

# Solicitors Proposal Form



## Professional Indemnity

Version 06.17.008

**This form has been designed to be completed and signed electronically.**

**Once completed please save it and send it back to: [fast-track@alicecastle.com](mailto:fast-track@alicecastle.com)**

Or if you would prefer to complete this form by hand, simply print it and post to:

Alice Castle Limited  
63 St Mary Axe  
London  
EC3A 8AA

Or alternatively return it to us via DX at:

Alice Castle Ltd  
DX37253  
SUTTON 2

Tel: 0207 186 1630  
Web: [www.alicecastle.com](http://www.alicecastle.com)

## Section 1 – Practice Details

a) Practice Name		b) Type of Practice	
c) SRA Registration No		d) Date Established	
e) Main Address			
f) Post Code		g) Web Address	
h) DX Number		i) Contact Name	
j) Contact Email		k) Telephone No	
l) Do you have offices other than listed above for which you are seeking cover?			
If <b>yes</b> , please provide details on our supplementary page at the end of this form and provide details including address post code and how these offices are supervised.			

## Section 2 – Practice Structure

a) Please list the names of all prior practices for which this practice is a successor practice in the last 10 years.

Name of Practice	Date Established	Date of Succession

If necessary please provide details on our supplementary page detailing Name of Practice, Date Established and Date of Succession. If any of these practices have had claims or reported any circumstance these will need to be included with the Section 12 Claims History.

b) Has your practice merged or acquired any firm that purchased run-off cover prior to merger or acquisition where your practice is not a successor practice?

If **yes**, please provide details on our supplementary page at the end of this form *and provide a copy of the run off insurance certificate.*

c) Are you intending to convert to an ABS, LDP, or MDP in the next 2 years?

If **yes**, please provide details on our supplementary page at the end of this form and attach a copy of any application for licence or any other relevant documentation.

d) Is the practice, or any Principal, Partner, Director or Member of the practice connected financially or otherwise with any practice, company or business for which it renders professional services?

If **yes**, please provide information on the supplementary page at the end of this form.

**Section 3 – Practice Staff**

a) Please provide details of all Principals, Partners, Directors or Members and all lawyer employees who will be employed by your practice *as at the policy inception*. Details should also include any consultants including non-lawyer managers. *If any person is a Registered Foreign Lawyer or a Registered European Lawyer please note RFL or REL alongside solicitor status.*

Title	Forename(s)	Surname	Date of Birth	Status (i.e. Principal, Partner, Director)	Years in that status	*E/NE	Full or Part Time	Date Qualified	Roll No

*\*Please state Equity or Non-Equity (E/NE).*  
If you require additional space to continue to list please use our supplementary page at the end of this form.

b) **Legal Disciplinary Practices/Alternative Business Structures**  
Please provide information requested for every non-solicitor Principal, Partner, Director or Member *as at the policy inception*.

Title	Forename(s)	Surname	Date of Birth	Role	Years in this position	Fee Earner Y/N	Full or Part Time	Qualification	Regulatory Body

If you require additional space to continue to list please use our supplementary page at the end of this form.

c) **Former Staff**  
Please detail anyone who has been a Principal, Partner, Director or Member in the practice since 1st October 2012 or since inception of the practice, whichever is later. If any person listed is a Registered Foreign Lawyer or a Registered European Lawyer, please state RFL or REL next to date qualified.

Title	Forename(s)	Surname	Date became Principal/ Partner	Date ceased to be a Principal/ Partner	*E/NE	Full or Part Time	Date Qualified	Roll No

If you require additional space to continue to list please use our supplementary page at the end of this form.

## Section 3 – Practice Staff (continued)

d) Other Staff

Number of non-solicitor fee earning staff:	Full Time:		Part Time:	
Number of all other staff (inc secretarial):	Full Time:		Part Time:	
Please confirm the total number of all staff that have left the practice in the last 12 months?				

## Section 4 – Income Details

a) What is the financial year end for the Practice?

b) Please provide gross fee income for the last four completed accounting periods and an estimate for 2020. Please also attach copies of audited accounts for the last two completed years, or if not available please provide copies of signed-off management accounts.

	UK	USA/Canada	Elsewhere	Total for the Year
2016				0
2017				0
2018				0
2019*				0
2020 (estimate)				0

\* If not available please give an estimate

c) For the last three accounting periods please provide the following information from your annual accounts:

	2018	2017	2016
Net Profit / (Loss) after tax and before drawings	£	£	£
Total Principal/Partner drawings or Director/Member Remuneration	£	£	£
Net Worth of the Firm (Total Assets less Total Liabilities)	£	£	£

d) As at the date of this application please confirm:

i. The fees outstanding to your practice?	£
ii. % of this amount billed more than 90 days ago?	%
iii. Total estimate of unbilled work in progress?	£

## Section 4 – Income Details (continued)

e) As at the date of this application please confirm:	
i) The total amount of overdraft available to the practice?	£
ii) The current balance?	£
iii) Total amount of loans or other borrowing from a third party including details of lenders and purpose of loans?	
£	
f) Has any one client or group of clients generated 20% or more of your fee income in any of the last three years?	
g) Does your practice have any exposure to USA/Canada, including a local office, anyone holding power of attorney on your behalf, reciprocal referral agreements, bank accounts or acting as trustees?	
h) Do you have any clients domiciled in USA/Canada?	
i) Do you give any legal advice in respect of foreign law, jurisdictions or contracts not subject to English Law?	
If you have answered <b>yes</b> to question <b>4f</b> , <b>4g</b> , <b>4h</b> or <b>4i</b> , please provide additional information on our supplementary page at the end of this form.	

## Section 5 – Current Insurance

a) When is your renewal date?	
b) What is your current limit of indemnity?	£
c) What is your current excess?	£
d) Current Premium (excluding insurance premium tax)?	£
e) Was this premium for 12 months?	
f) Broker Fee if applicable?	£
g) Who is your current Insurer?	
h) Who is your current broker?	

## Section 6 – Insurance Requirements

	Option 1	Option 2
a) Which limits of indemnity do you require quotes for?	£	£
b) What levels of excess would you like quotes for?	£	£

## Section 7 – Areas of Work

a) Please give (rounded to the nearest whole number) the percentage of your gross fees allocated to each areas of practice for the last three financial years.

	Last Year	Prior Year	Prior Year 2
Administering oaths, taking affidavits and Notary Public	%	%	%
Agency Advocacy	%	%	%
Acting as an Arbitrator, Adjudicator and Mediator	%	%	%
Children, Mental Health Tribunal and Welfare	%	%	%
Corporate/Commercial, (excluding work related to public companies)	%	%	%
Conveyancing - Commercial	%	%	%
Conveyancing - Residential	%	%	%
Criminal Law	%	%	%
Debt Collection	%	%	%
Defendant litigious work for Insurers	%	%	%
Employment - Contentious	%	%	%
Employment - Non Contentious	%	%	%
Financial Advice and Services regulated by the Solicitors Regulation Authority	%	%	%
Immigration	%	%	%
Landlord and Tenant – Litigious	%	%	%
Landlord and Tenant – Non Litigious	%	%	%
Lecturing and related activities and expert witness work	%	%	%
Litigation (Commercial)	%	%	%
Litigious work other than included in any other category	%	%	%
Matrimonial / Family	%	%	%
Non-Litigious work other than included in any other category	%	%	%
Offices and Appointments	%	%	%
Parliamentary Agency	%	%	%
Pension Trustee	%	%	%
Personal Injury (Claimant) - Fast Track	%	%	%
Personal Injury (Claimant) - Other	%	%	%
Personal Injury (Defendant)	%	%	%
Probate and Estate Administration	%	%	%
Property Selling / Valuations and Property Management	%	%	%
Tax Planning	%	%	%
Town & Country Planning	%	%	%
Trusts	%	%	%
Wills	%	%	%
If you do indicate a percentage in any of the areas <b>below</b> please provide full details on the supplementary page at the end of this proposal form. Details will need to include the highest deal values over the last 3 years.			
Corporate/Commercial work, including public companies	%	%	%
EC Competition Law and Human Rights Law	%	%	%
Financial Advice and Services where you opted into regulation by the FCA / FSA	%	%	%
Intellectual Property including Patent, Trademark and Copyright	%	%	%
Marine Litigation	%	%	%
Mergers & Acquisitions including Management	%	%	%
<b>Total</b>	<b>100 %</b>	<b>100 %</b>	<b>100 %</b>

## Section 7 – Areas of Work (continued)

### b) Personal Injury

In respect of Personal Injury work, please confirm whether any fees have arisen during the last six years?

If **no**, please proceed to question c) Commercial Work.  
 If **yes**, we may require our supplementary personal injury questionnaire completed but in the meantime please provide a copy of any previously completed questionnaire and confirm the following:

i) Approximately how many referrals has the practice ever accepted from personal injury claims companies and/or their agents in the last six years?

ii) What type of personal injury work as a percentage of 100% has the practice carried out over the last three years?

	Last Year	Prior Year	Prior Year 2
Small Claims	%	%	%
Fast Track	%	%	%
Multi Track	%	%	%

iii) Which principal, partner, director or member is responsible for overseeing the personal injury department?

iv) Please advise your current areas of personal injury work by percentage:

Clinical Negligence:	%	Occupational Disease	%	All other Personal Injury (RTA, EL/PL etc)	%
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v) How many open claimant personal injury cases does your firm currently have?

Please specify your average personal injury settlement size for:

2016/17	£	2017/18	£	2018/19	£
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vi) What percentage of claimant personal injury claims have been funded by unions?

%

## Section 7 – Areas of Work (continued)

### c) Commercial Work

In respect of commercial work please confirm whether any fees have arisen in any of the last three years?

If **no**, please proceed to Section 8 - Conveyancing  
 If **yes**, please answer the following questions:

	Privately Held Companies	Public Companies
In respect of Commercial Work, please provide gross fee income for the last accounting period from	£ Total Fees	£ Total Fees
Mergers and Acquisitions		
Debt Issuance/Securitisation		
Project Financing		
Pensions Schemes		
Tax		
Insolvency		
Regulation		
General Commercial		

d) If any work has been undertaken in relation to mergers and acquisitions in any of the last three years please list below the three largest transactions including approximate value of the work:

Client Name	Description of Work	Value
		£
		£
		£



## Section 8 – Conveyancing

Please only complete this section if you have undertaken conveyancing work in the last 6 years

a) Please confirm the following details:

RESIDENTIAL CONVEYANCING		2014/15	2015/16	2016/17	2017/18	2018/19
A	% of Total Gross Fees	%	%	%	%	%
B	Approx No. of transactions					
C	Highest Fee for a single conveyance	£	£	£	£	£
D	Average Fee for Conveyance transactions	£	£	£	£	£
E	No. of transactions relating to re-mortgage/2 <sup>nd</sup> mortgage					
F	No. of referrals from a broker, developer or intermediary					
G	Highest property value	£	£	£	£	£
H	Average property value	£	£	£	£	£
I	Highest Loan Value	£	£	£	£	£
J	% of transactions involving lenders who are not members of the CML	%	%	%	%	%
COMMERCIAL CONVEYANCING		2014/15	2015/16	2016/17	2017/18	2018/19
A	% of Total Gross Fees	%	%	%	%	%
B	Approx No. of transactions					
C	Highest Fee for a single conveyance	£	£	£	£	£
D	Average Fee for Conveyance transactions	£	£	£	£	£
E	No. of transactions relating to re-mortgage/2 <sup>nd</sup> mortgage					
F	No. of referrals from a broker, developer or intermediary					
G	Highest property value	£	£	£	£	£
H	Average property value	£	£	£	£	£
I	Highest Loan Value	£	£	£	£	£
J	% of transactions involving lenders who are not members of the CML	%	%	%	%	%

## Section 8 – Conveyancing (Continued)

b) In the last six years has your practice including any prior practice ever undertaken any Right to Buy transactions?

If **yes**, please provide the following information:

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

c) Does the practice intend to undertake any Right to Buy/Right to Acquire transactions in the next 12 months?

d) During the last 6 years have you undertaken any transactions that have been received from a mortgage broker, developer or other intermediary?

e) During the last 6 years have you acted for multiple purchasers in the same development or building?

f) In the last six years has the practice or any prior practice undertaken any back to back transactions?

g) Has the practice or any prior practice ever acted in any transactions involving overseas properties or developments?

h) Has the practice or any prior practice ever undertaken legal work on any Home Income Plans or Equity Release Plans?

i) Has the practice or any prior practice ever provided financial advice on any Home Income Plans or Equity Release Plans?

j) Are all clients met in person and appropriate checks performed to ensure the identity of your client?

k) Is training provided on identifying mortgage fraud to Partners/Directors/Members/Employees who undertake conveyancing work?

l) Are any employees other than Partners/Directors/Members able to sign/issue certificates of title?

m) In the last six years have you been suspended or removed from any lender panel?

n) During the last six years have you received any requests for conveyancing files from lenders and/or solicitors?

If you have answered **yes** to any of questions **8d**, **8e**, **8l**, **8m** or **8n**, please provide additional information on our supplementary page at the end of this form.

## Section 9 – Client Services

a) Please state as a percentage of 100% your gross fees arising from the categories listed below

Public Quoted Companies (Takeover & Merger & Share Issue work only)	%
Merchant Banks, Finance Houses, Hire Purchases and Credit Sales and other concerns providing Finance (other than Building Societies)	%
Property Developers or Property Investment Companies (including their commercial conveyancing)	%
Sub- Prime Lenders	%
Insurance Brokers, Insurance Companies, Underwriting Agencies and similar organisations (other than handling of claims under insurance policies)	%
All other clients	%
<b>Total</b>	<b>100 %</b>

b) Has your practice ever provided management services or investment advice to any entertainment clients or sporting professionals?

c) Has your practice including any prior practice ever accepted instructions for any class actions or other group litigation?

d) Does your practice carry out any work for which no fees are charged?

If you have answered **yes** to **9b**, **9c** or **9d**, please provide additional information on our supplementary page.

e) How many settlements over £50,000 have you achieved in the last six years arising from litigation work? Please enter not applicable if no such work carried out.

f) Has your practice including any prior practice ever sold or provided advice in connection with any financial services products within the last 20 years?

g) Has your practice including any prior practice ever undertaken work in relation to selling or advising on any mortgage endowment policies in 1990 or any subsequent years?

h) Has the practice or any prior practice carried out any work in connection with the recovery of payment protection insurance (PPI) monies, Bank Charges or Card Security Product fees?

i) Has the practice or any prior practice carried out any work in connection with any tax planning or tax mitigation/avoidance schemes including but not limited to Stamp Duty Land Tax?

j) Do you use Certainty – The National Will Register to register the wills you have created?

k) Do you currently provide or are you intending to provide unbundled legal advice?

If you have answered **yes** to **9f**, **9g**, **9h** or **9i**, we may require the completion of our financial services questionnaire but in the meantime please attach a copy of any previous questionnaire you may have completed.

## Section 10 – Regulatory Management

Has any fee earner in the practice or any fee earner previously employed, together with any consultant, employee, non-solicitor, owners or investors, ever:

a) Been refused a practising certificate or been granted a conditional practising certificate?	
b) Been subject to, or have pending, any disciplinary procedures or investigations by the Law Society, the SRA, the OSS, Consumer Complaints Service, SDT, Legal Ombudsman or Consumer Complaints Board, Legal Complaints Service, the office for Legal Complaints or any other regulatory body or ombudsman or a successor body to any of the above?	
c) Had an award made against them for inadequate professional service or entered into any settlement with the SRA?	
d) Been investigated, charged, tried or convicted for any criminal offence involving fraud or dishonesty or had a civil claim made against them?	
e) Been made bankrupt, subject to an IVA or come to an arrangement with creditors?	
f) Been banned from being a director of a company?	
g) Been engaged with the SRA in the last 12 months regarding the financial stability of the firm?	
h) Been responsible for any business which in the past six years has ceased trading?	
i) Failed to pay any professional indemnity premium including run-off premium, or any excess in relation to a claim?	
j) Have you ever failed to pay or defaulted on a repayment where the premium was financed?	
k) Been insured in the Assigned Risk Pool or any equivalent body set up or managed by any other regulatory body?	
l) Been subject to an intervention by the Law Society or SRA, taken over an intervened firm or acted as an intervening agent?	
m) At any time in the last three years been the subject of a monitoring visit from the Solicitors Regulation Authority?	
n) Been refused professional indemnity insurance?	

If you have answered **yes** to any of the questions under Section 10 please provide full details on our supplementary page along with copies of any reports issued by any regulatory body.

## Section 11 – Risk Management

a) Please provide the name and status of the person responsible for risk management in your practice:

Name:		Status:	
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b) Please provide the name and status of the person nominated as the COLP:

Name:		Status:	
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c) Please provide the name and status of the person nominated as the COFA:

Name:		Status:	
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## Section 11 – Risk Management (continued)

d) Please provide the name and status of the person nominated as the Money Laundering Reporting Officer (MLRO):

Name:		Status:	
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e) How many service complaints have you received in the last 12 months?

f) What compliance software does the practice use to carry out the duties of COLP/COFA?

g) Do you obtain satisfactory written references when engaging all staff, Principals, Partners, Directors or Members, including verifying qualifications, previous experience, and any previous claims or circumstances?

h) Is any person allowed to sign cheques as a sole signatory?

If **yes**, what is the upper limit to which cheques can be written? £

i) Do you hold client money?

j) Do you hold separate bank accounts for client monies and office monies?

k) Do you back up your data at least once a week to an offsite location?

l) Do you have antivirus software and firewalls in place and are these updated at least quarterly?

If you have answered **no** to question **11k** or question **11l**, please provide information on the supplementary page at the end of this form.

m) How often is a bank reconciliation carried out?

Do you have:

i) Written work instructions and/or checklists for the services provided?

ii) A time recording system?

iii) An email/internet user policy in place and enforced?

iv) A procedure to record relevant telephone conversations to the appropriate client file?

v) The required procedures for issuing client retainer letters?

vi) The required procedures for vetting clients including checking for conflicts of interest?

vii) The required procedures for carrying out money laundering checks?

viii) The required procedures for registering claims and complaints?

ix) A system in place to keep all fee earners and employees up date with relevant changes in legislation and other legal developments which could affect the work and services they carry out?

## Section 11 – Risk Management (continued)

n) Please confirm the steps the practice takes to review work undertaken by staff and describe how they are supervised?

o) Please describe the diary system in operation including the back-up procedures?

p) Do you have a formal disaster recovery plan, and if so has this been tested in the last 12 months?

q) In relation to the threat posed by wrongful fund transfers, do you have procedures in place which mandate that:

i) Personnel must never disclose to anyone their security details by any means regardless of the apparent authority of the person requesting the details?	
ii) 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?	
iii) Changes to bank details must not be accepted by remote means (e.g. email or phone), apart from in exceptional circumstances and only when it has been validated that these changes have been made by your client?	
iv) Payments from client account(s) must be set up by one person and independently verified/authorised by another before funds are transferred?	

If you have answered **no** to any question in **Section 11q**, please provide information on the supplementary page at the end of this form.

r) Please list any Legal Services Commission Quality Marks, or other quality standards, e.g. LEXCEL, CQS which your practice is currently accredited with including the date of the accreditation, or please explain how you comply with the regulatory requirement to check work quality?

s) When is your Employers Liability Insurance due for renewal?

## Section 12 – Claims History

Please provide as much information as possible in the following section because this is a major factor for insurers in deciding your level of premium.

*If you do not have claims summaries that are up to date, please attach copies from previous years and detail any material changes that have occurred. If you wish us to collect all your claims summaries for you please tick the following box and a member of our support team will contact you shortly to discuss the process.*

a) Has your practice, or any prior practice reported any circumstances, incidents or claims to participating insurers or to the Assigned Risks Pool?

Year	Name of Insurer	Yes/No	Year	Name of Insurer	Yes/No
2013-2014			2016-2017		
2014-2015			2017-2018		
2015-2016			2018-2019		

Please provide claims information from Qualifying Insurers or the Assigned Risks Pool for all indemnity years since 1<sup>st</sup> October 2012 or the date of the commencement of the practice if later.

b) Have any claims, or circumstances that could give rise to a claim, arisen against the practice as a result of fraud or dishonesty of any principal, partner, director, member or employee?

c) After full enquiry of all principals, partners, directors, members and employees in your practice, are you aware of any claims, circumstances or incidents that have not been reported to your current or prior insurers?

d) After full enquiry of all principals, partners, directors, members and employees in your practice, are you aware of any claims, circumstances or incidents that have been reported to your current or prior insurers but have not been accepted by insurers as a valid or effective notification?

e) Have you had any claims or circumstances which are attributable to unauthorised access to your practice’s bank accounts or transactions involving bogus or fraudulent practices purportedly acting for the counterparty in transactional matters?

If you have answered **yes** to question **12b**, **12c** or **12d**, please provide additional information on our supplementary page.  
 If you have answered **yes** to question **12e**, please provide details on the supplementary page at the end of this form together with confirmation of what steps you have taken to prevent a recurrence of such claims or circumstances in the future.

## Section 13 – Duty To Make A Fair Presentation

a) Do you expect there to be any significant changes to or within your practice in the coming year?

b) Is there any other material information that may be relevant to this proposal form?

If you have answered **Yes** to either of the questions above, please provide additional details using the supplementary sheet at the end of this form.

## Section 13 – Duty To Make A Fair Presentation (continued)

It is essential that every Proposer or Insured, when seeking a quotation to take out or renew any insurance, discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice. Unless agreed to the contrary, this insurance shall be subject to English Law.

## Supplementary Sheet

Please detail below any additional information required together with copies of any requested correspondence, and continue on separate sheets if necessary



**Section 14 – Declaration**

*I declare that after full enquiry of all senior management and those responsible for our insurance, the contents of this proposal are true and we have not misstated, omitted or suppressed any material circumstance or information.*

*I confirm that this proposal form, together with any other document that may have been provided, does provide a fair presentation of the risk to be insured.*

*If there is any material alteration to the facts and information provided or any new matter arises before the completion of the contract of insurance, I undertake to inform insurers.*

**Please note a second signatory is required if the practice has two or more Partners, Directors or Members.**

I am an authorised signatory, and by submitting this proposal form in an electronic format I acknowledge such as if having signed it.

Signatory 1:		Date:	
<i>If required</i> Signatory 2:		Date:	
For and behalf of (Insert name of practice):			

Specimen copies of policy wordings are available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference.

Please send your completed form to: [fast-track@alicecastle.com](mailto:fast-track@alicecastle.com)

Or if you prefer to print and send the form, please post to:

**Alice Castle Limited**  
 63 St Mary Axe  
 London  
 EC3A 8AA

Or alternatively return it to us via DX at:

**Alice Castle Limited**  
 DX37253  
 SUTTON 2