



LEGAL PRACTICES GROUP

Professional Indemnity Insurance Proposal
Form for Firms Regulated by the Council for
Licensed Conveyancers



DUTY OF FAIR PRESENTATION

An important function of this form is to help ensure that you comply with your disclosure duties to any insurer with whom we arrange professional indemnity insurance on your behalf.

BEFORE FILLING OUT THIS FORM PLEASE READ THE NOTICE CONCERNING DISCLOSURE CONTAINED WITHIN THIS PROPOSAL FORM WHICH SETS OUT DETAILS OF YOUR DUTY OF DISCLOSURE.

As explained in the Notice, it is very important that you disclose fully and accurately all material circumstances. An explanation of what constitutes a material circumstance is provided in the Notice. If you have any doubt as to whether something is a material circumstance it is recommended that you disclose it.

If you are aware of any claims, or circumstances which may give rise to a claim, please be sure that you report them immediately, in a separate letter, to your current broker and/or insurer. We would remind you that this type of policy is written on a claims made basis, which means that it is the policy in force when a claim is notified that responds to that claim. There are no days of grace for renewal negotiations under this type of policy. All cover will terminate at expiry date.

An important purpose of this Proposal Form is to assist the Proposer in providing all material information to insurers for the purposes of quoting and accepting the risk to which the Proposal Form pertains.

- It is your duty to make a fair presentation of the risk and to disclose all material circumstances which the Proposer knows or ought to know.
- A material circumstance is one which would influence the judgment of a prudent insurer in determining whether or not to accept a risk, and upon what terms.
- The Proposer ought to know of all circumstances which should reasonably have been revealed by a reasonable search of information available to the Proposer.
- Failure to comply with this duty may give the insurer the right to void the policy from its inception, or to impose different terms, or to reduce the amount paid on any claim.

The individuals whose knowledge in connection with the risks to be insured is relevant for the purposes of the duty of fair presentation shall be referred to in this Proposal Form as "Responsible Individuals". The Proposer is required to identify the Responsible Individuals in Section 1 of this Proposal Form.

The Proposer is also required to identify the scope of the search for information available to the Proposer which it proposes to undertake ("the Scope") in Section 1 of this Proposal Form. For further information about the duty of fair presentation, please refer to section 4 of our Business Protocols, entitled 'Duty of Disclosure'.

1. FIRM DETAILS

a. Insured/Proposer Name:			
Establishment Date:			
b.	Please provide a Schedule of all other names under which the Practice provides professional services and any other entities for which you are seeking cover, including all service, administration, trustee or nominee companies:		
c.	Is your Practice a Limited Liability Partnership or a Company registered at Companies House?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Is your Practice considering or intending to incorporate or convert to a Limited Liability Partnership or Limited Company during the next 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Is the Practice an Alternative Business Structure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f.	Is the Practice considering becoming an Alternative Business Structure within the next twelve months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'YES' to e) or f), please provide details on the Practice's HEADED notepaper.			
g.	Principal Address:		
h.	Do you have any other branch offices for which you are seeking cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'YES', please provide a schedule of the address(es) on the Practice's HEADED notepaper, including details of how each office is supervised.			
Telephone No	Fax No	Website	DX Address
PI Insurance Contact	E-mail	Contact Telephone Number	
i.	Has the Practice changed or has any amalgamation or take-over taken place within the last 12 months?		Yes <input type="checkbox"/> No <input type="checkbox"/>
j.	Is the Practice planning any succession or merger with another Practice within the next 12 months?		Yes <input type="checkbox"/> No <input type="checkbox"/>
k.	Is the Practice associated financially or otherwise with any other firm or business?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'YES' to i), j) or k), please give full details on the Practice's HEADED notepaper.			

2. MANAGER/PERSONNEL DETAILS

a. Please provide a schedule using the following headings on your headed notepaper		
Full Name	Position as described below:	Supervisor
	Authorised Person Manager ("APM"), Manager ("M"), Employed Authorised Person (EAP) or Other Fee Earner (OFE)	
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Please advise the following (if none, state 'NONE'):		Number
Number of Managers who are Authorised Persons		
Number of Other Managers		
Number of Employed Authorised Persons		
Number of Other Employed Fee Earners		
Number of Other Employees (excluding domestic, cleaning and catering staff)		
Total No. of Staff		
c.	Does the Practice provide professional services for any client in which any Manager or Director holds a Partnership/Directorship or has any other financial interest connected or associated (financially or otherwise) with any other Practice, Company or Organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'YES', please provide full details on the Practice's HEADED notepaper.		

d. If the Practice has only one Manager can you confirm that you utilise a Locum and that you have a screening procedure in place, take up references where appropriate and obtain details of their involvement in any claims or circumstances that may have been made against them in relation to any current or previous business or employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Where the Practice has Managers, Partners and/or Directors based at separate locations, can you confirm that each Manager, Partner and/or Director complies with their obligations under the CLC's Code of Conduct and the CLC's supporting Codes and Guidance in relation to the whole Practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. FEE INCOME

a. Please provide your gross fee income, excluding VAT and disbursements, for the following accounting periods:

Year Ending	Financial Year End (DD/MM/YYYY)	UK	Elsewhere	Total
2015	Date	£	£	£
2016	Date	£	£	£
2017	Date	£	£	£
2018 (Current Year)	Date	£	£	£
Estimate for next year	Date	£	£	£

b. Are the fees declared above net or gross of any referral fees? Net Gross

If '**NET**', please provide the amount of referral or other fees paid in the last financial year

Residential	Commercial
£	£

c. Do you have a Certificate of Competence from the CLC for Commercial Conveyancing? If you are uncertain please email the CLC at licensing@clc-uk.org. Yes No

d. Please provide the percentage of the gross fee income for the past three completed financial years deriving from:

	2015	2016	2017
i. Residential Conveyancing (see definitions)	%	%	%
ii. Commercial Conveyancing (see definitions)	%	%	%
iii. Information/Advice on the provision of purchase finance directly related to the conveyancing service offered	%	%	%
iv. Property Sales (excluding property valuation/property surveying)	%	%	%
v. Probate including Lasting Powers of Attorney – see question 5	%	%	%
vi. Will drafting – see question 5	%	%	%
vii. Any other services (please provide full details on the Practice's HEADED notepaper)	%	%	%
	100%	100%	100%

4. CONVEYANCING

a. In respect of the last financial year, please state the average fee per transaction for:

Residential Conveyancing	Commercial Conveyancing
£	£

b. Please state the number of completed conveyancing transactions for which the Practice charged a fee during the last financial year in respect of:

Residential Conveyancing	Commercial Conveyancing

c. What was the property value of the Practice's largest transaction in the past five years?

£

d. What percentage of the total fee for your last financial year relates to re-mortgage work?

%

e. In the last 6 years has the firm or any prior practice acted for either a developer or purchaser(s) in relation to multiple (more than 5) transactions in the same development (including multiple phases of a single development)?

Yes No

f. Have you acted for a single buyer purchasing multiple properties during the last 6 years

Yes No

g. Have you acted on behalf of any client domiciled outside of the UK, Channel Islands & Isle of Man in the last six years?

Yes No

h. Does the firm have controls in place to ensure all new build or refurbished leasehold properties with escalating ground rents are reported to lenders and & buyers?

If 'YES' to c. – h. above, please provide full details on the Practice's **HEADED** notepaper.

i. Please estimate the number of transactions with escalating ground rents since 2007:

j. Please estimate the number of transactions involving the government's 'Help to Buy' scheme the Firm or any prior practice have undertaken per year since 2013.

5. ESTATE PLANNING AND PROBATE

If the Practice requires cover in respect of advice given and services performed as Estate Planning and Administration Consultants (including will drafting, will storage, advance directives, joint tenancies, establishment of trusts, powers of attorney, codicils and pre-paid funeral plans) or Probate Specialists, please answer the following questions:

a. Does a Manager of the Practice have a CLC Probate Licence?

Yes No

If 'YES', what date was it granted?

Date

b. Does the Practice have separate letter-headed paper for will drafting work?

Yes No

c. If this work is not regulated by the CLC, does the Practice maintain separate office and client accounts for will drafting work, kept apart from the Licensed Conveyancing and/or CLC regulated Probate accounts?

Yes No

d. Is the Practice's wills storage area fireproof?

Yes No

6. OTHER WORK

a. Does the Practice provide any services which are not licensed and regulated by the CLC? (Services are not licensed if they are not specifically itemised on the Practice license issued by the CLC).

Yes No

b. If 'YES' please itemise each service provided with a percentage of the overall fee income attributable to each work area:

Yes No

c. Are these services supervised by an Authorised Person competent to provide those services?

Yes No

7. MATERIAL INFORMATION

a. In respect of the CLC, The Solicitor's Disciplinary Tribunal, The Bar Standards Board, The ILEX Professional Standards Disciplinary Tribunal or any professional body, have any of the Managers or employees:

- | | |
|--|--|
| i. ever been disciplined or reprimanded? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii. ever been expelled? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii. received notice that any disciplinary proceedings are to be instituted against them? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv. been required to undergo any further training and/or sit additional examinations at their request? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| v. been made aware of any circumstances which might give rise to disciplinary proceedings being instituted against them? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| vi. been issued with a licence subject to a condition or restriction? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If 'YES', please give full details on the Practice's **HEADED** notepaper.

b. Please provide a brief overview as to how you see the Practice developing during the next 24 months including, where possible, any significant changes in business activity and staffing levels.

- | | |
|---|--|
| c. Does the Practice provide services via its website? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Do you have appropriate virus software and firewall protection on your computer (network) and are these kept up to date? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

e. Please give any other information which you consider relevant to this proposal – Please read the Notes on Page 2 of the Proposal Form regarding disclosure, before answering this question.

- | | |
|--|--|
| f. Does your Practice outsource any legal, secretarial or other work? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. Has your Practice or any Prior Practice ever undertaken Financial Advice and Services? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| h. Are each of the reserved legal activities or services provided by the Practice supervised by an Authorised Person authorised to provide those services? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

8. FRAUD PREVENTION

- | | |
|---|--|
| a. Do you have procedures and conduct training to identify and combat fraud? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Do you have risk controls in place which mandate that: | |
| i. Personnel must never disclose to anyone their security details (passwords, codes, usernames etc.) by any means regardless of the apparent authority of the person requesting the details | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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, where the risk of fraud and restrictions on future changes to bank details can be fully explained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii. Changes to bank details must not be accepted by remote means (e.g. by email or telephone), apart from in exceptional circumstances and only when it has been validated that those changes have been made by your client | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv. Payments from client account/s must be set-up by one person and independently verified/authorised by another against original client bank account name, number and sort-code, before funds are transferred. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Do you use a FastPay type service? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If YES, in respect of client account transfers what is the maximum individual or batch amount that can be made on a FastPay-type service without independent verification before transfer?

£

9. CLAIMS

- a. To the best of your knowledge and belief, have any claims alleging negligence or any other civil liability ever been made against the Practice or its predecessors in business or any of the present or former Managers? Yes No

If 'YES', please give full details (if necessary please continue on the Practice's **HEADED** notepaper).

Claimant	Date Notified (DD/MM/YYYY)	Amount Claimed	Current Reserve (if known)	Current Status (Closed/Open)
	Date	£	£	Choose an item.
	Date	£	£	Choose an item.
	Date	£	£	Choose an item.
	Date	£	£	Choose an item.

- b. Are any Managers AFTER ENQUIRY, aware of any circumstances which they believe may give rise to a claim against the Practice(s) or its predecessors in business or any of the present or former Managers? Yes No

If 'YES', please give full details (if necessary please continue on the Practice's **HEADED** notepaper).

Claimant	Date Notified (DD/MM/YYYY)	Amount Claimed	Comments on Liability and Quantum
	Date	£	
	Date	£	
	Date	£	
	Date	£	

10. CURRENT INSURANCE

Please provide details of your current insurance.

Current total limit of cover	£	Current insurer	
Current excess	£	Current premium (excl IPT)	£
		Current Broker	

11. INSURANCE REQUIREMENTS

- a. Please state the Residential Conveyancing Policy Excess required:

£3,500 <input type="checkbox"/>	£5,000 <input type="checkbox"/>	£7,500 <input type="checkbox"/>	Other – please state	£
b. Do you require quotations for cover in excess of the CLC compulsory limit of indemnity?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'YES', what additional cover is required?				£

IMPORTANT REMINDER

As explained below in the Notice Concerning Disclosure, you are under a duty to provide to Insurers: i) disclosure of every material circumstance which you (the insured) know or ought to know, or ii) failing that, disclosure which gives the Insurers sufficient information to put a prudent insurer on notice that it needs to make further enquiries for the purposes of revealing those material circumstances, in a manner which would be reasonably clear and accessible to a prudent insurer. This means that careful thought must be given to the manner in which information is presented. 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?

If yes, please provide full details:

DATA PROTECTION

Your Information

JLT Specialty Limited will process your data in accordance with relevant data protection legislation. Your data will be passed to insurers so that they can assess and provide you with a quote (or cover) if applicable, to administer any insurance cover and may be used in the event of a claim being made. Wherever it is processed your information will be protected in the appropriate manner.

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help insurers to check information provided and also prevent fraudulent claims. When insurers deal with your request for insurance, they may search the register. When you tell insurers about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, they will pass information relating to it to the register. You can ask insurers for more information about this. Insurers may also pass your information to reinsurers and/or loss adjusters.

Under data protection legislation in the UK, you can make a written request for a copy of certain personal records held about you and have any inaccuracies corrected. A charge may be made for this service. Any requests, or enquiries about our data protection policy or practices, should be addressed to: Group Head of Data Protection, Group Risk and Compliance, The St Botolph Building, 138 Houndsditch, London, EC3A 7AW, United Kingdom.

By signing this form you are confirming that you have read and accepted the information and terms set out above.

Where the information referred to relates to other individuals (for example other people covered by a policy) you are also confirming that you are authorised by them to confirm acceptance on their behalf.

JLT Specialty will not pass your details to anyone else outside the JLT Group without your permission.

From time to time we may provide you with Professional Indemnity risk or insurance related information including market conditions and trends and details of our Professional Indemnity products and services. If you do not agree to being contacted in this regard then please advise accordingly.

IMPORTANT NOTICE CONCERNING DISCLOSURE

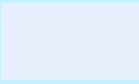
It is your duty to provide insurers with a fair presentation of the risk. This requires you to provide to insurers: i) disclosure of every material circumstance which you (the insured) know or ought to know, or ii) failing that, disclosure which gives the insurers sufficient information to put a prudent insurer on notice that it needs to make further enquiries for the purposes of revealing those material circumstances, in a manner which would be reasonably clear and accessible to a prudent insurer. This means that careful thought must be given to the manner in which information is presented. It is also important to understand who in your business has "knowledge" for the purposes of this duty. If you are an individual, you will be presumed to know what you actually know and what is known by the individuals responsible for your insurance (such as your broker). If you are a corporate entity, you will be presumed to know what is known by the business's "senior management" and the individuals responsible for its insurance (such as your risk management team and your broker). You will also be treated as knowing circumstances which the relevant persons identified above ought to know as a consequence of undertaking a reasonable search of the information available to you.

A material circumstance is one which would influence the judgment of a prudent insurer (not necessarily the insurer in question) in determining whether to take the risk and, if so, on what terms. Examples of such circumstances could be the details of any previous claims against your firm or changes in the nature of your firm's business. Please note that these examples are for illustrative purposes only and are by no means exhaustive or conclusive. If your proposal is a renewal of an existing policy, it should also include any change in circumstances previously advised to Underwriters. If you are in any doubt as to whether or not circumstances are considered material, you should disclose them. Where an insured breaches its duty of disclosure, insurers are generally limited to "proportionate remedies", linked to what they would have done if the risk had been fairly presented. This may result in the imposition of different terms, or the proportionate reduction of claims where a higher premium would have been charged. However, in circumstances where, had there been full disclosure, the insurer would not have entered into the insurance contract on any terms, it can avoid the contract and refuse all claims, although if it does so, it must return the premium to the insured. If the insured's breach of its duty of fair presentation of the risk is deliberate or reckless, insurers can avoid the policy, refuse all claims and keep the premium.

A Principal of the practice must sign and date this form below along with any separate sheets.

I/We declare on behalf of the firm(s) that we have read and understood the Notice Concerning Disclosure set out above. I/We declare on behalf of the firm(s) that the statements and particulars in this declaration are true and that I/We have not mis-stated nor suppressed any material circumstances. I/We undertake to inform Insurers of any material alteration to these circumstances occurring before inception of the Contract of Insurance.

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

Print Name:	
Signature:	
(Partner, Principal, Member or Director)	
On behalf of:	
Date:	