

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 Address

Preferred Mailing Address (if different from main office address)

Main Office Telephone Number

Main Office Fax Number

Practice Website

Contact E-mail Address

Primary Contact

Date Established

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 five years.
 Please refer to successor practice definition.

Name of Practice	Date Established	Date of Succession

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 Qualified Insurers or the Assigned Risks Pool for all circumstances and claims reported.

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

Projected fees for the current financial year €
 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 Irish, 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

After full enquiry, has the Practice/Firm (including any prior practice), any Partner, Director, Consultant or Employee (including whilst at any previous firm):

- 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? Yes No
- ever applied for entry into the Assigned Risks Pool? 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 (e.g. financial regulator)? Yes No

If you have answered 'Yes' to any of the above questions, please provide full details on a separate sheet.

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 No
 Insurance Year 2004-2005 Yes No
 Insurance Year 2005-2006 Yes No
 Insurance Year 2006-2007 Yes No
 Insurance Year 2007-2008 Yes No
 Insurance Year 2008-2009 Yes No

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 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 <i>(Rounded to the nearest whole percent)</i>	%
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. Commercial/Corporate work for public companies	
15. Immigration	

AREA OF PRACTICE <i>(Rounded to the nearest whole percent)</i>	%
16. Landlord and Tenant	
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. Personal Injury (Claimant)	
23. Probate and Estate Administration	
24. Property Selling, Valuations and Property Management	
25. Town and Country Planning	
26. Wills, Trusts and Tax Planning	

If you indicate a percentage in any of the areas below, please provide full details on a separate sheet.

27. Financial Advice and Services	
28. Intellectual Property including patent, trademark and copyright	
29. Any other work	
TOTAL MUST EQUAL 100%	100%

Does the Practice specialise in undertaking work for any specific type of business or group of clients? Yes No

Does the Practice provide management services or specialist investment advice to any entertainment industry clients or any sporting professionals? Yes No

Has the Practice or any predecessors in business, within the last 5 years, ever sold or provided advice in connection within financial services, as regulated by the Financial Regulator? Yes No

When did the Practice last have a Law Society audit/routine inspection?

Were there any restrictions imposed or recommendations raised following this audit/routine? Yes No

If you have answered 'Yes' to any of the above questions, please provide details:

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 €1.5million

Limit of Indemnity	Excess
(i) € <input style="width: 150px;" type="text"/>	(i) € <input style="width: 150px;" type="text"/>
(ii) € <input style="width: 150px;" type="text"/>	(ii) € <input style="width: 150px;" type="text"/>

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 Data Protection legislation. 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 An Garda Síochána, 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, that such persons 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 Qualified 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 Complaints and Client Relations Committee, office of the Independent Adjudicator, Disciplinary Tribunal and/or any other regulatory body.