



## 2009 Application Form

Please provide a full answer to every question and provide any additional information that you feel may be relevant and assist the Underwriter in understanding your Practice. A Principal of the Practice must sign and date this form and any additional pages.

### 1. Practice Details

Full Name of Practice

Solicitors' Regulation Authority Registration No.

Please include all other names under which you practice and any other entities for which you are seeking cover, including Trustee and/or Nominee Companies:

Date Established

Address of the main office

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Post code

Mailing address (if different from main office)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Post code

DX address

Telephone number

Fax number

Website address

Primary contact

Contact e-mail address

Is your Practice a Limited Liability Partnership or a Company registered at Companies House?

Yes

No

Do you have any other offices for which you require cover?

Yes

No

Do you have any offices outside the UK?

Yes

No

If **yes to either**, please list the address(es) 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.

## 2. Prior Practices

List, using a separate sheet if necessary, the names of all Prior Practices to which this Practice has become a Successor Practice in the last fifteen years.

Name of Practice	Date Established	Date of Succession
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have any of the listed Practices reported any circumstances or claims in the last five years? Yes  No

If **yes**, please provide copies of claims information from other Qualifying Insurers or the Assigned Risks Pool for all circumstances and claims reported since 01/09/2004.

## 3a. Solicitors' Details

Please provide all information requested for every Principal, Member, Assistant and Consultant who will be employed by your Practice on 1 October 2009. If anyone listed is a Registered Foreign Lawyer or Registered European Lawyer, please note RFL or REL alongside solicitor status. If you are a newly established Practice, please enclose Curriculum Vitae for every Principal/Member in your Practice, your Business Plan and a Cash Flow Forecast.

Title Mr/Mrs etc	Full Name	Date of Birth DD/MM/YYYY	Solicitor Status Principal/Member/ Assistant/Consultant	Full or Part-time	Roll No. (as shown on Practising Certificate)

## 3b. Non Solicitor Principals

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

Title Mr/Mr s etc.	Full Name	Date of Birth DD/MM/YYYY	Role (e.g. HR/IT/Finance Director, Barrister, Legal Executive, Licensed Conveyancer etc)	Full or Part time	Regulatory Body	Fee Earning Yes/No

Do any principals also work for any other law firms or businesses? Yes  No   
If yes, please provide full details on a separate sheet.

## 4. Other Staff

Number of Equity Partners/Members	<input type="text"/>
Number of Salaried Partners/Members	<input type="text"/>
Number of Non-Solicitor Fee Earning staff (Including Trainees and Legal Executives)	<input type="text"/>
	Please state if none
Number of all other staff (including secretarial)	<input type="text"/>
	Please state if none

## 5. Practice Fees

1. Total gross fees for the last annual accounting period or, if you are a new Practice, estimated for the coming year. £
2. Of the total, please provide gross fees for the last annual accounting period paid by clients based in the USA and Canada. £   
Please state if none

On a separate sheet, please provide full details of these clients, the work undertaken for them and whether the work involved advice on UK, US or Canadian law.

3. Does your Practice give advice to clients outside the UK? Yes  No
4. Does your Practice provide legal advice other than under English Law? Yes  No

If **yes to either** question please provide further details including relevant fees, domicile of non-UK clients and jurisdiction to which the advice relates.

5. Does any one client, group of clients or any referral source generate 20% or more of your annual fees? Yes  No

If **yes**, please provide full details of the client and the work undertaken on a separate sheet.

## 5a. Area of Practice

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. Full definitions can be provided upon request.

**(Rounded up to the nearest whole percent) %**

1.	Administering oaths, taking affidavits and notary public	%	18.	Lecturing and Related Activities and expert witness work	%
2.	Agency Advocacy	%	19.	Litigious work other than given in any other category (Please provide a breakdown on a separate sheet)	%
3.	Acting as an Arbitrator, Adjudicator or Mediator	%	20.	Family	%
4.	Children, Mental Health Tribunal and Welfare	%	21.	Non-litigious work other than given in any other category (Please provide a breakdown on a separate sheet)	%
5.	Commercial Litigation	%	22.	Offices and Appointments	%
6.	Commercial/Corporate work (excluding work related to public companies)	%	23.	Parliamentary Agency	%
7.	Conveyancing – Commercial	%	24.	Personal Injury (Claimant)	%
8.	Conveyancing – Residential	%	25.	Probate and Estate Administration	%
9.	Criminal Law	%	26.	Property Selling, Valuations and Property Management	%
10.	Debt Collection	%	27.	Town and Country Planning	%
11.	Defendant litigious work for insurers, Defendant Personal Injury Work	%	28.	Wills, Trusts & Tax Planning	%

Areas of Practice continued overleaf.....

12.	Employment - contentious	%
13.	Employment - non contentious	%
14.	Financial Advice and Services regulated by The Solicitors Regulation Authority	%
15.	Immigration	%
16.	Landlord and Tenant	%
17.	Matrimonial	%

**If you indicate a percentage in any of the areas below please provide full details on a separate sheet or for 30 complete our FSA Questionnaire**

29.	Commercial/Corporate work for public companies	%
30.	Financial Advice and Services where your Practice has opted into regulation by the FSA	%
31.	Intellectual Property including patent, trademark and copyright	%
<b>TOTAL MUST EQUAL 100%</b>		100%

### 5b. Specialisation

- In the last twelve months on how many occasions has your practice or any prior practice advised on Equity Release Plans?  
Please provide details on a separate sheet.
- Has your Practice, or any Prior Practice, ever accepted instructions for any class actions or other group litigation? Yes  No   
If **yes**, please provide details on a separate sheet.
- Has your Practice, or any Prior Practice, ever undertaken work in relation to selling or advising on any mortgage endowment policies?  
If **yes**, was your Practice still giving this advice post 1 April 1991? Yes  No
- Has or does your Practice offer services to clients in respect of the mis-selling or alleged mis-selling of Payment Protection Insurance "PPI" and/or Consumer Credit Act regulated loans Yes  No

### 5c. Conveyancing

Those Firm's who have, or do, undertake conveyancing work need to complete a supplementary questionnaire. The form asks specific questions required by Insurers and gives you an opportunity to tell them and us about your procedures.

The questionnaire is available to download from our website [www.qpilegal.co.uk](http://www.qpilegal.co.uk) or alternatively please call us on 01604 712222 and we will be happy to send it to you.

We appreciate that you may need to pass this on to your conveyancing team and we will be pleased to offer them any assistance they require. If you are happy for us to liaise with them directly regarding this questionnaire please advise their contact details:

<b>Name</b>		<b>Telephone</b>	
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Please note that the majority of Insurers will refuse to offer terms if they do not receive adequate information.

### 5d. Matrimonial Ancillary Relief

- In the last 12 months, has your Practice dealt with any matrimonial settlements involving capital above £1,000,000 and/or regular payments of above £100,000? Yes  No

**5e. Claimant Personal Injury**

1. Has your Practice, or any Prior Practice, ever undertaken multi-party or class action work? Yes  No
2. Please provide a breakdown of Claimant personal injury work between:
- |                      |                        |                            |                        |                       |                        |
|----------------------|------------------------|----------------------------|------------------------|-----------------------|------------------------|
| Trade Union Funded   | <input type="text"/> % | Clinical Negligence        | <input type="text"/> % | Road Traffic Accident | <input type="text"/> % |
| Occupational Disease | <input type="text"/> % | Employers/Public Liability | <input type="text"/> % | Other                 | <input type="text"/> % |
3. What is the average and largest settlement obtained in the last 3 years?
- |  |                        |                        |
|--|------------------------|------------------------|
|  | Average                | Largest                |
|  | £ <input type="text"/> | £ <input type="text"/> |
4. Please estimate the percentage of personal injury work in each of the following categories
- |              |                        |            |                        |             |                        |
|--------------|------------------------|------------|------------------------|-------------|------------------------|
| Small Claims | <input type="text"/> % | Fast Track | <input type="text"/> % | Multi Track | <input type="text"/> % |
|--------------|------------------------|------------|------------------------|-------------|------------------------|
5. Please estimate the number of personal injury cases your Practice currently has where you expect settlement to exceed £250,000   
Please state if none
6. Has your Practice reviewed all vibration white finger, bronchitis, emphysema or other industrial disease scheme cases and complied with the scheme deadlines for lodging claims? Yes  No
7. How many Fee Earners undertaking personal injury work are members of APIL   
Please state if none

**5f. Claims Management Companies**

1. Do you undertake work or accept any referrals from Claims Management Companies? Yes  No
2. How many personal injury claims have you handled, on average, in the past 5 years
- a. How many of these emanated from claims companies or their agents

**5g. Commercial**

1. Of the total gross fee income from commercial work please provide the approximate percentage which relates to:

1.	Mergers & Acquisitions	<input type="text"/> %	5.	Tax	<input type="text"/> %
2.	Debt Issuance or securitisation	<input type="text"/> %	6.	Insolvency	<input type="text"/> %
3.	Project Financing	<input type="text"/> %	7.	Regulation	<input type="text"/> %
4.	Pension Schemes	<input type="text"/> %	8.	General Commercial	<input type="text"/> %

3. Has the Practice acted for the issuer of securities registered under the Securities Act of 1933 or 1934 within the last 5 years? Yes  No

If **yes** please state:

- a. The fees received from this work in the last year  £
- b. What percentage of these fees relate to work undertaken for Fortune 1000 companies  %

## 6. Practising Certificate & Regulatory Issues

In the last ten years has any principal or fee-earner in the Practice:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| 1. Ever been refused a practising certificate?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Ever been granted a conditional practising certificate?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Practised in a firm subject to an investigation or intervention by the Law Society (including OSS) or the Solicitors Regulation Authority?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Had a civil or criminal judgment against him or her?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Been investigated by any regulatory body other than the Law Society or the Solicitors Regulation Authority (e.g. FSA, Council of Licensed Conveyancers, ILEX)?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Had an award for inadequate professional service made against him or her by the Legal Complaints Service or the former CCS or OSS or entered into any regulatory settlement agreement?                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Has the firm been the subject of a monitoring visit from the Solicitors' Regulation Authority in the last three years?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Has the firm been the subject of any visit or enquiry from the Forensic Investigation Unit of the Solicitors Regulation Authority in the past three years or has notice of any proposed visit or enquiry been given? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered yes to any of the above questions, please provide full details on a separate sheet and include a copy of all reports & relevant correspondence issued by the SRA, LCS, former CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/ or any regulatory body.

## 7. Claims and Circumstances

Has your Practice, or any Prior Practice, reported any circumstance, incident or claims to Qualifying Insurers or the Assigned Risk Pool in the:

- |                          |     |                          |    |                          |
|--------------------------|-----|--------------------------|----|--------------------------|
| Insurance year 2004-2005 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Insurance year 2005-2006 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Insurance year 2006-2007 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Insurance year 2007-2008 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Insurance year 2008-2009 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If **yes** to any of the above please provide claims information from the relevant Insurers or the Assigned Risks Pool for all circumstances, incidents or claims reported since 1 September 2004 by your Practice or any Prior Practice.

Have any circumstances, incidents or claims reported by you, or any Prior Practice, in the last five years arisen as a result of the dishonesty of any Principal, Member or Employee of the Practice? Yes  No

If **yes**, please provide details of all incidents on a separate sheet including how the matter was resolved and the procedures/process put in place to avoid re-occurrence.

After making full enquiry of all Principals, Members, Employees and Consultants of your Practice, are you aware of any circumstances, incidents or claims that you have not reported to your current or any prior insurers? Yes  No

If **yes**, please explain why these matters have not been notified.

**Please note that you have an obligation under your current Professional Indemnity Insurance policy to notify these matters to your current insurer. We will ask you to confirm that you have done so before cover can be put in place.**

## 8. Risk Management

1. Which Legal Services Commission Quality Mark(s) is your firm currently accredited with? Please specify

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2. Is your Practice accredited with an ISO Quality Mark? Yes  No

3. Has your Practice ceased to hold any franchise or accreditations in the last year? Yes  No

If **yes**, please state which of these ceased and the reason the Practice no longer holds them.

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4. Please give the name and status of the person responsible for risk management within your Practice

Name		Status	

5. Is your Practice accredited with LEXCEL? Yes  No

Please confirm the date of accreditation

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**If you are LEXCEL accredited please proceed to question 19**

6. Does your Practice have a formal risk management policy which is implemented throughout the Practice? Yes  No

7. Does your Practice have a client vetting procedure? Yes  No

a. Does it include checks for conflict of interest? Yes  No

8. Does your Practice have a formal Money Laundering Policy for which training has been provided to all Partners and employees? Yes  No

9. Does your Practice have a Case Management system in place? Yes  No

10. Does your Practice have a system in place for ensuring that time limits and critical dates are met? Yes  No

a. Please confirm that you regularly check this system to ensure that all critical dates are being recorded and met. Yes  No

b. Please confirm that the system caters for absenteeism Yes  No

11. Does your Practice have a business continuity plan? Yes  No

12. Does each department require a standard risk assessment to be carried out relative to each new instruction? Yes  No

13. Before accepting a new instruction are all new clients vetted and agreed by a partner or department head? Yes  No

14. Are letters of engagement used in all new matters? Yes  No

15. Do your engagement letters state the limit of the retainer and what you will and will not do? Yes  No

16. Does your Practice have a formal file closure procedure in all departments? Yes  No

17. Does your Practice keep a register of all claims and/or complaints? Yes  No

18. Does your Practice always obtain written references when engaging new Partners, Members, Directors, Consultants, Employees and Agents? Yes  No

19. Is any individual authorised to sign cheques for over £25,000 as a sole signatory from either office or client accounts? Yes  No

If **yes**, please provide the following details.

Name	Position	Limit
		£
		£
		£

20. Does your Practice give tax advice? Yes  No

If **yes**, how do you ensure that you keep up to date with relevant tax laws and rules?

## 9. Current Cover

1. Has your Practice, or any Prior Practice, ever been in the Assigned Risks Pool? Yes  No   
If **yes**, please provide details on a separate sheet.
2. Has any Qualifying Insurer refused to offer your Practice, or any Prior Practice terms for Professional Indemnity Insurance? Yes  No   
If **yes**, please provide details on a separate sheet.

Please provide the following information:

Primary Insurer	Limit of Indemnity	Excess	Premium
	£	£	£

## 10. Requested Cover

Minimum cover required is £2 million for a Partnership or £3 million for LLP's and other relevant recognised bodies.

**Limit of Indemnity** – please limit to a maximum of 4 choices

- £2 million     £3 million     £4 million     £5 million     £6 million   
 £7 million     £8 million     £9 million     £10 million     Other   
 Please Specify

**Excess** – please limit to a maximum of 4 choices

- £Nil     £1,000     £3,000     £5,000     £10,000   
 £15,000     £25,000     £50,000     £75,000     Other   
 Please Specify

### Aggregate Excess

Limits the total excess the Practice will pay for the insurance year to three (3) times the selected per claim excess.

I/We require a quotation for aggregate excess Yes  No  Include both options

### Cover Plus

Provides cover for both employee fraud and dishonesty and defence reimbursement.

I/We require a quotation for cover plus Yes  No  Include both options

### 11. Significant change

Has there been any significant change in your practice in the last year or do you expect any significant change in the coming year? Yes  No   
If **yes**, please explain on a separate sheet

### 12. Other material information

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

### 13. Finance

Please indicate your preferred method of payment. This in no way obligates you to take this option but allows us to issue the appropriate documentation in a timely manner.

Full  Instalments

### Declaration

I/We declare that to the best of our knowledge and belief the particulars and statements given in this form and any other documentation and information provided in connection with this application are true and complete. I/We understand that the application, declaration, documentation and information shall form the basis of the contract between the Practice and the selected Insurer.

I/We declare that we have advised of all facts that are likely to influence Insurers in the acceptance or assessment of our insurance. I/We understand that failure to do so could adversely affect the terms of the cover. I/We accept that if we are in any doubt whether any fact may influence Insurers I/We must disclose it.

I/We declare that having made full enquiry of all Partners, Members and Employees, I/We are not aware of any claim and/or circumstance that may give rise to a claim against our Practice or any Prior Practices, that has not already been notified to the relevant Insurers. **I/We agree that if we become aware of any claim and/or circumstance prior to 30 September 2009 we will duly notify our current Insurer and QPI of the same. I/We further agree to notify QPI of any changes and understand that such changes may result in Insurers withdrawing their quotation and/or amending the same.**

I/We agree that QPI may need to contact our previous and/or present Insurers for further information.

**This Form must be signed by Principal/Member of the Practice**

Signature ..... Date .....

Print name .....

Please confirm whether you are a PRINCIPAL, MEMBER OR DIRECTOR .....

On behalf of (*insert name of Practice*) .....

### Document checklist

**Before posting, please ensure that you have included the following documents:**

- 1. This application, fully completed, signed and dated Yes  No
- 2. A sheet of your Practice's current headed notepaper Yes  No
- 3. A copy of claims information for all claims and circumstances reported to qualifying insurers or the Assigned Risks Pool by your Practice and any Prior Practice. Yes  No
- 4. A copy of all reports issued by the SRA, Legal Complaints Service or the former CCS or OSS, Disciplinary Tribunal and/or any regulatory body or Forensic Investigation Unit. Yes  No
- 5. If you are a newly established Practice, a Curriculum Vitae for every Principal/Member of the Practice, your Business Plan and Cash Flow Forecast. Yes  No