



Professional Indemnity Insurance Proposal Form 2017/18

The National Solicitors' Network is an Introducer Appointed Representative of Hera Indemnity
who are Authorised and Regulated by the Financial Conduct Authority

Instructions

- Please provide a full answer to every question.
- A Principal/Partner/Member/Director must sign and date this form and any separate sheets on behalf of the Practice, having consulted to ensure that the answers given are true and complete.
- 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.
- S.R.A. : The Solicitors Regulation Authority

1. Name and Address Details

Practice Name		
Main Office Address		
Practice Website		
Contact e-mail		
Main Office Tel.	Date Practice Established	
Main Office Fax.	Main Office S.R.A. Registration Number	

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

Do you have any offices, names or entities other than that listed above, for which you are seeking cover? Yes No

If Yes, please list the addresses on a separate sheet together with the name of the supervising principal in each case. If there is no resident principal at any office please identify the office and also 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 15 years and any names that the Practice has previously traded as. A definition of Successor Practice is available upon request.

Name of Practice	Date Established	Date of Succession

Have any of the Practices listed above reported any circumstances or claims in the past 5 years? Yes No
If Yes, please provide copies of claims information from Qualifying Insurers or the Assigned Risks Pool for all circumstances and claims reported since 01/09/2010.

Has any Principal/Partner/Member/Director or Solicitor employed, or previously employed by the Practice traded in Private Legal Practice as a Sole Practitioner since 01/09/110? Yes No

Is the Practice planning any succession or merger with another Practice within the next 12 months? *If Yes, please provide details on a separate sheet.* Yes No

3. Other Mergers and Acquisitions

Since 01/10/12. have you merged with or acquired any Practice that purchased run-off cover prior to the merger or acquisition with the result that you are not a Successor Practice? Yes No

If Yes, please provide details on a separate sheet, including the name of the Practice, their last completed proposal form and proof of run-off cover.

4. Alternative Business Structures

Is the Practice considering becoming an Alternative Business Structure in the next 12 months? Yes No
If Yes, please provide details of all proposals as currently known and include a copy of any application form and accompanying documentation that has been submitted to the S.R.A.

5. Solicitor Details

Provide all information requested for every Principal, Partner, Member, Director, Assistant and Consultant who will be employed by your Practice as at the inception date of the policy. If anyone listed is a Registered Foreign Lawyer or Registered European Lawyer, please note RFL or REL alongside Solicitor status. (Please list additional solicitors on a separate sheet). If a new Practice please supply a C.V. for each Principal/ Partner/Member/Director in the Practice and also supply a business plan and cash flow statement. Please provide a CV for every Principal that has joined within the last 12 months.

Title	Solicitor's Full Name	Date of Birth dd/mm/yy	Solicitors Status Principal/Partner/ Member/Director Assistant/Consultant	Full/Part Time	Office Location	Roll Number as shown on practising cert	No. of Years Practising in England & Wales

- Is any Principal or other fee earner also a Principal or fee earner of other law practices or any other businesses?
If Yes, please provide details on a separate sheet. Yes No
- Do you have any non-solicitor Principals/Partners/Members/Directors working in your Practice?
If Yes, on a separate sheet., please provide information on every individual including Title, Full Name, Date of Birth, Role (e.g. HR/IT/Finance Director/Barrister/Legal Executive/Licensed Conveyancer etc) Fee Earner. Full or Part Time and Regulatory Body. Yes No
- Do all Principals devote all their time to the business of the Practice?
If No, please provide details on a separate sheet. Yes No

6. Total Staff

- Total Number of Equity Partners, Principals or Members
- Total Number of Non-Equity Partners, Principals or Members *(please state if "none")*
- Number of non-solicitor fee earning staff including Trainee Solicitors *(please state if "none")*
- Number of all other staff including secretarial *(please state if "none")*
- Total Number of Assistants, Associates and Consultants *(please state if "none")*
- Does your Practice outsource any legal, secretarial or other work?
If Yes, please provide full details on a separate sheet. Yes No

7. Practice Fees

Please state the Gross Fees received for the following years:	Year Ending / /12	Year Ending / /13	Year Ending / /14	Year Ending / /15	Year Ending / /16
A) England and Wales, excluding fees declared in Section D below	£	£	£	£	£
B) USA and its territories and possessions and/or Canada	£	£	£	£	£
<i>Please provide full details of the clients and the work undertaken and indicate whether the work is under US Law, or UK Law or Canadian Law</i>					
C) Elsewhere excluding USA and its territories and possessions and/or Canada	£	£	£	£	£
<i>Please specify countries on a separate sheet</i>					
D) England and Wales or elsewhere for persons, organisations, companies, or firms domiciled in the USA or its territories and possessions and/or Canada.	£	£	£	£	£
<i>Please provide full details of the clients and the work undertaken and indicate whether the work is under US Law, or UK Law or Canadian Law</i>					
TOTAL FEE INCOME	£	£	£	£	£

- Do you foresee any significant changes to your fee income in your current financial year?
If Yes, please provide details Yes No
- Has the Practice ever been represented in any way in, or has it ever given on the law of any overseas territories (inc USA and Canada)? *If Yes, provide details* Yes No

8. Largest Clients and Client Types

In any year in the past three years, has one client or group of clients or referral source generate 20% or greater of your annual fees? *If Yes, provide full details on a separate sheet of those clients, the nature of your client's business, and the work undertaken including gross fees.* Yes No

Please state percentage, totalling 100%, of Gross Fees arising from the categories of clients listed below

A. Public Quoted Companies (Takeover & Merger & Share Issue work only)	%
B. Merchant Banks, Finance Houses, Hire Purchases and Credit Sales and other concerns providing Finance (other than Building Societies)	%
C. Property Developers or Property Investment Companies (including their commercial conveyancing)	%
D. Sub Prime Lenders	%
E. Insurance Brokers, Insurance Companies, Underwriting Agencies and similar organisations (other than handling of claims under insurance policies)	%
F. All other clients	%
TOTAL GROSS FEES	100%

Has your Practice, or any prior practice, ever provided management services or investment advice to any entertainment client or sporting professionals? *If Yes, please provide details on a separate sheet* Yes No

Has your Practice, or any prior practice, ever accepted instructions for any class actions or group litigation? *If Yes, please provide details on a separate sheet* Yes No

9. Area of Practice

Please provide the percentage of Gross Fees allocated to each Area of Practice for the last three completed accounting periods or, if a new Practice, estimated percentages for the coming year. **Totals must equal 100%.**

Area of Practice, Rounded to the nearest whole percentage	Last Completed Year %	Prior Completed Year -1 %	Prior Completed Year -2 %	Area of Practice, Rounded to the nearest whole percentage	Last Completed Year %	Prior Completed Year -1 %	Prior Completed Year -2 %
1. Administering oaths, taking affidavits and notary public				20. Matrimonial/Family			
2. Agency Advocacy				21. Non-litigious work other than given in any other category (Please provide details)			
3. Acting as an Arbitrator, Adjudicator or Mediator				22. Offices and Appointments			
4. Children, Mental Health Tribunal and Welfare				23. Parliamentary Agency			
5. Commercial Litigation				24. Personal Injury – Claimant			
6. Commercial/Corporate Work (excluding work relating to Public Companies)				25. Personal Injury – Defendant			
7. Conveyancing – Commercial				26. Probate and Estate Administration			
8. Conveyancing – Residential				27. Property Selling, Valuations and Property Management			
9. Criminal Law				28. Town and Country Planning			
10. Debt collection (low risk not exceeding £10,000)				<i>If you indicate a percentage in any of the areas below, please provide full details on a separate sheet or, for Q36, please complete our FSA questionnaire (call Barry Dahill on 0845 389 0380)</i>			
11. Debt collection (high risk other than detailed above)							
12. Defendant litigious work for Insurers, including Defendant Personal Injury work				29. Commercial/Corporate Work for Public Companies			
13. Employment – contentious				30. EC Competition Law and Human Rights Law			
14. Employment – non contentious				31. Intellectual Property Work: including patent trademark or copyright			
15. Financial Advice and Services regulated by the S.R.A.				32. Marine Law – litigious			
16. Immigration				33. Wills, Trusts and Tax Planning			
17. Landlord and Tenant				34. E-commerce and/or Information Technology Work			
18. Lecturing and Related Activities and Expert Witness work				35. Mergers and Acquisitions including Management Buy-outs and Buy-ins			
19. Litigious work other than given in any other category (Please provide details)				36. Financial Advice and Services where your Practice has opted into regulation by the Financial Services Authority			
				Total (must equal 100%)	100%	100%	100%

10. Commercial Work

In respect of commercial work, please provide gross fee income for the last accounting period from:

Area	Gross fees non-public companies	Gross fees public companies	Area	Gross fees non-public companies	Gross fees public companies
Mergers and acquisitions	£	£	Insolvency	£	£
Debt issuance/securitisation	£	£	Regulation/Compliance	£	£
Project financing	£	£	Other (please specify)	£	£
Pension schemes	£	£	Other (please specify)	£	£
Tax	£	£	Other (please specify)	£	£

Please list the five largest matters over the last three years and fees earned in each case:

Area of Work	Public or Non-public company, please state	Contract value	Fees Earned	Year Completed
		£	£	
		£	£	
		£	£	
		£	£	
		£	£	

11. Merger & Acquisition Work

Is all merger and acquisition work undertaken for UK, or UK based, companies?
 If No, please provide details on a separate sheet

Not Applicable Yes No

Please specify the approximate number of transactions in the past year Please specify the highest transaction value in the last 5 years £ Please specify the average transaction value in the last 5 years £

12. Financial Services Work

Please complete the following if you have declared any financial services work

Not Applicable

Has your Practice, or any prior practice ever carried out any regulated activities as defined in the Financial Services and Markets Act 2000 or acted as an introducer in respect of such regulated activities? Yes No

Has your Practice, or any prior practice, ever undertaken work in relation to selling or advising on any mortgage endowment policies on or after 01/04/1991? Yes No

If you have answered Yes to any of the above, a Financial Services Questionnaire and/or an Endowment Questionnaire will need to be completed. Please call Barry Dahill on 0845 389 0380 for a copy of the Questionnaires.

13. Personal Injury Work

Please provide the following details in respect of the Practice's claimant litigious (including Personal Injury) work over the past three annual accounting periods)

Last Completed Year **Prior Completed Year -1** **Prior Completed Year -2**

Number of Cases			
Largest Settlement	£	£	£
Average Settlement	£	£	£

Please advise your current Personal Injury work by percentage.

Ever Undertaken?

Current Percentage

Clinical Negligence	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
Occupational Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
All other Personal Injury (e.g. RTA, Employers/Public Liability etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%

Please specify the highest settlement on behalf of a claimant in the past 5 years? £

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

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Please state the number of fee earners in your Practice who undertake or have undertaken Personal Injury work.

	Last Completed Year	Prior Completed Year -1	Prior Completed Year -2
Solicitors			
Other qualified Fee Earners			
Non-qualified Fee Earners			

Does the Practice operate and/or offer Conditional Fee Arrangements?

Yes No

What percentage of Gross Fees billed is attributable to:

	Last Completed Year	Prior Completed Year -1	Prior Completed Year -2
Conditional Fee arrangements	%	%	%
After the event Insurance backed claims	%	%	%
Legal Expenses Insurance backed claims	%	%	%

What percentage of such arrangements do you win?

Current Year %

Past Year %

Previous Year %

What is your Average Fee?

£

How Many Arrangements did you start?

Current Year

Past Year

Previous Year

How Many Arrangements did you complete?

Current Year

Past Year

Previous Year

Does one or more Partner(s) agree to each CFA or ATE product before it is offered to the client?

Yes No

Has the Practice or any prior practice ever conducted cases backed by ATE insurance where each case was not individually reviewed by the ATE insurer prior to acceptance?

Yes No

Do you use a standard written assessment procedure before accepting such arrangements?

Yes No

Have any such arrangements been found to be unenforceable? *If Yes, please provide full details on a separate sheet*

Yes No

How many claimant personal injury cases has your Practice undertaken in the last 12 months?

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How many open claimant personal injury cases does your Practice currently have?

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Please provide a percentage breakdown of the Gross Fees billed in respect of the following claimant Personal Injury work undertaken by the practice:

Multi-Track	%	No Win/No Fee	%	Small Claims	%
Fast Track	%	All Other Claims	%	<i>Please provide full details on a separate sheet</i>	

Has the Practice reviewed all Vibration White Finger, Bronchitis and Emphysema or other Industrial disease scheme cases and complied with scheme deadlines for logging claims?
If No, please provide details on a separate sheet

Not Applicable Yes No

Does the Practice vet Personal Injury cases for a third party?
If Yes, please provide details on a separate sheet

Yes No

What impact do you expect the Jackson Reforms to have on the volume of Personal Injury work undertaken by your Practice?

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What changes has your Practice made or will your Practice be making in response to the Jackson reforms?

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Do you intend to enter Damages Based Agreements in the next 15 months?
If Yes, please provide details, including how many, on a separate sheet

Yes No

Please provide a copy of any standard letter that you have advising clients about the choice of ATE Insurer and any commissions, financial incentives or similar that you receive.

Have your files been audited or has an audit been proposed by any underwriters or funders?
 If Yes, provide details, including copies of all correspondence relating to any audit or proposed audit, on a separate sheet Yes No

Do you receive or have you received at any time in the last three years any commission or other financial incentive from any Insurer? If Yes, please provide details on a separate sheet Yes No

Do you use any particular provider for expert reports in more than 20% of your cases? If Yes, please provide full details, including identity of provider, percentage of cases and background to the level of instructions on a separate sheet. Yes No

Have you ever conducted any work for, or on behalf of any referral network, trade union, claims management company or promotional group? Yes No

If Yes, please provide the names of the companies and also complete a Claims Management Questionnaire **Please call Barry Dahill 0845 389 0380 for a copy of the Questionnaire.**

14. Conveyancing Work

Has the Practice or any prior practice ever carried out any conveyancing work?
 If Yes, please complete our Conveyancing Questionnaire at the end of this booklet and answer the following. Yes No

Please specify the highest value in last 12 months

Please specify the average value in last 12 months

Residential	Commercial
£	£
£	£

Has the Practice been granted accreditation under the Law Society's Conveyancing Quality Scheme? Yes No

15. Practising Certificates

In the past ten years, has any Fee-Earner in the Practice:

- ever been refused a practising certificate? Yes No
- ever been granted a conditional practising certificate? Yes No
- ever been reprimanded, fined or otherwise sanctioned by the Solicitors' Disciplinary Tribunal? Yes No
- had an award made against him or her by the Legal Ombudsman or by the former LCS, CCS or OSS or entered into any regulatory settlement with the SRA? Yes No
- practiced in a firm subject to an investigation/intervention by the Law Society or S.R.A.? (inc. LCS, OSS or CCS)? Yes No
- been convicted of (or charged with but not yet tried for) any criminal offence involving fraud or dishonesty? Yes No
- been investigated by any regulatory body other than the Law Society or S.R.A. (e.g. FSA, Council of Licensed Conveyancers, ILEX)? Yes No
- been (or is currently) the subject of an Independent Voluntary Arrangement (IVA) or other arrangement? Yes No

Has the Practice been the subject of a monitoring visit from the Law Society or S.R.A. in the last 3 years? Yes No

Has the Practice ever been the subject of any visit or enquiry from the Forensic Investigation Unit of the Law Society or S.R.A or has notice of any proposed visit or enquiry been given? Yes No

Has the Practice engaged in discussions or correspondence with the S.R.A. at any time within the last 12 months regarding concerns about the financial stability of the Practice?? Yes No

Has the Practice ever taken over an intervened Practice or acted as an intervening agent by the Law Society or S.R.A.? Yes No

Has any individual currently employed by the Practice, or employed by the Practice at any time in the past ten years been a Principal in a solicitor's practice or a Partner or a Director in any business venture which was subject to a civil or criminal judgement or a petition for bankruptcy, or entered into any voluntary insolvency arrangement? Yes No

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

16. Risk Management

What Legal Services Commission Quality Mark or other quality standards e.g. LEXCEL or ISO 9001 Quality Management Systems is your Practice currently accredited with?

What date was the Practice accredited with the LEXCEL Quality Standard?

Has a Legal Services Commission Quality Mark ever been withdrawn? If Yes, please provide full details. /8 Yes No

Does the Practice hold any membership of any speciality Law Society group? Yes No

If Yes, please specify

Does the Practice always obtain written references immediately preceding the engagement of an employee or Partner? Yes No

If No, please provide details of recruitment procedures on a separate sheet.

Does the Practice have a formal performance management system in place which evaluates (at least annually) all solicitors and other legal staff? Yes No

If No, please provide full details of the appraisal system.

Does the Practice have a Management Structure in place? Yes No

Does a designated Supervisor or Partner check all incoming post? Yes No

Does the Practice carry out regular audits/reviews and formal file closure on all active files (including Partners casework)? Yes No

If Yes, how many files are audited, how often and by whom?

Does the Practice have a time recording system? Yes No

Does the Practice have a Quality and Risk Management Procedure in place which is regularly reviewed and circulated? Yes No

Does the Practice have documented procedures in place for Client vetting and identifying conflicts of interest? Yes No

Who is authorised to give undertakings on behalf of the Practice?

Who is entitled to authorise payment from the Practice's client account?

Has the Practice ever provided professional services for any client in which, at the time, to Practice or any Principal/ Partner/Member/Director held a partnership/directorship or exercised any other financial or controlling interest? Yes No

If Yes, are these services always carried out by a Principal/solicitor other than the Principal connected with the client? If no, please provide full details Yes No

How does the Practice monitor its diary system?

Does the Practice make regular checks to ensure that the diary system in which all key dates are entered is being adhered to and the system caters for absenteeism? Yes No

Does the Practice have and use a written retainer and engagement letter that complies with Rule 2? Yes No

Please confirm that Partners/Supervisors monitor and/or authorise the giving of all solicitors undertakings and these are always confirmed in writing and recorded on file. Yes No

Do you have a formal money laundering policy, and has training been provided to all Partners and Staff? If No, please provide full details of money laundering measures taken on a separate sheet. Yes No

Has there been any change to the internal management structure of the Practice in the past 3 years? If Yes, please provide details on a separate sheet. Yes No

What is the average number of files per Fee-Earner?

State largest fee charged in last 12 months

£

How often is the client account taken to trial balance?

State average fee charged in last 12 months

£

Please provide full details of the safeguards in place for the signing of cheques issued by the Practice including signatory arrangements:

In the last 6 years has the SRA qualified the Practice's accounts or has the Practice been the subject of an inquiry or investigation as a result of a breach of the Solicitors Accounts Rules? If Yes, please provide details on a separate sheet Yes No

Does the Practice always receive written confirmation when money is transferred electronically? If No, please provide details of security procedures on a separate sheet Yes No

Do you currently provide or intend to provide "unbundled legal advice" sometimes referred to as "a la carte" legal services? If Yes, please provide details on a separate sheet including areas of practice, client management process with regards to the scope of the retainer. Yes No

Has any organisation or person who was not at the time a Principal/Partner/Member/Director in the Practice ever exercised a controlling or financial interest in the Practice? Yes No

Does the Practice provide legal services via the internet or transact business via internet forums? Yes No

Does the Practice have an email or internet user security policy? If No, please provide details on a separate sheet Yes No

Please provide the name and status of the person nominated as the following in your Practice:

	Name	Status
Risk Management Officer		
Compliance Officer for Legal Practice		
Compliance Officer for Finance and Administration		

17. Financial Accounts

Please confirm the total fees outstanding to your Practice as at the date of this application.

£
%
£

What percentage of this amount was billed more than 90 days ago?

What is the total unbilled work in progress as at the date of this application?

Please provide a copy of the last completed annual accounts for the Practice

18. Claims and Circumstances

Has your Practice, or any prior practice, reported any circumstances or claims to the Assigned Risks Pool or to Qualifying Insurers in the:

- Insurance Year 2010 – 2011 Yes No
- Insurance Year 2011 – 2012 Yes No
- Insurance Year 2012 – 2013 Yes No
- Insurance Year 2013 – 2014 Yes No
- Insurance Year 2014 – 2015 Yes No
- Insurance Year 2015 – 2016 Yes No

If YES to any of the above insurance years, please provide with this form claims information from Qualifying Insurers or the Assigned Risks Pool for all circumstances or claims reported since 01/09/2003 by your Practice and any practice to which you are a Successor Practice.

Have any circumstances, or claims reported by your Practice or any prior practice arisen as a result of the dishonesty of any Principal/Partner/Member/Director or employee of the Practice? Yes No

If Yes, please provide details of all circumstances, or claims including how the matter was resolved and the procedures/processes in place to avoid re-occurrence

After making a full enquiry of all Principals/Partners/Members/Directors and employees in your Practice are you aware of any circumstances or claims that you have **not** reported to, or which have not been accepted as effective notification by, your current or any prior Insurers? *If Yes, please provide details on a separate sheet* 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 we shall ask you to confirm that you have done so before cover can be put in place.

After making a full enquiry of all Principals/Partners/Members/Directors are you aware of any circumstances or claims that have arisen out of the work of any Principal/Partner/Member/Director in previous employment? *If Yes, please provide details on a separate sheet* Yes No

19. Requested Cover

Limit of Indemnity required (any one claim)

OPTION 1	OPTION 2	OPTION 3
£	£	£

Excess (each and every claim)

OPTION 1	OPTION 2	OPTION 3
£	£	£

N.B. The minimum cover required is £2million for a Partnership or £3million for LLP's and Companies registered at Companies House

20. Current Cover

Has your Practice, or any prior practice, or any previous practices of your Principals, ever been insured through the Assigned Risks Pool? *If Yes, please provide details on a separate sheet* Yes No

Has any Qualifying Insurer refused to offer your Practice, or any prior practice or any prior practices of your Principals, terms for Professional Indemnity insurance? *If Yes, please provide details on a separate sheet* Yes No

Has the Practice or any prior Practice or any present or former Principals/Partners/Members/Directors/Consultants or employees thereof ever failed to meet a Professional Indemnity Premium, Run-off Premium and/or Excess Contribution in full or in part when requested, including any instalments due to premium finance companies in respect of such payments? *If Yes, please provide details on a separate sheet* Yes No

Has any individual currently employed by the Practice, or employed by the Practice at any time in the past ten years, been a Principal in a solicitors Practice which entered into Run-Off cover or which ceased to trade without an agreed Successor Practice? Yes No

Please provide details of your current insurance.

Current Insurer	Current Broker	Current Limit	Current Excess	Current Premium
		£	£	£

21. 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? For example, changes to areas of practice, number of fee earners, gross fees, opening or closure of branch offices, a merger or closure of your practice Yes No

If Yes, please provide details on a separate sheet

22. Other Material Information

IMPORTANT NOTICE

All material information must be disclosed as part of the proposal and before insurance commences. Material information includes any fact which we may reasonably wish to know in relation to our assessment of the risk, the exposure and in calculation of any appropriate premium. You must disclose all such information whether or not a specific question has been included in this application form.

Is there any other material information that may be relevant to this application (with special reference to Risk Management Procedures and Areas of Practice)? *If yes, please provide details on a separate sheet.* Yes No

Declaration

We declare that to the best of our knowledge or belief that the particulars and statements given in this application are true and complete and this application, declaration and information shall be the basis of the contract between ourselves and the Insurer.

We declare that we have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of the insurance.

We accept that if we are in doubt whether any fact may influence the Insurer we should disclose it.

We agree that we have a continuing obligation to notify Insurers of any material matters during the currency of any policy.

We accept that any deliberate misrepresentation of facts declared on this proposal form may be referred to The Legal Complaints Service.

Name		Date	
Signature of Partner			

You may either:

- *Print and sign this form before returning it to us.*
- *Return this form to us unsigned (e.g. via email to robin@tnsn.com) for quotation purposes. If you accept our quotation, an original signature will be required before your insurance can be bound with the insurer.*

Document Checklist

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

- This form; fully completed, signed (unless emailed – see above) and dated.
- A sheet of your Practice's current **HEADED NOTEPAPER** crossed "For The National Solicitors' Network"
- A copy of the last completed annual accounts for the Practice

If applicable, please provide the following

- Full details for all circumstances, incidents or claims reported to Qualifying Insurers or the Assigned Risks 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/Partner/Member/Director of the practice and a business plan including a cash-flow statement
- A copy of all reports issued by the S.R.A., the former LCS/CCS or OSS, Forensic Investigation Unit, Legal Ombudsman Solicitors' Disciplinary Tribunal and/or any other regulatory body.
- Any additional information sheets (for example, where you were requested to "provide details on a separate sheet").

PLEASE RETURN THE COMPLETED PROPOSAL FORM TO:

THE NATIONAL SOLICITORS' NETWORK
Harwood House, 43 Harwood Road
LONDON
SW6 4QP

T: 0845 389 0380
F: 0845 389 0382
E: robin@tnsn.com

Conveyancing Questionnaire

This questionnaire must be completed if, at any time in the last three financial years, gross fees for your practice have been derived from any conveyancing work including remortgages (residential and/or commercial). Continue any explanations on a separate sheet, where necessary.

1. Please state the number of fee earners in your practice who undertake or have undertaken conveyancing work.

	Last Completed Year	Last Completed Year-1	Last Completed Year-2	Last Completed Year-3
Solicitors				
Other Qualified Fee Earners				
Non-Qualified Fee Earners				

2. Please fill in the table below in relation to *residential conveyancing*:

	Last Completed Year	Last Completed Year-1	Last Completed Year-2	Last Completed Year-3
Gross Fees	£	£	£	£
Number of Transactions				
Percentage of Transactions relating to remortgage work	%	%	%	%
Highest Capital Value	£	£	£	£
Average Typical Capital Value	£	£	£	£

3. Please fill in the table below in relation to *commercial conveyancing*:

	Last Completed Year	Last Completed Year-1	Last Completed Year-2	Last Completed Year-3
Gross Fees	£	£	£	£
Number of Transactions				
Percentage of Transactions relating to remortgage work	%	%	%	%
Highest Capital Value	£	£	£	£
Average Typical Capital Value	£	£	£	£

4. In any of the last five years have more than 5% of your practice's conveyancing instructions originated from any development or from any one client or referrer, e.g. a mortgage broker, developer, financial advisor or estate agent? (Whether or not a formal referral arrangement was in place). Yes No

If 'Yes' please provide full details.

5. Over the last six years has your practice acted for multiple (more than five) purchasers in the same development or building? If "Yes" please provide details on a separate sheet. Yes No

6. Estimate what percentage of all your practice's conveyancing instructions in each of the last three complete financial years relates to the purchase of buy-to-let properties?

Last Completed Year	Last Completed Year-1	Last Completed Year-2
%	%	%

7. In the last 15 years has your firm or any Prior Practice received referrals from a broker or marketing professional in relation to right to buy purchases? Yes No Number

8. In the last 12 months have any clients for whom you conducted a right to buy purchase:

- (i) requested their file? Yes No
 (ii) made or intimated a complaint or claim against your practice? Yes No

If 'Yes' please provide full details including the name(s) of the lender(s).

9. a) What identity checks does your practice carry out on conveyancing clients?
 b) How does your practice comply with lender requirements on verification of identity?
 c) If you do not meet a client prior to a transaction, how do you establish identity?
 d) What measures are taken to identify potential money laundering?

10. Over the last four years, what safeguards has your practice had in place to ensure that any information indicative of mortgage fraud (e.g. back to back transactions, discounts, incentives) is:
 a) Identified; and
 b) Reported to lender clients

11. On approximately how many occasions in the last 12 months has your practice received requests for conveyancing files from lenders? Please provide full details including the name(s) of the lender(s).

12. Have you ever been suspended or removed from any lender panel?
If 'Yes' please provide full details including the name(s) of the lender(s). Yes No

13. Over the last five years, what processes has the practice in place to ensure that changes to Lender requirements (including those under CML Handbook Part 2) are properly tracked? If there has been a material change in your procedures and/or you have deployed software such as ConveycentricLender Monitor (or similar) please provide dates as appropriate.

14. Does anyone other than a Principal sign reports and/or Certificates of Title addressed to lenders or their representatives. *If 'Yes' please provide details.* Yes No

15. Has the Practice, or any Prior Practice acted in the last five years in any transaction involving a sub-prime lender? Yes No

16. Has the Practice or any Prior Practice ever:

- | | | | | |
|--|------------------------------|-----------------------------|--------|---|
| a) undertaken residential or commercial surveys/valuations for lending purposes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Number | <input style="width: 50px; height: 20px;" type="text"/> |
| b) advised on Equity Release Plans? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Number | <input style="width: 50px; height: 20px;" type="text"/> |
| c) accepted instructions from property clubs or investment schemes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Number | <input style="width: 50px; height: 20px;" type="text"/> |
| Does the Practice plan to do any of the above in the next 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |

If Yes, please provide details on a separate sheet

Signed (Principal/Partner/Member/Director)	Date
Practice	