

3 SOLICITOR AND STAFF DETAILS

3.1 Please provide the following details in respect of every Solicitor, Registered Foreign Lawyer and Registered European Lawyer employed by your practice, and also in respect of any non-solicitor and/or non fee-earning Principal, if necessary continuing on a separate sheet. If you are a new practice, please provide in addition a professional CV in respect of every Principal of the firm.

Full Name	Roll Number	Date of Birth	Date of Admission (1)	Date joined the Practice	Status within the Practice (2)			Full or Part Time	
					P	E	C	FT	PT
		/ /	/ /	/ /					
		/ /	/ /	/ /					
		/ /	/ /	/ /					
		/ /	/ /	/ /					
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		/ /	/ /	/ /					

(1) Please confirm where appropriate the Date of Admission as a Solicitor of the Supreme Court of England & Wales. Where an individual is a Registered Foreign or European Lawyer, please enter RFL or REL here. Where an individual is a non-solicitor Principal, please enter N/A here and provide separately details of that individual's position within the practice.

(2) Please confirm whether each individual is a Principal (P), Employee solicitor (E, including Assistant or equivalent status), or Consultant (C). Throughout this form, Principal is taken to mean any SRA Regulated Principal of the practice, including any Equity Partner in the practice or Salaried Partner held out as a Principal of the practice, and where the practice is an LLP or Registered Company any Member or Director.

- 3.2 Did any fee-earner and/or Principal in the practice first obtain legal qualification outside of England & Wales? **Yes / No**
- 3.3 Is any fee-earner and/or Principal in the practice a Registered Foreign or European Lawyer? **Yes / No**
- If yes to either of the above, please provide a CV for the individual or individuals concerned.*
- 3.4 Do all Principals in the practice devote all their work time and attention to the business of the practice? **Yes / No**
- 3.5 Is any Principal in the practice also a Principal in another solicitors' practice or in any other business venture? **Yes / No**
- If yes to either of the above, please provide full details of all Principals' business interests outside the practice.*





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Please confirm the number of staff in the following categories:

- 3.6 Non-solicitor fee-earners
- 3.7 Non fee-earning staff (incl. secretarial)

4 PRACTISING CERTIFICATE

Has any fee-earner currently employed by the practice or previously employed by the practice in the past ten years **ever**:

- 4.1 been refused a practising certificate? **Yes / No**
- 4.2 been granted a conditional practising certificate? **Yes / No**
- 4.3 been reprimanded, fined or otherwise sanctioned by the Solicitors Disciplinary Tribunal? **Yes / No**
- been subject to an investigation by, or practised in a practice subject to an investigation or intervention by:
- 4.4 the Law Society or Solicitors Regulation Authority (including the former OSS and CCS)? **Yes / No**
- 4.5 any other regulatory body (including the FSA)? **Yes / No**
- 4.6 been subject to an award for inadequate professional service made by the Legal Complaints Service, or entered into any regulatory settlement with the Solicitors Regulation Authority? **Yes / No**
- 4.7 been subject to a civil or criminal judgment, or been the subject of a petition for bankruptcy or entered into a voluntary insolvency arrangement? **Yes / No**
- 4.8 Has the practice been the subject at any time in the past three years of a monitoring visit from The Law Society or the Solicitors Regulation Authority? **Yes / No**
- 4.9 Has the practice **ever** been the subject of any visit or enquiry from the Forensic Investigation Units of The Law Society or of the Solicitors Regulation Authority or has notice of any proposed visit been given? **Yes / No**

If yes to any of the above, please provide full details and enclose a copy of all reports issued by, and relevant correspondence with, any regulatory or professional bodies.

5 FEE INCOME

Please provide gross fee income figures in respect of all entities to be insured but excluding any prior practices for the following annual accounting periods. If you are a new practice, please advise your projected first year's income and provide in addition a business plan and cash flow forecast.

	Accounting period end date	Fees generated by client domicile		
		United Kingdom	Overseas	
5.1	/ /	£	£	
5.2	/ /	£	£	
5.3	/ /	£	£	
5.4	/ /	£	£	
5.5	Last completed year	/ /	£	£
5.6	Estimated fees for current year	/ /	£	£

- 5.7 Please advise the largest cumulative fee charged to a single client or group of clients over any one year in the last three years. *If this exceeds 20% of the total gross fee income for the year, please provide further details.*



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6 BUSINESS ACTIVITIES

6.1 Is your business that of a solicitors practice only? *If not, please provide further details including types of work undertaken and fees received.*

Yes / No

6.2 Please provide the percentage of your gross fees allocated to each of the following areas of practice or, if you are a new practice, estimated percentages for the first full year of trading.

6.2.1	Administering oaths, taking affidavits, and Notary Public work		%
6.2.2	Agency advocacy		%
6.2.3	Arbitration, Adjudication and Mediation		%
6.2.4	Children and Family		%
6.2.5	Commercial and Corporate work:	Not related to Public Companies	%
6.2.6		Related to Public Companies	%
6.2.7		Mergers and Acquisitions	%
6.2.8	Commercial Litigation		%
6.2.9	Conveyancing	Residential	%
6.2.10		Commercial	%
6.2.11	Criminal Law		%
6.2.12	Debt Collection		%
6.2.13	Defendant Litigious Work for Insurers		%
6.2.14	Employment Law:	Litigious	%
6.2.15		Non-Litigious	%
6.2.16	Financial Advice and Services		%
6.2.17	Immigration		%
6.2.18	Intellectual Property, including Patent, Trademark and Copyright		%
6.2.19	Landlord & Tenant:	Litigious	%
6.2.20		Non-Litigious	%
6.2.21	Lecturing, Expert Witness work, and related activities		%
6.2.22	Matrimonial		%
6.2.23	Mental Health Tribunal & Welfare		%
6.2.24	Offices & Appointments		%
6.2.25	Parliamentary Agency		%
6.2.26	Personal Injury:	Claimant	%
6.2.27		Defendant	%
6.2.28	Probate and Estate Administration		%
6.2.29	Property Selling and Management, including Valuations		%
6.2.30	Town & Country Planning		%
6.2.31	Wills, Trusts and Tax Planning		%
6.2.32	Other work:	Non-litigious	%
6.2.33		Litigious	%
6.2.34		Miscellaneous	%
TOTAL			100 %



Has your practice or any prior practice **ever** provided:

- 6.3 advice on or services related to marine or aviation law? **Yes / No**
- 6.4 provided advice or services in respect of projects involving oil, gas or other natural resources? **Yes / No**
- 6.5 management services or advice to any entertainment clients or sporting professionals? **Yes / No**
- 6.6 advice on or services related to the law of any jurisdiction other than England & Wales? **Yes / No**

If yes to any of the above, please provide full details of the work undertaken.

7 PERSONAL INJURY AND CLAIMANT LITIGIOUS WORK

*Please complete this section if your practice or any prior practice has **ever** undertaken any Personal Injury work or any Claimant Litigation.*

In the past 12 months:

- 7.1 What is the total number of claimant personal injury cases undertaken?
- 7.2 What is your average settlement?
- 7.3 What is your largest settlement?

Has your practice or any prior practice **ever**:

- 7.4 accepted instructions for any class actions or other group litigation? **Yes / No**
- 7.5 undertaken any work referred by any claims management company, referral network, or promotional group? **Yes / No**
- 7.6 been obliged as a panel or scheme member to accept cases referred by any claims management company, referral network or promotional group? **Yes / No**
- 7.7 acted as a member of a panel of solicitors in respect of an After the Event (ATE) insurance scheme? **Yes / No**
- 7.8 conducted cases backed by ATE insurance where each case was not individually reviewed by the insurance company prior to acceptance? **Yes / No**
- 7.9 reviewed any vibration white finger, bronchitis, emphysema or other industrial disease scheme cases? **Yes / No**
- 7.10 conducted work for or on behalf of a Trade Union or similar body? **Yes / No**

If yes to any of the above, please provide full details of the work undertaken.

In respect of all work undertaken by your practice on a Conditional Fee Arrangement (CFA) or similar fee basis, or which is backed by ATE insurance arranged through your practice:

- 7.11 What proportion of your practice's gross fee income is generated by such work? %
- 7.12 Is a standard written risk assessment procedure used prior to the acceptance of any such work? **Yes / No**
- 7.13 Is all such work is approved by a Principal of the practice prior to acceptance? **Yes / No**
- 7.14 What probability of success threshold is applied before such cases are accepted? %
- 7.15 What is the actual success rate for such cases, calculated over the past 2 years? %



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8 CONVEYANCING AND PROPERTY WORK

Has your practice or any prior practice **ever**:

- 8.1 conducted property valuations for the purposes of lending or probate? **Yes / No**
- 8.2 advised on Equity Release Plans or Home Income Plans? **Yes / No**
- 8.3 provided Home Information Packs other than where the firm is acting for the vendor? **Yes / No**

Please advise the number of fee-earners in your practice or previously employed by your practice or any prior practice who undertake or have undertaken conveyancing work.

Accounting year end	2009	2008	2007	2006	2005
8.4 Solicitors					
8.5 Other qualified fee-earners					
8.6 Non-qualified fee-earners					

Please provide the following details in respect of all residential conveyancing work carried out or previously carried out by your practice or any prior practice.

Accounting year end	2009	2008	2007	2006	2005
8.7 Number of transactions					
8.8 Gross fee income generated	£	£	£	£	£
8.9 Highest transaction value	£	£	£	£	£
8.10 Average transaction value	£	£	£	£	£
8.11 Remortgage transactions (%)	%	%	%	%	%
8.12 Buy-to-let transactions (%)	%	%	%	%	%

Please provide the following details in respect of all commercial conveyancing work carried out or previously carried out by your practice or any prior practice.

Accounting year end	2009	2008	2007	2006	2005
8.13 Number of transactions					
8.14 Gross fee income generated	£	£	£	£	£

- 8.15 On how many occasions in the last year have you or any prior practice received requests for conveyancing files from lenders or solicitors? *Please provide full details of any such requests and identify the lenders involved.*

- 8.16 Has your practice or any prior practice conducted any conveyancing transaction in the past five years which involved a lender who is not a member of the Council of Mortgage Lenders? **Yes / No**

- 8.17 Has your practice or any prior practice **ever** been removed or suspended from any lender panel? **Yes / No**

If yes to either of the above, please provide full details and identify the lenders involved.

- 8.18 Over any 12-month period in the past five years, have more than 10% of your conveyancing instructions, or those of any prior practice, originated from any one development or client, or been generated by any one referral source (e.g. mortgage broker, developer, financial advisor, or estate agent)? **Yes / No**

- 8.19 Has your practice or any prior practice at any time in the past five years accepted any instructions from property clubs or investment schemes? **Yes / No**

If yes to either of the above, please provide full details of the instruction and identify the lenders involved.



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

- 8.21 Over the last five years what safeguards has your practice (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?

- 8.22 Do you complete the CML Disclosure of Incentives form in all conveyancing transactions? *If not, please provide details of your alternative procedures.*

Yes / No

- 8.23 What training is or has been provided to fee-earners in your firm involved in conveyancing work in respect of identifying potential mortgage fraud?

9 RISK MANAGEMENT

- 9.1 Does your practice have a formal Risk Management strategy?

Yes / No

If so, please identify the individual responsible.

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- 9.2 Is the practice accredited to or in the process of becoming accredited to Lexcel and/or ISO 9000/01/02?

If so, please advise accreditation dates.

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- 9.3 Does the practice have new client intake procedure involving at least one qualified solicitor which includes checks to detect potential money laundering and conflicts of interest?

Yes / No

- 9.4 Does the practice always use Client Care Letters and/or Engagement letters?

Yes / No

- 9.5 Is a centralised Critical Date diary system in operation?

Yes / No

- 9.6 Are all relevant telephone conversations involving legal matters the subject of a written record on file?

Yes / No

- 9.7 Is a formal file closure procedure in place in all departments?

Yes / No

If no to any of the above, please provide an explanation including details of any alternative procedures in place.



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9.8 How frequently is the practice's client account brought to trial balance?

9.9 Is any Principal or employee able to issue cheques under their sole signature? **Yes / No**

If so please provide details of the procedure here.

9.10 Does the practice always receive written confirmation when funds are transferred electronically? **Yes / No**

9.11 Does the practice have formal procedures for verifying qualifications, previous experience, and past claims experience in respect of new practice acquisitions and new Principals or employees? **Yes / No**

9.12 Does the practice or any Principal exercise a controlling or financial interest in any company or organisation for which the practice undertakes work? **Yes / No**
If so, please provide details.

9.13 Does any organisation or person who is not a Principal in the practice exercise a controlling or financial interest in the practice? **Yes / No**
If so, please provide details.

10 CLAIMS AND CIRCUMSTANCES

Please provide details of all claims and circumstances reported to Qualifying Insurers and/or the Assigned Risks Pool in the past six Indemnity Years.

	Indemnity Period	Qualifying Insurer/s	Claims notified?
10.1	Sept 2003 – Sept 2004		Yes / No
10.2	Oct 2004 – Sept 2005		Yes / No
10.3	Oct 2005 – Sept 2006		Yes / No
10.4	Oct 2006 – Sept 2007		Yes / No
10.5	Oct 2007 – Sept 2008		Yes / No
10.6	Oct 2008 – Sept 2009		Yes / No

Please provide an up-to-date Qualifying Insurer (or Assigned Risks Pool) Claims Summary for each Indemnity Period specified above for your practice and any practice to which you are a successor.

After making full enquiry of all Principals, Employees and Consultants of your practice:

10.7 are you aware of any circumstances, incidents or claims that you have not reported to your current or any prior insurers, or that you have notified but which have not been accepted by insurers as an effective notification? **Yes / No**

Please note that you have an obligation under your current professional indemnity insurance policy to notify these matters to your current insurer, and that we may require confirmation that you have done so and that the notification has been accepted before cover can be confirmed.

10.8 are you aware of any circumstances, incidents or claims reported by your practice or any prior practice in the last ten years which have arisen as a result of the dishonesty of any Principal, Employee or Consultant of that practice? *If so, please provide details.* **Yes / No**

10.9 are you aware of any circumstances, incidents or claims which have arisen out of the work of any Principal of your practice in previous employment? *If so, please provide details.* **Yes / No**



11 CURRENT INSURANCE COVERAGE

11.1 Has your practice or any prior practice **ever** been insured through the Assigned Risks Pool? *If so, please provide full details.*

Yes / No

11.2 Has any Qualifying Insurer **ever** refused to offer your practice or any prior practice renewal terms for professional indemnity insurance? *If so, please provide full details.*

Yes / No

11.3 Please provide details of your current professional indemnity insurance.

Qualifying Insurer	<input type="text"/>	Premium (excl IPT)	£ <input type="text"/>
Limit of Indemnity	£ <input type="text"/>	Excess payable	£ <input type="text"/>

12 REQUESTED INSURANCE COVERAGE

12.1 Limit of Indemnity	£ <input type="text"/>	Excess payable	£ <input type="text"/>
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13 SIGNIFICANT CHANGE AND OTHER MATERIAL INFORMATION

13.1 Do you expect any significant change to or in your practice in the coming year? *If so, please provide details. If you unsure as to whether a change is significant, you are advised to disclose it.*

Yes / No

13.2 Is there any other material information which may be relevant to this application? *If so, please provide details. If you unsure as to whether information is material, you are advised to disclose it.*

Yes / No

14 DECLARATION

To be signed and dated by a Principal of the practice

By signing the proposal form you consent to St Mary Underwriting 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 processing 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 intermediaries, third party claims adjusters, fraud detection and prevention services, reinsurance companies, debt recovery agents 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 advisors, loss adjusters and 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 to insurers that, after full enquiry of all partners, principals, directors and staff, all claims and circumstances which may give rise to a claim have been reported to 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.

Signature: _____ Date: _____

Firm name: _____



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15 ADDITIONAL INFORMATION

This space is provided for any additional material information, or any further information requested in respect of previous questions. Please continue on a sheet of your headed notepaper if necessary.