



Professional Indemnity Insurance
Proposal Form for Solicitors

Important Notes

- A. Answer every question fully. If necessary attach separate sheets with information which can be incorporated into your declaration. As your policy approaches renewal date it is important that the details we hold about you are kept up to date and all material facts about the risk are declared.
- B. A Principal, Partner, Director or Member of the firm must complete the proposal and make all the necessary enquiries of their fellow Partners, Directors, Members and Employees.
- C. Wherever we ask questions on this declaration about you or your firm we mean you, your Partners, Directors, Members or Employees or any former Partners, Directors, Members or Employees of any firm for which cover is required under this insurance.
- D. Individuals forming a Limited Liability Partnership (LLP) are known as Members.
- E. The Insurance Act 2015 requires you to make a fair presentation of the risk. An insured, and their agents, are under a duty to disclose all material facts and circumstances to an insurer. You should carry out a search of the information held by you and the firm, and present the information in a clear and accessible format. The Act also places a duty of disclosure on brokers. As your brokers, we are obliged to disclose any material information relating to you and the firm that we are aware of, and which you may not have included in your presentation. Please ensure that the information you provide in this proposal is complete and can be easily interpreted and understood by the insurer.

Your Firm

Please state all practising titles including associate nominee, alternative business structures and service companies. Please mark type against each; 'S' for Sole Practitioner, 'P' for Partnership, 'L' for Limited Liability Partnership (LLP), 'ABS' for Alternative Business Structures and 'R' for Recognised Body.

Name(s) of Firm(s) to be Insured	SRA Firm ID Number	Type

Where your Firm is a Partnership or LLP are any of the Partners/Members Limited Liability entities?

Yes No N/A

If 'Yes', please provide full details including their SRA ID.

Please provide the following information

Name(s) of firm(s) to be insured:
(See important note C)

Firm's Principal Address:

<input type="text"/>	Postcode	<input type="text"/>
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Contact information

Telephone:

Fax:

Mobile:

Email:

Date Established:

Contact Person:

Do you have any offices other than the main office listed above?

Yes No

If yes, please provide details in the 'Additional Information' section at the end of this form. Please include all addresses along with details of who is responsible for supervising staff at each office and their position.

Successor Practice

Is any Insured a successor, as defined in the Solicitors Regulation Authority's Minimum Terms & Conditions, to any other Firm (e.g by holding out, takeover, merger or employment of principals or staff)?

Yes No

If 'Yes', please provide full details in the 'Additional Information' section at the end of this form.

Your Staff Details

Please complete the table below to show the total number of staff including Partners, Directors or Members.

Clients Producing a Fee of:	Full Time	Part Time
Equity Partners/Principals/Members		
Salaried Partners/Members		
Solicitors and Consultants		
Legal Executives		
Other Fee Earners		
Other Staff*		

*Excluding cleaning, maintenance and other manual employees

Please provide all information requested for every current Partner, Director or Member of the Firm and full details of every former Partner, Director or Member for the last 6 years, even if you are a Sole Practitioner.

Roll Number	Partner's Full Name	Current = C Former = F	Years as a Partner/ Member in the Firm	Date Qualified	Place Qualified

If you need more space, please move to the 'Additional Information' section at the end of this form.

References

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 Solicitors Regulation Authority or any other recognised body?

Yes No

NB If you do not currently have any staff, would you be able to say 'Yes' to this question if and when you were to recruit?

If 'Yes', please tick yes above, if 'No', please provide details in the 'Additional Information' section at the end of this form.

General Questions

Has the Firm or any prior Practice or any present or former Principals, Partners, Members, Directors, Consultants and employees thereof:

Been or is the subject of an investigation that has been upheld, or any investigation or intervention by any regulatory department of the Solicitors Regulation Authority, the Legal Ombudsman Service or any other recognised body?

Yes No

Received a monitoring visit from the PSU?

Yes No

Been or is the subject of a Financial Conduct Authority and/or Financial Services Authority (been or is the subject or part) investigation or proceedings commenced by the Financial Conduct Authority?

Yes No

Previously been, or is currently the subject, to a Petition for Bankruptcy or Voluntary Insolvency Agreement or any other arrangement with creditors?

Yes No

Ever been refused a Practising Certificate or granted a Conditional Practising Certificate or been the subject of a costs or penalty order or reprimand by the Solicitors Disciplinary Tribunal?

Yes No

Ever been convicted of (or charged with but not yet tried for) any criminal offence involving fraud or dishonesty other than spent convictions?

Yes No

Ever failed to meet any insurance premium, (including premium finance arrangements), run-off premium or excess contribution in full or in part?

Yes No

Ever been declined Professional Indemnity Insurance by any insurer, referred to the Assigned Risks Pool ('ARP'), entered the Extended Indemnity Period ('EIP') or Extended Policy Period ('EPP')?

Yes No

Has there been a material change in the Firm in the last 3 years including, but not limited to, legal entity, nature of work or location?

Yes No

Do you expect there to be any material change to or in your Firm in the coming year including, but not limited to, legal entity, nature of work or location (e.g. converting to an LLP or Alternative Business Structures)?

Yes No

Are any Partners, Principals or Members in the Firm also a Partner, Principal or Member in another Firm of solicitors or other business activity?

Yes No

Has any new fee earner in the last 6 years, including any Partner, Principal, Member or Sole Practitioner, obtained their first legal qualification outside the UK?

Yes No

Have you been involved with or introduced any client(s) to any scheme or vehicle designed to avoid or mitigate tax or other duty?

Yes No

If 'Yes' to any of the above questions, please provide details in the 'Additional Information' section at the end of this form.

Do all Partners, Principals and Members in the Firm devote all of their work time and attention to the business of the Firm?

Yes No

If 'No', please provide details in the 'Additional Information' section at the end of this form.

Is your business that of a Solicitors' Firm only?

Yes No

If 'No', please provide details of any non-regulated business in the 'Additional Information' section at the end of this form, e.g. separately constituted financial services adviser operating outside of the Solicitors Regulation Authority regulations.

Certificates

Does the Firm hold Employers Liability Insurance? Yes No Expiry Date:

Is your firm currently accredited with: Lexcel: Yes No Date First Granted:

CQS: Yes No Date First Registered:

Your Gross Fees

Please provide gross fees for the last three completed accounting periods and an estimate for the current year (excluding VAT)

	Year Ending	England and Wales	USA/Canada*	Any Other Jurisdiction	Total
Last annual accounting period					
Estimated current year					
Annual accounting period before last					
Annual accounting period but two					

*Please also provide full details of the clients and work on a separate page.

Please provide your largest and average fee from the last 3 years:

The largest total fee charged:

The average fee charged:

Has the total Partner/Principal drawings or Members/Directors remuneration exceeded the firm's net profit in any of the last 3 years? Yes No

If 'Yes', please provide the reasons and full details in the 'Additional Information' section.

Please attach a copy of your completed annual accounts for the last two years.

If you cannot, please provide the reasons in the 'Additional Information' section.

Attached

Claims and Circumstances

Has your Firm or any prior Firm made any claim or reported any circumstance in the last 6 years? (See Important Note C) Yes No

If 'Yes' please provide full details in the 'Additional Information' section at the end of this form.

Note: This is not required if you are currently a client of The Professional Indemnity Company or if you have provided us with up-to-date insurer claims summaries covering at least the last 6 years.

Are you or any Partner, Director or Member, after having made full enquiries, aware of any circumstances which may give rise to a claim against you? (See Important Note C) Yes No

Have all claims and circumstances which might give rise to a claim been reported to insurers? Yes No N/A

Are there any matters notified by your Firm (or any predecessor Practice) to qualifying insurers or the Assigned Risks Pool, including years where you have not reported any circumstance, in respect of which rights have been reserved or the notification declined? Yes No

If 'Yes' to any of the above, then please provide full details in the 'Additional Information' section at the end of this form.

Type of Work

Please provide a split of gross fees received in the last complete financial year (this division should be as accurate as possible).
If recently established provide an estimated split of work for the forthcoming year

Type	Last Year %	Prior Year %
Criminal Law		
Acting as Arbitrator, Adjudicator or Mediator		
Immigration		
Employment		
Property Selling and Valuation		
Residential Conveyancing		
Commercial Conveyancing		
Landlord and Tenant		
Wills, Trust and Probate		
Matrimonial		
Personal Injury		
Debt Collection (judgement debts over £10,000)		
Financial Advice and Services		
Commercial		
Defendant Litigious Work for Insurers		
Litigation and Arbitration (other)		
Other Non-Litigious		
Other Low Risk Work*		
Financial Institutions		
Total		

* Low risk work includes: debt collection under £10,000, children, mental health tribunal, welfare, offices and appointments, administering oaths and taking affidavits, parliamentary advice, agency advocacy, lecturing and related activity, expert witness, town and country planning.

Personal Injury Work

Please omit this section if you have not been involved in this area of work in the last 6 years through any of the insured entities.

Please advise your current Personal Injury work by percentage

Clinical Negligence	%
Occupational Disease	%
All other Personal Injury e.g. RTA, Public Liability etc	%

Please estimate the percentage of Personal Injury work (Claimant) you currently have in each of the following categories

Small Claims	%
Fast Track	%
Multi Tracks	%

What was your average personal injury settlement over the last 3 years?

What was your highest personal injury settlement over the last 3 years?

Please provide details of any individual cases settled or likely to settle in excess of £250,000 in the additional information section at the end of this form.

Conveyancing Work

Please omit this section if you have not been involved in this area of work in the last 6 years through any of the insured entities.

Has the firm ever acted on any right to buy transactions where there has been a referral by an introducer?

Yes No

If 'Yes', how many?

Please provide full details in the additional information section.

Has the Firm's application been successful when applying for the Conveyancing Quality Scheme (CQS)?

Yes No N/A

If 'No', please provide full details in the 'Additional Information' section at the end of this form.

Please confirm average fee charged per conveyancing transaction

Does the Firm have a process in place to report escalating ground rent clauses, in respect of leasehold premises to lenders and buyers?

Yes No

If 'No' to either of the above, please provide full details in the 'Additional Information' section at the end of this form.

Has your Firm been asked by a lender to agree to more onerous terms and conditions than provided for in the CML Handbook?

Yes No

In the last 6 years has the Firm or any prior practice acted for either a developer or purchaser(s) in relation to multiple (more than 5) transactions in the same development (including multiple phases of a single development)?

Yes No

Have you acted for a single buyer purchasing multiple properties during the last 6 years?

Yes No

If you have answered 'Yes' to any of the above questions, please provide details in the 'Additional Information' section at the end of this form.

Has the practice or any prior practice ever acted in connection with any Property Developments or Investment Schemes, for example, but not limited to: any transaction involving overseas properties, overseas developments, on any transaction involving UK properties or UK developments for overseas buyers, student pods, care homes, hotel rooms, fine wine, cryptocurrency, self-storage units, car parking spaces, carbon credits, land banking or natural resources?

Yes No

If 'Yes', then please provide full details in the 'Additional Information' section at the end of this form.

Has the practice, or any prior practice ever acted on any property transaction where a purchaser has paid a deposit greater than 25% of the full purchase price or on any buyer-financed or fractional sales development?

Yes No

If 'Yes', then please provide full details in the 'Additional Information' section at the end of this form.

Have you been involved in any off-plan property transactions?

Yes No

If yes, please provide the following information:

Please state the highest and average value of off plan deposits.

Highest

Average

What percentage of the total purchase price does the highest off plan deposit represent?

Are deposits held in Trust?

Yes No

Are they buyer funded?

Yes No

Do you warn of the potential for the loss of deposits if developers enter liquidation and is this evidenced in writing?

Yes No

Please provide the following details.

Type	Last Year	Prior Year	Two Years Prior
Number of solicitors who undertake conveyancing			
Number of qualified fee earners who undertake conveyancing			
Number of non-qualified fee earners who undertake conveyancing			
Number of residential transactions			
Number of residential transactions under right to buy legislation			
Estimate the highest capital value, residential transaction			
Estimate the average capital value, residential transaction			
Number of commercial transactions			
Estimate the highest capital value, commercial transaction			
Estimate the average capital value, commercial transaction			
Estimate the proportion of your conveyancing fees derived from remortgage work			
Estimate what percentage of all your conveyancing instructions that relate to the purchase of buy to let properties			

Does your Practice always undertake the appropriate identity checks as laid out in Part 1, Section 3 of the CML handbook? Yes No

If you have answered 'No', please provide details in the 'Additional Information' section at the end of this form

In any of the last three years have more than 10% of your conveyancing instructions originated from any one property development Client or referrer? Yes No

If 'Yes', then please provide full details in the 'Additional Information' section at the end of this form.

Does your Practice act for any mortgage lender who is not a member of the Council of Mortgage Lenders? Yes No

If 'Yes', then please provide full details in the 'Additional Information' section at the end of this form.

Does a Partner directly supervise all residential conveyancing transactions undertaken by the firm and conduct file audits on residential conveyancing files including Partner to Partner? Yes No

If 'No', then please provide full details in the 'Additional Information' section at the end of this form.

On approximately how many occasions have you received requests for conveyancing files from lenders?

Does your Practice knowingly undertake the conveyancing of Sub Prime or Adverse Mortgages? Yes No

On how many occasions in the last five years has your Practice or any Prior Practice advised on Home Income Plans or Equity Release Plans?

Commercial Work

Please omit this section if you have not been involved in this area of work in the last 6 years through any of the insured entities.

Do you conduct commercial work for mergers and acquisitions? Yes No

Do you conduct commercial 'securities' related work? Yes No

Do you conduct intellectual property work? Yes No

If you have answered 'Yes' to any of the above questions, then please provide full details in the 'Additional Information' section at the end of this form.

Fraud Prevention

Do you have procedures and conduct training to identify and combat fraud? Yes No

Do you have procedures in place which mandate that:

Exchange of bank details for payments to or from the firm must be made at the outset of a transaction, preferably when meeting the client, where the risk of fraud and restrictions on future changes to bank details can be fully explained? Yes No

Changes to bank details must not be accepted by remote means (e.g. by email or telephone), apart from in exceptional circumstances and only when it has been validated that those changes have been made by your client? Yes No

Payments from client accounts must be set up by one person and independently verified/authorised by another against original client bank account name, number and sort-code, before funds are transferred? Yes No

Always double check email addresses and call the recipient of funds in order to confirm. Yes No

Do you use a FastPay type service? Yes No

If 'Yes' in respect of client account transfers what is the maximum individual or batch a mount that can be made on a FastPay type service without independent verification before transfer?

Individual

Batch

Does your Fraud prevention training include, as a minimum, information and control methods on the use of malware, vishing and phishing, impersonation, not to provide you PIN numbers or passwords, social engineering and scam methods typically used for external and internal fraud? Yes No

If no, will you implement one within 21 days?

Yes No

To prevent e-mail hacking (whether against you or your clients) as a basis for incepting and diverting funds, and to ensure your clients are aware of this threat and will cooperate with your risk mitigation measures, have you got a procedure that controls the validation of the client's account details and the authority required to make changes to these details? Yes No

If no, will you implement one within 21 days?

Yes No

The recommended procedure includes Account details (sort code, account name and number) being exchanged with clients at the outset of the transaction and preferably in-person when you meet them (including your account details if you expect them to transfer money to you).

Explaining that you will:

- Only use the original details provided for funds transfer (in or out) and will not under any circumstances provide, confirm or accept any change in, or re-advice of, those account details without seeing the client in person or without abiding by a unique security arrangement for this purpose.
- Not change your own bank account details.

Current Insurance

Do you currently have Professional Indemnity Insurance in force? Yes No

If 'Yes', please provide the following details (not required if you are currently a client of Hera Indemnity):

Insurer	
Limit of Indemnity	
Excess	
Aggregate Excess (If Applicable)	
Premium	
Renewal Date	

Please state the Limit of Indemnity options for which you require quotations

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Please state the excess options for which you require quotations

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Would you like us to provide you with a quotation for Cyber Risk Insurance?

Yes No

Are you happy for us to contact you about other insurances or services that we may offer?

Yes No

Would you like a quotation for Employee Health, Protection and Wellbeing products?

Yes No

Would you like a quotation for Management Liability Insurance?

Yes No

Additional Information

If you run out of space in this section, please provide further information on letter headed paper.

Declaration

How we will use your Information

Hera Indemnity will process your data in accordance with relevant data protection legislation. The information supplied to us by you may be held on computer and passed to insurers for underwriting and claims purposes. You should show this notice to anyone whose personal data may be processed to administer this policy.

In order to administer your insurance policy and any claims made against the policy we may share personal data provided to us with other companies and with business partners including overseas companies. If we do transfer your personal data including where we propose a change of underwriter we make sure that it is appropriately protected.

Under the conditions of your policy you must tell us about any Insurance related incidents whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to the relevant database. We may search these databases when you apply for insurance in the event of any incident or claim or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim. We may also pass your information to reinsurers and/or loss adjusters.

Under data protection legislation you can make a written request for a copy of certain personal records held about you and have any inaccuracies corrected. Any requests or enquiries about our data protection policy or practices should be addressed to Hera Indemnity.

Fraud Prevention & Detection

In order to prevent and detect fraud, we may at any time:

1. Share information about you with other organisations including the Police
2. Undertake credit searches
3. Check and/or share your details with fraud prevention and detection agencies.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

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.

By signing this form you are confirming that you have read and accepted the information set out above.

Duty of Disclosure

You are responsible for carrying out a reasonable search of all information held by the firm, and disclosing all material facts and circumstances to the Insurer. You are under a duty to make a fair presentation of the risk, and we as your brokers, are also under a duty to disclose material information. Please see Important Note (E), above.

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.

I declare that I have carried out a reasonable search of all information held by the firm and 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:

Signed:

Date:

Print Name:

Position Held:

Company Name:

This form and any questionnaires or additional sheets must be signed by a Partner / Principal / Member / Director of the practice.

Hera Indemnity, Indemnity House, 131 Main Road, Broughton, Chester, CH4 0NR

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