

Professional Indemnity Insurance  
Proposal Form

Solicitors

Return to:

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Broker at **LLOYD'S**

# Solicitors Professional Indemnity Insurance

Please provide a full answer to every question and use supplementary sheets if necessary. The more information you give us, the more we will understand your Firm and be better able to negotiate with the insurer on your behalf –

A Principal/Member/Partner/Director of the Firm must sign this form along with any supplementary sheets.

## 1 Your Firm's details

**a** 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' Alternative Business Structures and 'R' for Recognised Body.

	Type

**b** Where your Firm is a Partnership or LLP are any of the partners/members limited liability entities?

*If yes, please provide full details on final page (additional information)*

N/A ☐ Yes ☐ No ☐

**c** Firm's principal address

			Telephone	
			Fax	
			DX number	
			Email	
			Website	
			Mobile number	
			Date established	<i>If less than 2 years please provide business plan and CVs for all partners and members</i>
Professional Indemnity Contact				
Solicitors Regulation Authority Firm ID number				

**d** Has the practice been approved as an Alternative Business Structure?

*If yes, please forward a copy of your license.*

Yes ☐ No ☐

**e** Does the practice have an intention to convert to an Alternative Business Structure in the next 12 months?

*(If no, move to Q1f. If yes, please answer the following)*

Yes ☐ No ☐

**i** Has the practice registered its intent to convert, with the Solicitors Regulatory Authority?

Yes ☐ No ☐

**ii** Has the practice completed stage one of the application process? *If yes, please submit a copy of the application*

Yes ☐ No ☐

**iii** Has the practice completed stage two of the application process? *If yes, please submit a copy of the application*

Yes ☐ No ☐

**iv** Is the practice intending to have outside investors? *If yes please provide further information to their role (if any) within the practice.*

Yes ☐ No ☐

**v** Is the practice intending to become a Multi-Disciplinary Practice?

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

Yes ☐ No ☐

**vi** Please give an overview of the changes which will happen to the current practice, if it is approved as an Alternative Business Structure.

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**vii** Please provide any additional information in respect of your intention to convert to an Alternative Business Structure, which you feel will support your application for insurance.

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- f* Do you have any US-domiciled interests to be insured under this policy?  
For example – having a US office that is a subsidiary of a UK parent, or having a US registered address, would count as having a US domiciled interest, whereas providing services to a US client from a UK office (even if it requires you to visit the US) would not. Yes ☐ No ☐
- g* Do you have any other overseas domiciled interests to be insured under this policy?  
If yes, please provide full details on final page (additional information) Yes ☐ No ☐
- h* Are you a member of any buying groups? Yes ☐ No ☐  
If yes, please confirm group names

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## 2 Successor Practice

- a* Does your Firm's headed notepaper refer to any other Firm or prior Practices not detailed above?  
If yes, please provide details and a copy of your letter head Yes ☐ No ☐

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- b* 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 you have answered yes, please complete question 2c

- c* Please provide details of any prior Practices and/or individual Partner(s)/Member(s) where you are deemed or asserted to be the Successor Practice

Name of Firm(s)	Purchased Run-off? *	Date established	Date of succession	Number of Solicitors who joined the Firm
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

\*If you have answered yes to Purchased Run-off, please attach a copy of the Run-off endorsement.

## 3 Your staff details

<i>a</i> Please state number of staff:	2019 Full-Time	2019 Part-Time	2018 Full-Time	2018 Part-Time	2017 Full-Time	2017 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

- b* Please provide all information requested for every current Partner or Member of the Firm, even if you are a Sole Practitioner.

Roll number	Partner's full name	Years as a Partner/ Member in the Firm	Date qualified

Please continue in the additional space on the final page.

- c* Do all Partners, Principals and Members in the Firm devote all of their work time and attention to the business of the Firm?  
If no, please provide full details including number of hours worked in respect of each relevant Partner, Principal or Member on final page (additional information). Yes ☐ No ☐

- d* Are any Partners, Principals or Members in the Firm also a Partner, Principal or Member in another Firm of solicitors or other business activity?  
If yes, please provide full details in respect of each relevant Partner on final page (additional information). Yes ☐ No ☐

- e* Did any fee earner, including any Partner, Principal, Member or Sole Practitioner, obtain their first legal qualification outside the UK?  
If yes, please attach an up-to-date CV for each person mentioned below. Yes ☐ No ☐

Roll number	Name	Place of qualification

f Please provide details of the firm's Compliance Officer for Legal Practice ('COLP') and Compliance Officer for Finance and Administration ('COFA')?

Name		COLP	Date joined the Practice	
Name		COFA	Date joined the Practice	

g 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

#### 4 General questions

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

- a 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 ☐
- b Received a monitoring visit from the PSU? Yes ☐ No ☐
- c Been or is the subject of a Financial Services Authority or Financial Conduct Authority investigation or proceedings commenced by the Financial Services Authority or Financial Conduct Authority? Yes ☐ No ☐
- d Been reprimanded for the late filing of their accounts and/or have they been intervened by the Law Society? Yes ☐ No ☐
- e Previously been, or is currently the subject, to a Petition for Bankruptcy or Voluntary Insolvency Agreement or any other arrangement with creditors? Yes ☐ No ☐
- f 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 ☐
- g 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 ☐
- h Ever failed to meet any insurance premium, (including premium finance arrangements), run-off premium or excess contribution in full or in part? Yes ☐ No ☐
- i Ever been declined Professional Indemnity Insurance by any insurer or referred to the Assigned Risks Pool? Yes ☐ No ☐
- j 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 ☐
- k 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? i.e. converting to an LLP or alternative business structures Yes ☐ No ☐

If you have answered yes to any of the above questions, please provide details and reports where applicable.

l Is your business that of a 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 the Solicitors Regulation Authority regulations using the additional information space on page 11 and any additional sheets if necessary.

#### 5 Cover required for 2019/2020

The statutory minimum cover is £2 million for a Partnership or £3 million for LLPs and other relevant recognised bodies.

- a Please state your choice of limits of indemnity (up to a maximum of 3).  

£	m	£	m	£	m
---	---	---	---	---	---
- b Please state your choice of excess each and every claim (up to a maximum of 3).  

£	£	£
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**NB: Quotations will normally limit the aggregate excess to three times the above figure(s).**

c Are Cavendish Munro your current Professional Indemnity Intermediary?

If yes, please move to Question 6

If no, please provide details of your current insurance placement.

Total limit of cover	Excess	Insurer	Premium Ex IPT	Broker
£ m	£		£	

6 Certificates

a

Does the Firm have a valid Employer's Liability Certificate?

Yes☐

No☐

Expiry date

b

Your quality standards: Is your Firm currently accredited with:

Lexcel

Yes☐

No☐

Date first granted

ISO 9001

Yes☐

No☐

Date first granted

CQS

Yes☐

No☐

Date first registered

7 Financial details

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

Period	Year end date DD/MM/YY	UK	USA/Canada	Rest of world	Total
Estimated current year					
Last completed year					
Prior Year1 to last completed					
Prior Year2 to last completed					
Prior Year3 to last completed					
Prior Year4 to last completed					

b During the last 5 complete financial years, did the Firm incur a pre-tax loss, did its total liabilities exceed its total assets or did you engage in discussions with the Solicitors Regulation Authority regarding concerns about the financial stability of your Firm? If Yes please provide details on headed paper.

Yes☐

No☐

c Has the firm ever had any fees emanating from any of the following sectors;

- a) Property Selling and Valuation

Yes☐

No☐
- b) Financial Services and Financial Advice

Yes☐

No☐
- c) Financial Institutions

Yes☐

No☐
- d) USA/Canadian Billings

Yes☐

No☐
- e) Any fees earned outside of England & Wales

Yes☐

No☐

If yes, please provide full details using the additional information space on page 11 and any additional sheets if necessary.

d Please provide details of the top clients by fees billed in the last three years

Nature of Client's Business/Reason for Instruction	Activities Undertaken	Gross Fees
		£
		£
		£
		£
		£

The largest total fee that you have charged in the last 3 years

£

The average fee charged in the last 12 months

£

e 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☐

f Please list the postcode for any branch office(s) for which cover is required, together with the percentage of fees generated from each branch office.  
If there is no branch office(s) please state 'None'

Location	Resident Partner	Postcode	%	Location	Resident Partner	Postcode	%

Principal office (If no branch office(s) this should be 100%)

%

Total for all must equal to 100% including principal office 100%

g Please provide full details of how each office is supervised and provide CV(s) of the based solicitor(s) if there is no Resident Partner – please complete final page (additional information)

## 8 Type of work

a Please provide a percentage breakdown of the gross fee income for the last accounting period, into the following categories:

Agency Advocacy	<input type="text"/>	%	Landlord & Tenant - Litigious	<input type="text"/>	%
Arbitration, Adjudication, Mediation	<input type="text"/>	%	Landlord & Tenant - Non-litigious	<input type="text"/>	%
Asset Finance and Banking	<input type="text"/>	%	Lecturing / Expert Witness	<input type="text"/>	%
Children, Family and Mental Health Tribunal	<input type="text"/>	%	Litigation not shown elsewhere (see below)	<input type="text"/>	%
Commercial & Corporate - Public Companies	<input type="text"/>	%	Marine Law	<input type="text"/>	%
Commercial & Corporate - Private Companies	<input type="text"/>	%	Matrimonial	<input type="text"/>	%
Other General Commercial	<input type="text"/>	%	Oaths, Affidavits and Notary Public	<input type="text"/>	%
Corporate M&A/MBO	<input type="text"/>	%	Offices and appointments	<input type="text"/>	%
Conveyancing (Residential)	<input type="text"/>	%	Non-litigious work not shown elsewhere (see below)	<input type="text"/>	%
Conveyancing (Commercial)	<input type="text"/>	%	Parliamentary Agency	<input type="text"/>	%
Criminal Law	<input type="text"/>	%	Personal Injury - Claimant Portal	<input type="text"/>	%
Debt Collection	<input type="text"/>	%	Personal Injury - Claimant Non Portal	<input type="text"/>	%
Defendant Litigious work for Insurers	<input type="text"/>	%	Personal Injury - Defendant	<input type="text"/>	%
EC Competition / Human Rights	<input type="text"/>	%	Probate & Estate Administration	<input type="text"/>	%
E-Commerce / Technology Law	<input type="text"/>	%	Property Sales, Management and Valuation	<input type="text"/>	%
Employment Law	<input type="text"/>	%	Regulatory	<input type="text"/>	%
Environmental	<input type="text"/>	%	Tax law & Tax Planning	<input type="text"/>	%
Financial Advice and Services	<input type="text"/>	%	Town and Country Planning	<input type="text"/>	%
Immigration	<input type="text"/>	%	Trust	<input type="text"/>	%
Insolvency	<input type="text"/>	%	Wills	<input type="text"/>	%
Intellectual Property - Patents	<input type="text"/>	%	Other work not included elsewhere (see below)	<input type="text"/>	%
Intellectual Property - Excluding Patents	<input type="text"/>	%	<b>Total (must equal 100%) =</b>	<input type="text"/>	%

b If you have specified any litigation, non-litigious work or any other work not included elsewhere please provide a breakdown of this work by percentage below

## 9 Nature of work – Tax Schemes

a Has the Firm (or any predecessor Practice) at any time undertaken work in connection with any tax planning or tax mitigation/avoidance schemes including but not limited to Stamp Duty Land Tax?

Yes ☐ No ☐

*If yes, please provide full details on the final page (additional information)*

## 10 Nature of work – Conditional Fee Arrangements (CFAs)

a Has your Firm ever undertaken any CFAs or similar fee arrangements with clients?

Yes ☐ No ☐

*If no, please move straight to Question 11.*

b Do you use a standard written risk assessment procedure before accepting any such arrangements?

Yes ☐ No ☐

c Does one or more Partner(s) agree each CFA before it is offered to the client?

Yes ☐ No ☐

**If you have answered no, to b or c above, please provide full details on final page (additional information)**

## 11 Nature of work – Personal injury

a In the last 3 years, has the Firm undertaken any personal injury work? *If no, please move to Question 12.*

Yes ☐ No ☐

b How many fee earners undertake personal injury work?

c How many fee earners are members of APIL?

d Please advise your current personal injury work by percentage:

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

e Please confirm the average and largest settlement in the last 12 months

Average  Largest

f Please estimate the number of personal injury cases your Practice currently has where you expect settlement to exceed £250,000

g Has the firm done any personal injury work which is underwritten by an After the Event ("ATE") insurance?

Yes ☐ No ☐

**If you have answered yes, to any of the above questions, please provide full details on final page (additional information)**

## 12 Nature of work – Conveyancing

- a** In the last three years, has the Firm undertaken any residential and/or commercial conveyancing?  
If no, please move to Question 13. Yes ☐ No ☐
- i** Has the Firm ever been removed from a lenders' panel for any reason connected to your professional work i.e. other than lack of instructions, lender no longer instructing sole practitioners? Yes ☐ No ☐
- ii** Over the last three years, have you acted for multiple buyers of property in the same development or in the same building? Yes ☐ No ☐
- iii** Over the last three years, have you acted for a single buyer purchasing multiple properties? Yes ☐ No ☐

**If you have answered yes to Question 12a (i) or (ii) or (iii) please provide full details on final page (additional information)**

**iv** Please provide fees derived from both residential and commercial conveyancing for the last five completed accounting periods and an estimate for the current year:

	Residential conveyancing	Commercial conveyancing	Total conveyancing
Estimate for current year	£	£	£
Last accounting period	£	£	£
Annual accounting period before last	£	£	£
Annual accounting period but two	£	£	£
Annual accounting period but three	£	£	£
Annual accounting period but four	£	£	£

- v** Please provide for the last annual accounting period:

Approximate number of residential transactions	<input type="text"/>	Approximate number of commercial transactions	<input type="text"/>
Highest residential transaction value	£ <input type="text"/>	Highest commercial transaction value	£ <input type="text"/>
Average typical residential transaction value	£ <input type="text"/>	Average typical commercial transaction value	£ <input type="text"/>

- vi** In the last five years has your Firm or any predecessor Practice ever undertaken any Right to Buy transactions?  
If Yes, please complete the table below: Yes ☐ No ☐

Idemnity Year	2018/19	2017/18	2016/17	2015/16	2014/15
Total Number of Transactions					
Number from referrals e.g. Company/broker or agent					
Number of Direct Approaches					

- vii** Does the Practice intend to undertake any Right to Buy/Right to Acquire transactions in the next 12 months? Yes ☐ No ☐
- viii** In the last five years has the Practice or any prior Practice undertaken any back to back transactions? Yes ☐ No ☐
- ix** Has the Practice or any prior Practice ever acted in any transactions involving overseas properties or developments? Yes ☐ No ☐
- x** Are all clients met in person and are appropriate checks performed to ensure the identity of your client? Yes ☐ No ☐  
If yes to any of the above please provide full details on a separate sheet
- xi** Are only Partners/Directors/Members able to sign/issue certificates of title? Yes ☐ No ☐  
If no, please provide full details below

- xii** Has your Firm received any requests for conveyancing files or information from conveyancing files over the last 6 years from lenders or a lender's representative, other than in accordance with normal business? e.g. standard audit Yes ☐ No ☐

**If no, go to question xiii**

If yes: How many?

Have they been reported to your insurer? Yes ☐ No ☐ If no, please provide details on final page (additional information)

Have any potential notifications been declined by your insurer? Yes ☐ No ☐ If yes, please provide details on final page (additional information)

xiii Have any file requests resulted in a claim being made against you?

Yes ☐ No ☐

If yes:

How many?

Estimated total cost

£

Have they been reported to your insurer?

Yes ☐ No ☐

If no, please provide details on final page (additional information)

Have any claim notifications been declined by your insurer?

Yes ☐ No ☐

If yes, please provide details on final page (additional information)

xiv Have you made a block notification to your current insurer or any other previous insurer of all claims and circumstances that have arisen out of requests for your conveyancing files by a particular lender or in respect of a particular fee earner?

Yes ☐ No ☐

xv Has your Firm been asked by a lender to agree to more onerous terms and conditions than provided for in the CML Handbook? If yes, please provide full details on final page (additional information)

Yes ☐ No ☐

xvi Has the Firm been rejected or had a deferral decision in their application to the Conveyancing Quality Scheme? If yes, please provide full details on final page (additional information)

Yes ☐ No ☐

b Please provide details of your identity verification procedure for Conveyancing clients, including details of the checks carried out and the procedure for checking compliance with lender requirements in this regard.

c Have you reviewed your identity verification procedures following the May 2018 judgement in Dreamvar (UK) Ltd v Mishcon de Reya

Yes ☐ No ☐

If you have implemented any changes, please provide full details

d Over the last five years what safeguards has the Firm (and any Prior Practice) had in place to ensure that features indicative of potential mortgage fraud in Conveyancing transactions (e.g. back-to-back transactions, discounts, incentives) are both identified and reported to lender clients? If there has been a material change in your procedures please provide dates as appropriate.

e Over the last five years what processes has the Firm (and any Prior Practice) had in place to ensure that changes to lender requirements (including those under CML Handbook Part 2) are properly tracked? If there has been a material change in your procedures and/or you have deployed software such as Conveycentric Lender Monitor (or similar) please provide details and dates as appropriate.

f What training is and has been provided to fee-earners in the Firm (and any Prior Practice) in respect of identifying potential mortgage fraud and money laundering issue?

g Has the Firm or any Prior Practice ever:

undertaken pure legal work only for Equity Release Mortgages or Home Income Plans?

Yes ☐ No ☐

provided financial advice in respect of Equity Release Mortgages or Home Income Plans?

Yes ☐ No ☐

conducted property valuations for the purpose of lending or probate?

Yes ☐ No ☐

accepted instructions from property clubs or investment schemes?

Yes ☐ No ☐

If YES to any of the above, please provide full details on headed paper.

h In the last five years, have more than 10% of the Firm's Conveyancing instructions (or more than 10% of the Conveyancing instructions accepted by any Prior Practice) originated from:

any one client or connected group of clients?

Yes ☐ No ☐

any single referral source (whether or not a formal referral arrangement was in place)?

Yes ☐ No ☐

i In the last 5 years has the Firm or any Prior Practice acted for a developer in relation to a development which contain more than 5 units?

Yes ☐ No ☐

j In the last 5 years has the Firm or any Prior Practice acted for a purchaser(s) in relation to multiple (more than 5) transactions in the same development (including multiple phases of a single development)?

Yes ☐ No ☐



- k* In the last 5 years has the Firm or any Prior Practice acted as a buyer's preferred solicitor for a development? Yes ☐ No ☐
- l* In the last 5 years has the Firm or any Prior Practice acted in any property transactions where a deposit of greater than 10% has been paid? Yes ☐ No ☐
- If yes, to any of the above questions please provide the following information on headed paper:
- Name of the developer
  - Name of the development
  - TOTAL number of transactions on each development and total number of transactions you have acted on each development
  - Total value of the properties you have transacted on each development
  - Total fees received in respect of this work
  - Date of transaction
- m* In the last 12 months where acting for the purchaser in residential Conveyancing transactions, how many of your clients have purchased:
- an All Risks Title Indemnity Policy?
- any other known or unknown risk legal indemnity policy?
- n* Has the Firm or any Prior Practice acted in the last 5 years in any Conveyancing transaction involving a sub-prime lender? If YES, please identify the lenders involved and the volume of the transactions on your headed paper. Yes ☐ No ☐
- o* Has the Firm or any Prior Practice in the last 10 years been removed or suspended from any lender panel? If YES, please identify the lenders involved and provide full details if the circumstances on your headed paper. Yes ☐ No ☐
- p* Are all reports and/or certificates addressed to lenders reviewed and signed by a Principal of the Firm? Yes ☐ No ☐
- q* Please advise of the controls in place to ensure all leasehold properties with escalating ground rents are reported to lenders and buyers.
- 
- r* Please estimate the number of transactions involving leasehold properties with escalating ground rents since 2007 (please state 'none' if not applicable).
- s* Please estimate the number of transactions involving the government's "Help to Buy" scheme the Firm or any Prior Practice have undertaken per year since 2013.
- t* What features of a lease/property that may affect the ability to sell the property in the future, would you bring to the attention of a purchaser, and how is this highlighted?
- 

### 13 Claims and circumstances

- a* Has your Firm or any prior Firm made any claim or reported any circumstances in the last 6 years? Yes ☐ No ☐  
If yes, please complete the following years.

Please provide details of all previous insurers, and where relevant, the number of claims or circumstances

**In order to negotiate with insurers, we are required to present claims summaries for the previous 6 years. Please ensure you provide details of all previous insurers for years listed. If you do not have claims summaries, please let us know if you would like our assistance securing these.**

	Name of qualifying insurer/Assigned Risks Pool	No claims/ circumstances	Claims/Circumstances attached
2018-2019	<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
2017-2018	<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
2016-2017	<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
2015-2016	<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
2014-2015	<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
2013-2014	<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

- b* Are there any matters notified by your Firm (or any predecessor Practice) to qualifying insurers or the Assigned Risks Pool that have not been accepted as an effective notification? Yes ☐ No ☐  
If yes, please provide full details on final page (additional information)

- c Please give details of all claims and circumstances not already notified to your insurers that may give rise to a claim of which you are aware but not included in the above.

If none, please tick ☐

Date of claim/ circumstance	Claimant's name	Type of work eg conveyancing, matrimonial etc.	Estimated cost of claim

Please confirm that all of the matters stated above will be notified to your current Professional Indemnity Insurers prior to the expiry of the policy.

Yes ☐ No ☐

#### 14 Cyber Fraud

- a Please confirm that your organisation has taken steps to implement the recommendations contained in the Law Society's Fraud Guidance as issued in February 2016 and any subsequent updates?

Yes ☐ WT ☐ No ☐

- b Please confirm that all employees involved in handling or transferring of monies (client and/or the firms) have been made aware of the need to confirm client's financial details by the way of two-stage verification (checking that emails are genuine by telephoning the client for confirmation).

Yes ☐ WT ☐ No ☐

- c Please confirm that your firm's security software, including antivirus, anti-spam and firewall software is sufficient and regularly reviewed and updated to identify and remove malware. Also, that all software installed is kept up to date and regularly 'patched'.

Yes ☐ WT ☐ No ☐

If "No" to questions a, b, or c above please provide full details on the Firm's headed paper.

- d Please confirm that your firm accepts no responsibility or liability for malicious or fraudulent emails purportedly coming from your firm, and that it is the client's responsibility to ensure that any emails coming from your firm are genuine before relying on anything contained within them.

Yes ☐ WT ☐ No ☐

#### 15 Risk management

- a Does the Firm have:

a new client procedure which involves at least one qualified solicitor and includes intake checks to detect potential money laundering and conflicts of interest?

Yes ☐ No ☐

a file audit procedure in all departments with regular review by a Principal of all files until formally closed (including other Principals' own casework)?

Yes ☐ No ☐

a centralised critical date diary system in operation with procedures in place to deal with staff absence or system failure?

Yes ☐ No ☐

a system for monitoring live cases which have not been billed or worked upon for a specified period?

Yes ☐ No ☐

a central log of all complaints/potential claims?

Yes ☐ No ☐

- b Do you have risk controls in place which mandate that:

Personnel must never disclose to anyone their security details (passwords, codes, usernames etc) by any means regardless of the apparent authority of the person requesting the details?

Yes ☐ No ☐

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 change 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 exceptional circumstances and only when it has been validated that those changes have been made by your client?

Yes ☐ No ☐

Payments from client account/s must 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 ☐

- c Do you provide training to all staff on the risks of internal and external frauds and scams?

Yes ☐ No ☐

- d If you have answered No to any of the questions b) and c) please provide details on headed paper regarding any alternative processes you have in place to address these issues.

- e If you undertake Probate work, do you use "Certainty" to ensure you are executing the final and correct Will and Testament?

Yes ☐ No ☐

If you undertake Probate work, on how many occasions in the last 12 months have you advised that the Estate purchase:  
an Executor and Inheritance Protection Policy?

any other known or unknown risk legal indemnity policy?

- f Please advise which Principal is responsible for supervision and oversight of the Probate department

## For additional information

### Duty to disclose material information

Please note that under English law, a business insured has a duty to disclose to the insurer every material circumstance which it knows or ought to know after reasonable search. This is the case before your cover is placed, when it is renewed and any time that it is varied. Your policy wording may also provide that this duty continues for the duration of the policy. A circumstance is material if it would influence an insurer's judgment in determining whether to take the risk and, if so, on what terms. If you are in any doubt whether a circumstance is material we recommend that it should be disclosed. Material information is not limited to answering specific questions that may have been asked in this proposal form. An insurer cannot avoid or repudiate claims for the cover required under the minimum terms and conditions, but if they later find you have not disclosed a material circumstance they may charge an additional premium, or in the event of prejudice, seek recovery of the claim from you. For cover above the minimum terms and conditions, failure to disclose a material circumstance may entitle an insurer to impose different terms on your cover or proportionately reduce the amount of any claim payable. In some circumstances an insurer will be entitled to avoid the policy from inception and in this event any claims under the policy would not be paid.

### Declaration

We declare that to the best of our knowledge and belief, the particulars and statements given in this application are accurate and complete. We declare that we have disclosed accurately every material circumstance which is known or ought to be known by Principals, senior management, or those responsible for arranging insurance, following a reasonable search. We undertake to inform insurers of any changes occurring before completion of the Contract of Insurance. We understand that failure to disclose a material circumstance may entitle an insurer to impose different terms on our cover or proportionately reduce the amount of any claim payable. In some circumstances, for cover not under the minimum terms and conditions, an insurer will be entitled to avoid the policy from inception and in this event any claims under the policy would not be paid. We accept that if we are in any doubt about whether a circumstance is material it should be disclosed. We agree that we have a continuing obligation to notify insurers of any material circumstances for the duration of the policy. We accept that deliberate or reckless breach of our duty of fair presentation may be referred to the Consumer Complaints Service for Solicitors.

I/We authorise any prior insurers of the Firm to release to Cavendish Munro any information that they may require including all claims information which may be requested by insurers pursuant to this Proposal for Insurance. I/We understand that the information I/we provide will be passed to or used by Cavendish Munro and insurers for the purpose of providing insurance, underwriting, processing, claims handling and preventing fraud.

I/We acknowledge that, by submitting this Proposal, I/we hereby consent to insurers carrying out any enquiries into my/our financial standing (including, but not limited to, a credit search with one or more (licensed) credit reference or fraud prevention agencies) to check our identity and credit status. Such enquiries may be made either before or during the existence of the Contract of Insurance.

I/We acknowledge and agree that, by submitting this proposal, I/we hereby consent, in the event of the legal Firm carried on by me/us ceasing during or on expiry of any period of insurance provided by insurers, to Cavendish Munro or insurers requesting and obtaining data (including but not limited to personal data as defined in the Data Protection Act 1998) from relevant regulatory bodies and to Cavendish Munro or insurers processing such data for purposes in connection with providing run-off cover in accordance with the Insurance Policy conditions and/or regulatory requirements on such cessation.

I/We declare that by signing my/our name below I/we have the authority of all the partners, members, directors, officers, board members and shareholders of the legal Firm to bind and commit each of them individually to comply with the terms of this policy of insurance.

Is any Principal, Partner, Director or Member aware, after 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 full details on a separate sheet*

Print name

Signature of principal/partner/member/director

Date

The completion of this Proposal Form does not bind the proposers or insurers to complete a Contract of Insurance.

[illegible]