

Griffiths & Armour Professional Risks

Griffiths & Armour Professional Risks acts as manager for the professional indemnity division of Griffiths & Armour
 Griffiths & Armour Professional Risks Ltd is an appointed representative of Griffiths & Armour which is authorised and regulated by the
 Financial Services Authority in the United Kingdom

GROUP OFFICES Liverpool London Manchester Glasgow Dublin Guernsey

**Solicitors' Professional Indemnity Insurance
 Application Form**

Please provide a full answer to every question. A Principal/Member of the practice must sign and date this form and any separate sheets.
**Please include with this form a sheet of your current HEADED NOTEPAPER, which can also be used to supplement areas where you
 may have insufficient space to answer a question.**

1. Name and Address Details

Practice Name	Main Office Solicitors' Regulation Authority Registration Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Main Office Address	Preferred Mailing Address (if different from main office address)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Main Office Telephone Number	Main Office Fax Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Practice Website	Contact E-mail Address
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Primary Contact

Date Established

Is your practice a Limited Liability Partnership or a Company registered at Companies House? Yes No

Do you have any other offices, other than the main office listed above, for which you are seeking cover? Yes No

If 'Yes', please list the addresses 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 is a successor practice in the last fifteen years. Please refer to successor practice definition.

Name of Practice	Date Established	Date of Succession
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Have any of the listed practices reported any circumstances, incidents 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 1st September 2004.

4. Other Staff

Number of non-solicitor fee earning staff Please state if none

Number of all other staff (inc secretarial) Please state if none

5. Practice Fees

Total gross fees for the last annual accounting period or, if you are a new practice, estimated fees for the coming year £

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.

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

If 'Yes', please provide full details of these clients and the work undertaken on a separate sheet.

6. Practising Certificate and Regulatory Issues

(a) In the last 10 years has any principal/fee-earner in the practice:

- ever been refused a practising certificate? Yes No
- ever been granted a conditional practising certificate? Yes No
- been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal? Yes No
- practised in a firm subject to an investigation or an intervention by the Law Society or Solicitors' Regulation Authority? Yes No
- 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? Yes No
- had a civil or criminal judgement made against him or her? Yes No
- been investigated by any other regulatory body other than the Law Society or Solicitors' Regulation Authority (e.g. FSA, Council of Licensed Conveyancers, ILEX)? Yes No

(b) Has the Practice been the subject of a monitoring visit from the Law Society or Solicitors' Regulation Authority in the last three years? Yes No

(c) Has the Practice been the subject of any visit or enquiry from the Forensic Investigation Unit of the Law Society or Solicitors' Regulation Authority in the past three years or has notice of any proposed visit or enquiry been given? Yes No

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 and 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 circumstances, incidents or claims to the Assigned Risks Pool or to Qualifying Insurers in the:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Insurance Year 2003-2004 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 insurance years, please provide with this form **claims information from other Qualifying Insurers or the Assigned Risks Pool for all circumstances, incidents or claims reported since 1st September 2004 by your practice and any practice to which you are a successor practice.**

Have any circumstances, incidents or claims reported by your practice or any prior practice in the past five years arisen as a result of the dishonesty of any principal, member or employee of the practice?

Yes No If 'Yes', please provide full details of all incidents, including how each matter was resolved and the procedures/processes in place to avoid re-occurrence.

After making full enquiry of all principals, members and employees 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 on a separate sheet.

Please note that you have an obligation under your current professional indemnity policy to notify these matters to your current insurer and we shall ask you to confirm that you have done so before cover can be put in place.

8. Area of Practice

Please 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.

AREA OF PRACTICE (Rounded to the nearest whole percent)	%
1. Administering oaths, taking affidavits and notary public	
2. Agency Advocacy	
3. Acting as Arbitrator, Adjudicator or Mediator	
4. Children, Mental Health Tribunal and Welfare	
5. Commercial Litigation	
6. Commercial/Corporate work (excluding work related to public companies)	
7. Conveyancing - Commercial	
8. Conveyancing - Residential	
9. Criminal Law	
10. Debt Collection	
11. Defendant litigious work for insurers, Defendant Personal Injury Work	
12. Employment - Contentious	
13. Employment - Non Contentious	
14. Financial Advice and Services regulated by the Solicitors' Regulation Authority	
15. Immigration	
16. Landlord and Tenant	

AREA OF PRACTICE (Rounded to the nearest whole percent)	%
17. Lecturing and Related Activities and Expert Witness Work	
18. Litigious work other than given in any other category. Please provide a breakdown on a separate sheet.	
19. Matrimonial/Family	
20. Non-litigious work other than given in any other category. Please provide a breakdown on a separate sheet.	
21. Offices and Appointments	
22. Parliamentary Agency	
23. Personal Injury (Claimant)	
24. Probate and Estate Administration	
25. Property Selling, Valuations and Property Management	
26. Town and Country Planning	
27. Wills, Trusts and Tax Planning	

If you indicate a percentage in any of the areas below, please provide full details on a separate sheet or for 29 complete our FSA Questionnaire

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

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

Yes No If 'Yes', please explain on a separate sheet.

Please estimate the percentage of personal injury cases (claimant) in each of the following categories.

Small Claims % Fast Track % Multi Track %

Please estimate the number of personal injury cases you currently have where the expected settlement exceeds £250,000.

Do you undertake work or accept any referrals from Claims Management Companies?
If 'Yes', please provide full details on a separate sheet.

Yes No

In the last twelve months, on how many occasions has your practice or any prior practice advised on Equity Release Plans?

9. Current Coverage

Has your practice, or any prior practice, ever been in the Assigned Risks Pool?

Yes No If 'Yes', please explain on a separate sheet

Has any Qualifying Insurer refused to offer your practice, or any other prior practice, terms for professional indemnity insurance?

Yes No If 'Yes', please explain on a separate sheet

Please provide details of your current insurance below:

Current insurer	Premium £	Limit £	Excess £

10. Requested Cover

The minimum cover required is £2million for a partnership or £3million for LLPs and Companies registered at Companies House.

Limit of Indemnity - please limit to a maximum of 4 choices

£2million £3million £4million
 £5million £6million £7million
 £8million £9million £10million

Excess - please limit to a maximum of 4 choices

Nil £1,000 £3,000
 £5,000 £10,000 £25,000
 £50,000 £75,000

Other, please specify £

Other, please specify £

Aggregate Excess

I require a quotation for aggregate excess: 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

Declaration

All personal data collected by Insurers will be held in accordance with the Data Protection Act 1998. Insurers will disclose this information to their service providers and agents for policy administration purposes. In addition, Insurers may exchange information with other organisations such as the police, regulatory authorities and professional bodies by whose rules the insured is bound, through various databases to help them check information provided and to prevent fraudulent claims. By returning this form, you consent to the processing of personal data, including sensitive personal data, for these purposes and to Insurers transferring such information outside the European Economic Area where necessary.

When you provide information about another person, you are confirming that they have appointed you to act for them. Such persons will have been made aware of the purposes for data collection and processing set out above and have consented to such processing. You will receive, on their behalf, any data protection notices and keep them informed about how their data will be processed and where it may be disclosed.

I declare that to the best of my knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application are true and complete and this application, declaration, documentation and information will be the basis of the contract between the Insured and the Insurer.

I declare that I have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of this insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

Number of additional sheets included with this application

Signature

Date

Print Name

Principal/Member

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

Document Checklist

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

this form, fully completed, signed and dated.

a sheet of your practice's current **HEADED** notepaper.

And, if applicable, please provide the following:

claims information for all circumstances, incidents or claims reported to qualifying insurers or the Assigned Risk Pool, by your practice and any practice to which you are a successor practice.

If you are a newly established practice, a Curriculum Vitae for every Principal/Member of the practice and your Business Plan and Cash Flow Statement.

A copy of all reports issued by the Legal Complaints Service or the former CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/or any other regulatory body.