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**Professional Indemnity Proposal Form – Solicitors**

**Personal Touch Financial Services Ltd is authorised  
and regulated by the Financial Services Authority**

# SOLICITORS PROFESSIONAL INDEMNITY INSURANCE

## Proposal Form

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 and where you are required to provide details.

### 1 NAME AND ADDRESS DETAILS

Main Office Solicitors Regulation Authority registration no.

Practice name

*(please include all names under which you practice and any other entities for which you are seeking cover including Trustee and/or Named companies)*


Main office address

*(please list all branch offices, including addresses, for which you are seeking cover on a separate sheet)*


Postcode

Main office tel no.  Main office fax no.

Contact email address

Practice website

Date established

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 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.*

Is your practice a Limited Liability Partnership or a company registered at Companies House?

Yes  No

### 2 PRIOR PRACTICES

List the names of all prior practices to which this practice has become a successor practice in the last fifteen years. A successor practice as being defined in the Solicitors Regulation Authority minimum terms.

Name of practice	Date established	Date of succession

Have any of the firms listed above reported any circumstances or claims in the last ten years? *If Yes, please refer to question 7.*

Yes  No

### 3 SOLICITORS DETAILS

Provide all information requested for every Principal, Assistant, Member and Consultant who will be employed by your firm as at the inception date of the Policy. If anyone is a Registered Foreign Lawyer or Registered European Lawyer, please note RFL or REL alongside solicitor status.

If you are a newly established firm, please enclose a Curriculum Vitae for every Principal/Member in your firm.

Title (Mr/Mrs/ Ms/Other)	Full name	D.O.B	Status (Principal/Assistant/ Member/Consultant)	Full/Part Time	Roll number (as shown on practising certificate)

**4 OTHER STAFF**

Number of non-solicitor fee earning staff

Number of all other staff (including secretarial)

**5 PRACTICE FEES**

Gross fees for the last five financial years ending

/ /	£
/ /	£
/ /	£
/ /	£
/ /	£

Estimated fees for next financial year

Single largest fee for the financial year

Please provide gross fees for the last annual accounting period paid by clients domiciled in the USA and Canada (Please provide, on an additional sheet, figures for the previous 5 accounting years if applicable). Please state "NONE" if none.

*Please provide details of the client(s) and the work undertaken on a separate sheet and indicate whether the work is undertaken under UK or US Law.*

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 the client and the work undertaken on a separate sheet.*

*If you are a newly established firm, please enclose your Business Plan and Cash Flow Statement.*

**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 or Solicitors Regulation Authority (Including the OSS & CCS)? 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)? 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 or Solicitors Regulation Authority (e.g. FSA)? Yes  No

*If yes, please provide full details and include a copy of all reports issued by the Legal Complaints Service or the former CCS or OSS and Disciplinary Tribunal and/or any regulatory body.*

## 7 CLAIMS & CIRCUMSTANCES

Has your practice, or any prior practice, reported any circumstances or claims to the Assigned Risks Pool or to Qualifying Insurers in the:

Insurance Years 2001 – 2002 Yes  No  Insurance Year 2004 – 2005 Yes  No   
 Insurance Year 2002 – 2003 Yes  No  Insurance Year 2005 – 2006 Yes  No   
 Insurance Year 2003 – 2004 Yes  No  Insurance Year 2006 – 2007 Yes  No

*If yes to any of the above, please provide claims information from Qualifying Insurers or the Assigned Risk Pool for all circumstances, incidents or claims reported since 01/09/2002 by your firm and any firm to which you are a successor practice.*

Please provide a 2007 SIF summary and full details of any other matters notified to SIF by your firm and any firm to which you are a successor practice but which have not been accepted as an effective notification.

After making full enquiry of all principals, members 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? *If yes, please provide details.* Yes  No

Have any circumstances, incidents or claims reported by your practice or any prior practice in the last ten years arisen as a result of the dishonesty of any principal, member or employee of the practice? *If yes, please provide full details of all incidents on a separate sheet including how the matter was resolved and the procedures/processes in place to avoid re-occurrence.* Yes  No

## 8 RISK MANAGEMENT

Is the practice accredited or in the process of becoming accredited to BE EN ISO 9000/01/02 or Lexcel? Yes  No

If so, dates of accreditation

Is a centralised "critical date" diary system in operation (e.g. for limitation periods)? *If no, please provide an explanation on a separate sheet.* Yes  No

Is the work of assistant solicitors supervised by a partner and subject to regular review meetings? *If no, please provide an explanation on a separate sheet.* Yes  No

Are all relevant telephone conversations involving legal matters the subject of a written record on the file? *If no, please provide an explanation on a separate sheet.* Yes  No

Does the practice have a new client intake procedure that involves at least one solicitor and includes checks to detect potential money laundering and conflicts of interest? Yes  No

Does the practice or any Partner/Principals exercise a controlling/financial interest in any company or organisation for which the practice undertakes work? Yes  No

*If your firm has 4 or more partners OR practice fees of £500,000 or more, a Risk Management Supplementary Questionnaire must be completed. Please request a copy from PYV if not attached.*

## 9 CURRENT COVERAGE

Has your practice, or any prior practice ever been in the Assigned Risks Pool? *If Yes, please provide details.* Yes  No

Has any Qualifying Insurer ever refused to offer your firm or any prior practice terms for professional indemnity insurance? *If Yes, please provide details.* Yes  No

If you are not a PYV client, please provide details of your current insurance below:

Current insurer	Limit	Excess	Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 10 AREAS OF PRACTICE

A: 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.

AREA OF PRACTICE (Rounded to the nearest whole percent)	%	AREA OF PRACTICE (Rounded to the nearest whole percent)	%
Administering oaths, taking affidavits and notary public	1	Matrimonial/Family	21
Agency Advocacy	2	Mergers & Acquisitions Work - Non-Securities Related	22
Acting as Arbitrator, Adjudicator or Mediator	3	Non-litigious work other than given in any other category (Please give a breakdown on a separate sheet)	23
Children, Mental Health Tribunal and Welfare	4	Offices & Appointments	24
Commercial/Corporate Work (excluding work related to public companies)	5	Parliamentary Agency	25
Commercial Litigation	6	Personal Injury (Claimant)	26
Conveyancing - Commercial	7	Personal Injury (Defendant)	27
Conveyancing - Residential	8	Probate	28
Criminal Law	9	Property Selling, Valuations & Property Management	29
Debt Collection	10	Town & Country Planning	30
Defendant litigious work for Insurers	11	Trusts and Tax Planning	31
Employment - Contentious	12	Wills	32
Employment - Non-contentious	13		
Estate Administration	14	<i>Should you have percentages in any of the areas below please provide details on a separate sheet or, for 3, complete the FSA questionnaire.</i>	
Financial Advice and Services regulated by the Solicitors Regulation Authority	15	Commercial/Corporate Work for public companies	33
Immigration	16	Financial Advice and Services where your firm has opted into regulation by the Financial Services Authority	34
Landlord and Tenant - Litigious	17		
Landlord and Tenant - Non-litigious	18	Intellectual Property including patent, trademark and copyright	35
Lecturing & related Activities and Expert Witness Work	19	Other - Please provide details	
Litigious work other than given in an other category (Please give a breakdown on a separate sheet)	20	<b>TOTAL MUST EQUAL 100%</b>	<b>100%</b>

B: Has your practice, or any prior practice, ever:

provided management services or investment advice to any entertainment clients or sporting professionals? *If Yes, please provide details.*

Yes  No

accepted instructions for any class actions or any other group litigation? *If Yes, please provide details.*

Yes  No

undertaken work in relation to selling or advising on any mortgage endowment policies since 1st April 1991?

Yes  No

*If Yes, please request and complete our Endowment Questionnaire.*

In the last 12 months, on how many occasions has your practice or any prior practice advised on any Home Income Plans or Equity Release Plans?

Cont.

Please estimate the percentage of personal injury cases (claimant) in each of the following categories:  
 Small claims  % Fast track  % Multi track  %

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

Has your firm undertaken any personal injury work referred by The Accident Group, Claims Direct, and/or any other claims management companies? Yes  No   
 If Yes, please request and complete our Claims Management Company Questionnaire.

Does the firm have procedures for verifying qualifications, previous experience, and previous claims/circumstances for new practice acquisitions, new partners, principals, directors, members and employees? Yes  No

If the firm carries out conveyancing services, please provide the following details:

	Residential	Commercial
Approximate number of transactions in the last full accounting year	<input type="text"/>	<input type="text"/>
Highest value in the last full accounting year	£ <input type="text"/>	£ <input type="text"/>
Average value in the last accounting year	£ <input type="text"/>	£ <input type="text"/>

In respect of activity regulated under the Financial Services and Markets Act 2000, can the Proposer confirm that all financial services work is on an introductory only basis, always has been and is only planned on this basis for the future? Yes  No

## II FINANCIAL SERVICES

If you undertake Financial Services work please detail below the percentage of work done in each specific field.

FINANCIAL SERVICES (Rounded to the nearest whole percent)	%	FINANCIAL SERVICES (Rounded to the nearest whole percent)	%
Dealing in Bonds (e.g. Eurodollar)	1	Life/Term Assurance:-	Regulated
Dealing in Commodities (Future or Physical)	2		Non-regulated
Dealing in Foreign Securities/Investment	3	Mortgages	10
Dealing with Listed UK Securities	4	Endowments	11
Institutional Fund Management	5	Pensions (including transfers/opt outs/non joiners/AVC's/FSAVC's)	12
Investment in Insurance Bonds	6	Private client portfolio management:-	Discretionary
Investment in Tangibles (e.g. Buildings, Bloodstock, Gems, Fine Art)	7		Non-discretionary
Investment in Unit Trusts	8	Split Capital Investment Trusts	14
		Structured Capital at Risk Products	15
		Other (please specify)	
		<b>TOTAL MUST EQUAL 100%</b>	<b>100%</b>

If none of the above have been undertaken in the last year, has the firm been involved in any of the above since 1988? Yes  No   
 If Yes, insurers may require completion of a further questionnaire.

## 12 REQUESTED COVER

As from 1st October 2005 the minimum cover required is £2 million for a partnership or £3 million for LLP's and Companies registered at Companies House.

Limit of indemnity Required

Limits: £2 million  Other  (Please specify) £

Excess Required

Per claim excess: £  Excess Aggregate? Yes  No

## 13 SIGNIFICANT CHANGE

Do you expect there to be any significant change to or in your practice in the coming year? If Yes, please provide details.

Yes  No

## 14 OTHER MATERIAL INFORMATION

Is there any other material information that may be relevant to this application? If Yes, please provide details.

Yes  No

## 15 BASIS OF CONTRACT

By signing this proposal form you consent to PYV Limited using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents and service providers appointed by us, and to insurers, (which includes their re-insurers, legal advisers, loss adjusters or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both in respect of the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a fee) and to have any inaccuracies corrected.

I/We declare that, after full enquiry of all partners and staff, all claims and circumstances which may give rise to a claim have been reported to SIF and/or previous and/or current insurers and that the statements in this proposal form (and attachments if any) are true and complete and shall form the basis of any contract of insurance effected thereupon. I/We undertake to inform insurers of any material alterations to the information provided or any new fact or matter arising before completion of the contract of insurance, which may be relevant to the contract of insurance.

Signed  Date   
(Principal/Member)

Print name of Principal

### CHECK LIST

Before returning your proposal to us please complete your checklist.

- Completed proposal - signed and dated
- Headed paper with additional details as appropriate
- SIF claims schedule 2007
- Claims reports from qualified insurers and ARP if applicable
- Risk management supplement if you are a firm of 4 partners and above with fees of over £500,000.
- Curriculum Vitae for every Principal of the firm and your Business Plan and Cash Flow Statement (if firm has been established for less than 12 months).
- A copy of all reports issued by the Legal Complaints Service or the former CCS or OSS and Disciplinary Tribunal and/or any other regulatory body if applicable.