current fee earner, or former fee earner who has left in the last 6 years, undertaken the QLTT or QLTS? YES ☐ NO ☐

(d) If yes to question (c) above, does the fee earner also have a UK legal qualification? YES ☐ NO ☐

If yes, please state the date of qualification.

/ /

If no, please attach  a CV.

- (e) Is any current fee earner, or former fee earner who has left in the last 6 years, a registered foreign lawyer or registered European lawyer? If yes, please attach  a CV. YES ☐ NO ☐

Please note: Discrimination based on national origins cannot be justified and any variation in terms must relate to factors other than race. If insurers ask for CVs of those solicitors with foreign qualifications this needs to be objectively justified on grounds other than race and the information requested must be no greater than required of those with UK qualifications. For example, the justification for requesting a CV from someone who does not hold UK qualifications may be the need to assess whether that fee earner has sufficient equivalent experience. Reference: ABI's Equality Act 2010 Guide for Insurers.

- (f) Do all partners, principals and members devote all of their work time and attention to the business of the firm? YES ☐ NO ☐

Please note: 'work time' in this question includes part time working hours and can still be answered 'yes' if someone is a part time partner.

- (g) Are any partners, members or directors in the firm also an employee or partner in another firm of solicitors or other business activity? YES ☐ NO ☐

If yes, please provide details.

- (h) Does the practice or any partners, members or directors exercise a controlling/financial interest in any company or organisation for which the practice undertakes work? YES ☐ NO ☐

If yes, please provide details.

- (i) Does any outside individual or company have a financial or business interest in your firm? YES ☐ NO ☐

If yes, please provide details.

- (j) Does the firm carry out full recruitment checks in respect of all employees and principals, including the taking up of written references, questions about an individual's claims record and enquiries as to whether they have any disciplinary record with, inter alia, any regulatory department of the SRA or any other recognised body? YES ☐ NO ☐

Please note: if you do not currently have any staff, please consider what you would do if and when you were to recruit.

If no, please provide details.

- (k) Is your business that of solicitors' firm only? YES ☐ NO ☐

If no, please provide details of any non-regulated business, e.g. separately constituted financial services adviser operating outside of SRA regulations.


- (l) Please provide the names of the person(s) nominated as the COLP and the COFA and the date that they joined the practice.

Full Name	COLP	COFA	Date Joined

5. General questions

(a) After full enquiry, has the firm or any Prior Practice or any current or former principals, partners, members, directors, consultants or employees (including while at another firm) ever:

- been the subject of an investigation that lead to adverse findings by any regulatory body? YES ☐ NO ☐
Please note: examples of regulatory bodies are: the Law Society, the Solicitors Regulation Authority (SRA), the Solicitors Disciplinary Tribunal (SDT), Legal Ombudsman (LeO), or former Legal Complaints Service (LCS) or former Office for the Supervision of Solicitors (OSS) or former Consumer Complaints Service (CCS), the Financial Services Authority (FSA), Council of Licensed Conveyancers, ILEX.
- been the subject of a monitoring visit from the Law Society, the SRA or any other regulatory body which can hold the firm or its employees accountable for errors or mistakes? YES ☐ NO ☐
- been subject to an intervention by the Law Society, the SRA or other regulatory body? YES ☐ NO ☐
- been refused a practising certificate? YES ☐ NO ☐
- been the subject of a costs or penalty order or reprimand by the SDT? YES ☐ NO ☐
- been granted a conditional practising certificate? YES ☐ NO ☐
- failed to pay or been late in paying any insurance premium or excess contribution? YES ☐ NO ☐
- been subject to a civil or criminal judgement (other than minor traffic offences) or a petition for bankruptcy, or entered into any voluntary insolvency arrangement? YES ☐ NO ☐
- been subject to a costs or penalty order? YES ☐ NO ☐
- been refused PII by any qualifying insurer? YES ☐ NO ☐
- applied to the Assigned Risks Pool? YES ☐ NO ☐

If you answered 'yes' to any of the above, please provide details and attach  a copy of all correspondence, documentation or reports issued by the Law Society, the SRA, the SDT, LeO or LCS or former OSS or former CCS and/or any other regulatory or professional body.

(b) Do you expect there to be significant change to or in your firm in the next 12 months (for example, converting to an LLP or ABS; succession or merger with another practice; major change to work type; retiring or ceasing practise)? YES ☐ NO ☐

If yes, please provide details of the change(s), the reasons for and impact of the change(s) both within 12 months and long term?

(c) Has there been a material change in the firm in the last 3 years including, but not limited to, a change in legal entity, nature of work or location, additional partners? YES ☐ NO ☐

If yes, please provide details.

6. Financial Management

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

Full Name:	Last Year	Prior Year (-1)	Prior Year (-2)
Net Profit / (Loss) after tax and before drawings	£	£	£
Total Principal/Partner drawings or Director/Member Remuneration	£	£	£
Net Worth of the Practice (Total Assets less Total Liabilities)	£	£	£

(b) As at the date of this application:

i. What are the total fees outstanding to your practice?

£

ii. What percentage of current outstanding fees was invoiced more than 90 days ago?

%

iii Total unbilled work in progress

£

7. Practice gross fees (exclusive of VAT)

	Date	UK	USA/Canada*	Elsewhere*	Total
Estimated for current accounting period:	/ /	£	£	£	£
Last annual accounting period ended:	/ /	£	£	£	£
Previous annual accounting period ended:	/ /	£	£	£	£
	/ /	£	£	£	£

* USA/Canada/Elsewhere: If you have ever billed clients domiciled or with a billing address in the USA, its territories and possessions and Canada please provide full details of the work undertaken and confirm if the work undertaken is under US or UK law.

(a) Do you have any offices, other than the main office listed above, for which you are seeking cover (including any foreign offices located outside of England and Wales)?

YES ☐

NO ☐

If yes, please insert office details in table below.

Address	Postcode	Resident principal YES NO		Number of fee earners	% of fees last financial year billed by the office
					%
					%

(b) The single largest total fee that you have charged in the last 12 months

£

- (c) For the past 12 months, does any one client or group of clients or referrers generate 20 % or greater of your annual fees? YES ☐ NO ☐

If yes, please provide details of the type of client(s) or referrer(s), fees earned/percentage generated and the work undertaken.
Please note: names of clients should not be provided due to client confidentiality.

- (d) Has the firm ever entered into contingency fee arrangements or similar fee arrangements with clients? YES ☐ NO ☐

If yes, provide details.

- (e) Do you use a standard written risk assessment procedure before accepting any such arrangements? YES ☐ NO ☐

If no, provide details.

- (f) Does one or more partner(s) agree each contingency fee type arrangements before it is offered to the client? YES ☐ NO ☐


If no, provide details.

- (g) Does the practice carry out activities where no fees are charged? YES ☐ NO ☐

If yes, provide details.

8. Type of work

(a) Please state the percentage breakdown of the gross fee income for the last full accounting period into the following categories:

	2011/12 last financial year
Arbitration, Adjudication, Mediation	%
Agency Advocacy	%
Commercial Litigation	%
Commercial/Corporate work – excluding public companies	%
Commercial/Corporate work for public companies	%
Conveyancing – Commercial	%
Conveyancing – Residential	%
Criminal Law	%
Debt Collection (Large – over £10,000)	%
Defendant Litigation (Insurers)	%
Employment – Non Contentious	%
Employment – Contentious	%
Estate Agency and Property Management	%
Property Selling and Valuation	%
Financial Services and Advice regulated by the SRA*	%
Financial Advice and Services regulated by the FSA*	%
Immigration	%
Intellectual Property including Patent, Trademark and Copyright*	%
Landlord / Tenant (Non Litigious)	%
Landlord / Tenant (Litigious)	%
Marine Litigation	%
Matrimonial	%
Personal Injury – Claimant	%
Personal Injury – Defendant	%
Town & Country Planning	%
Trust	%
Estate Administration & Probate	%
Tax	%
Wills	%
Litigious Work other than given in any other category – please provide a breakdown 	%
Non-Litigious Work other than given in any other category – please provide a breakdown 	%
Low risk work including debt collection under £10,000, children, mental health tribunal, welfare, offices and appointments, administering oaths, notary public and taking affidavits, parliamentary advice, agency advocacy, lecturing and related activity, expert witness.	%
TOTAL MUST EQUAL	100%

*Insurers/brokers may require completion of additional questionnaires if you undertake work in these areas.

- (b) Has your practice or any prior practice ever provided management services or investment advice to any entertainment clients, sporting professionals or high net worth individuals?

YES ☐ NO ☐

If yes, please provide the nature of the work undertaken and gross fees billed.

Please note: names of clients should not be provided due to client confidentiality.

9. Nature of work – personal injury

- (a) In the last three years has the firm undertaken personal injury work for the claimant?

YES ☐ NO ☐

If yes, please complete this section. If no, please go on to section 10.

- (b) Has your firm been part of any referral network, claims management or promotional group?

YES ☐ NO ☐

If yes, please provide details.

- (c) How many open claimant personal injury cases does your practice currently have?

- (d) Please estimate the number of open cases where you expect settlement to exceed £250,000

- (e) Approximately how many claimant personal injury cases has the practice dealt with during the last 12 months?

- (f) Approximately what percentage of personal injury cases have been rejected by the practice during the last 12 months?

 %

- (g) In the last six years, has the Practice or any Prior Practice ever received instructions for any class action or group litigation orders?

YES ☐ NO ☐

- (h) What are the average and largest values of personal injury settlements on behalf of any claimant in the last three years?

Average £

Largest £

- (i) What percentage of current cases have ATE insurance?


 %

- i. Please provide the name of all ATE insurance providers dealt with in the last three years

- ii. Provide the name of any ATE insurer that you place more than 20 % of your business with and specify the percentage

- iii. Do you receive, or have you received at any time in the last three years, any commission or other financial incentive from any insurer, referral agent or cover holder?

YES ☐ NO ☐

If yes, please attach  the standard letter that you have advising about the choice of ATE insurer and any commissions, financial incentives or similar that you receive.

- (j) Has your practice reviewed all industrial disease scheme cases including but not limited to vibration white finger, bronchitis and emphysema and complied with the scheme deadlines for logging claims?

YES ☐ NO ☐

If no, please provide details

10. Nature of work – Conveyancing

- (a) In the last six years, has the firm undertaken any residential and/or commercial conveyancing? YES ☐ NO ☐
If yes, please complete this section. If no, then go to section 11.

- (b) Has the practice applied for the Law Society's Conveyancing Quality Scheme (CQS) accreditation? YES ☐ NO ☐

If yes, please confirm the outcome of your application.

- (c) Please state the approximate number of transactions in the last 3 years (including an estimate for the current year):

- (d) Please state the number of fee earners in your firm who undertake or who have undertaken conveyancing work in the last 3 years.

Solicitors

Other qualified fee earners

Non-qualified fee earners

- (e) State for the last 3 years (including an estimate for the current year) in relation to residential conveyancing:

Gross fees

£

Highest value of transaction

£

Average value of transaction

£

- (f) State for the last 3 years (including an estimate for the current year) in relation to commercial conveyancing:

Gross fees

£

Highest value of transaction

£

Average value of transaction

£

- (g) In any year in the last three years, have more than 10 % of your conveyancing instructions originated from a single source i.e. any one development or from one client or referrer, (e.g. a mortgage broker, estate agent, developer, financial advisor) whether or not a formal referral arrangement was in place? YES ☐ NO ☐

If yes, please provide details.

- (h) In the last 12 months, has your firm been removed from a lender's panel for any reason connected to your professional work (i.e. other than by reason of a lack of instruction or a decision on the lender's part not to instruct sole practitioners)? YES ☐ NO ☐

If yes, please provide details.

- (i) Are all conveyancing transactions directly supervised by a Principal of the Firm? YES ☐ NO ☐

If no, please advise who is responsible for the supervision process and how it works.

(j) Does anyone other than a Principal sign reports and/or certificates of title addressed to lenders? YES ☐ NO ☐

If yes, please provide details.

(k) Do you have systems in place to ensure timely compliance with undertakings? YES ☐ NO ☐

If no, please provide details.

(l) In the last six years, have you acted for multiple buyers of property in the same development or in the same building? YES ☐ NO ☐

If yes, please provide details.

(m) In the last six years, have you acted for a single buyer purchasing multiple properties? YES ☐ NO ☐

If yes, please provide details.

(n) Has your firm received any requests for conveyancing files or information from conveyancing files over last six years from a lender or a lender's representative, other than in accordance with normal business (e.g. standard audit)?

i. Have you reported such requests to your insurer? YES ☐ NO ☐

If no, please provide details.

ii. Have any potential notifications made by you been declined by your insurer? YES ☐ NO ☐

If yes, please provide details.

iii. Have any file requests resulted in a claim being made against you? YES ☐ NO ☐

If yes, how many?

Estimated total cost

£

If yes, have you reported these claims to your insurer?

YES ☐ NO ☐

If no, please provide details.

iv. Have you made any block notification to your current insurer or any other previous insurer of all claims and circumstances that have arisen out of requests for your conveyance files by a particular lender or in respect of a particular fee earner? YES ☐ NO ☐

If yes, please provide details.

11. Risk Management procedures

- (a) Please give details of any quality marks (e.g. Lexcel) applied for and the result of the application


- | | | |
|---|------------------------------|-----------------------------|
| (b) If none, are you working towards applying or gaining accreditation within the next 12 months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) Are regular audits undertaken? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) Are all staff, without exception and including partners, subject to file review? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) Do you have systems in place to monitor Work in Progress (WiP) and billing? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (f) Do you have a formal process for assessing, deciding upon then monitoring the risk of new and existing clients prior to accepting instructions? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (g) Do you have a system for identifying and avoiding conflicts of interest? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (h) Do you instruct your staff to ensure that the client is always issued with an engagement letter giving costs and other information? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (i) Do you operate a centralised or departmental diary system recording all critical dates and time limits? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (j) Are all fee earners and relevant staff required to use this diary? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (k) Are undertakings which are given on behalf of your firm centrally recorded and approved by a partner? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (l) Do you have a central record of all complaints and/or potential claims? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (m) Do you have a business continuity plan? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (n) Does your practice outsource any legal, secretarial or other work/services? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If yes, please provide details.

12. Claims and Circumstances

- (a) Has your firm or any Prior Practice made any claim or notified any circumstances in the last six years? YES ☐ NO ☐

For each year, please list the name of your insurer/ARP and either confirm there are no claims/circumstances or provide details of claims/circumstances. Details should include information from Qualifying Insurers or the Assigned Risks Pool for all circumstances, incidents or claims reported by your practice and any practice to which you are a successor practice. Please also include any paid claim or reserve values. It is also useful to provide full details of all incidents, including how the matter was resolved and the procedures/processes in place to avoid re-occurrence.

Please attach  current claims report from all qualifying insurers for the period confirming this information and supporting documentation necessary to explain any claims history.

	Name of qualifying insurer/Assigned Risks Pool	No claims/ circumstances	Claims/ circumstances attached
2006–2007			
2007–2008			
2008–2009			
2009–2010			
2010–2011			
2011–2012			

- (b) Is any Principal aware, after careful enquiry, of any loss or claim or circumstance which may give rise to a loss being sustained or claim being made against or involving any person or persons to be included in this insurance, their predecessors in practice or any past partners, directors or members, where such has not been previously notified to past or present insurers? YES ☐ NO ☐

If yes, please provide details of all claims and circumstances not already notified to your insurers that may give rise to a claim. Include details of the date of the claim/circumstance, type of work and estimated cost of claims.

- (c) Are there any matters notified by your firm (or any prior practice) to qualifying insurers or the Assigned Risks Pool that have not been accepted as an effective notification? YES ☐ NO ☐

If yes, please provide details.

- (d) Is there any other material information that may be relevant to this application? YES ☐ NO ☐

If yes, please provide details.

PLEASE NOTE THAT YOU HAVE AN OBLIGATION UNDER YOUR CURRENT PROFESSIONAL INDEMNITY POLICY TO NOTIFY THESE MATTERS TO YOUR INSURER AND YOUR BROKER WILL ASK YOU TO CONFIRM THAT YOU HAVE DONE SO THAT IT CAN CONFIRM THIS TO INSURERS BEFORE COVER INCEPTS.

13. Declaration/supplementary questionnaires

Please note that your broker/insurer may require you to sign additional declarations or fill out supplementary questionnaires prior to providing you with a quotation.