

## Solicitors Professional Indemnity Insurance

### Short Proposal Form 2020/21

#### 1. NAME AND ADDRESS DETAILS

Practice Name

Contact Person

Main Office Address

Postcode  Tel No.

#### 2. PRACTICE FEES

Please state the gross fees for the last completed financial year. £

#### 3. AREAS OF PRACTICE

Please provide the percentage of Gross Fees allocated to each area of Practice during the last financial year

Administering oaths and notary public	<input type="text"/>	Matrimonial	<input type="text"/>
Agency Advocacy	<input type="text"/>	Mergers & Acquisitions work (non-Securities related)	<input type="text"/>
Arbitration, Adjudication and Mediation	<input type="text"/>	Non-litigious work not in any other category	<input type="text"/>
Children, Mental Health Tribunal and Welfare	<input type="text"/>	Offices & Appointments	<input type="text"/>
Commercial Litigation	<input type="text"/>	Other litigious work not in any other category	<input type="text"/>
Commercial work (excluding Public Companies)	<input type="text"/>	Parliamentary Agency	<input type="text"/>
Conveyancing – Commercial	<input type="text"/>	Personal Injury (Claimant)	<input type="text"/>
Conveyancing – Residential	<input type="text"/>	Personal Injury (Defendant)	<input type="text"/>
Criminal Law	<input type="text"/>	Probate	<input type="text"/>
Debt Collection	<input type="text"/>	Property Selling, Valuation & Property Management	<input type="text"/>
Defendant – Litigious work (Insurers)	<input type="text"/>	Town & Country Planning	<input type="text"/>
Employment - Litigious	<input type="text"/>	Wills, Trust and Tax Planning	<input type="text"/>
Employment – Non-Litigious	<input type="text"/>	<i>If you indicate a percentage in any of the areas below, please provide details on a separate sheet.</i>	
Estate Administration	<input type="text"/>	Commercial work for public companies	<input type="text"/>
Immigration	<input type="text"/>	Financial Services where your practice is regulated by the FCA	<input type="text"/>
Landlord & Tenant – Litigious	<input type="text"/>	Intellectual Property including patent, trademark and copyright	<input type="text"/>
Landlord & Tenant – Non-Litigious	<input type="text"/>	Other – Please provide details	<input type="text"/>
Lecturing & related activities and Expert Witness	<input type="text"/>	TOTAL MUST EQUAL 100%	<input type="text"/>

**4. EMPLOYEE DETAILS**

Please state the Number of Principals

Please state the Number of Solicitors:

**5. CLAIMS AND CIRCUMSTANCES**

After making full enquiry of all Principals/Members/Directors and employees in your practice, are you aware of any circumstances, incidents or claims that have not been reported to your current or prior insurers (including any letters of complaint about your service or dispute as to outstanding fees)? *If Yes, please provide details on a separate sheet.*

Yes

No

After making full enquiry of all Principals/Members/Directors and employees in your practice, are you aware of any circumstances, incidents or claims that have been notified to your current or prior insurers in the last 12 months? *If Yes, please provide details on a separate sheet.*

Yes

No

2015/16	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	£	<input type="text"/>	2018/19	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	£	<input type="text"/>
2016/17	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	£	<input type="text"/>	2019/20	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	£	<input type="text"/>
2017/18	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	£	<input type="text"/>	2020/21	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	£	<input type="text"/>

**6. DISCIPLINARY**

Have there been any new Disciplinary matters, Forensic Investigations or visits from the SRA or other bodies during the last period of insurance that have not been reported to insurers or has there been any correspondence regarding any proposed Disciplinary matters or visits?

Yes

No

*If Yes, please provide details on a separate sheet.*

**7. SIGNIFICANT CHANGE & MATERIAL INFORMATION**

Has there been any changes in the firm, including in Principals or business plan, during the last period of insurance or do you expect there to be any significant change to or in your practice in the coming year?

Yes

No

*If Yes, please provide details on a separate sheet.*

**8. IMPORTANT NOTICE/DECLARATION**

By signing this proposal form you consent to Scholar and Partners Ltd using the information we may hold about you for the purpose of providing insurance or credit broking advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover or credit terms. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies insurance regulatory authorities, banks and credit referencing agencies. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both in respect of the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a fee) and to have any inaccuracies corrected.

I/We declare that the Statement and Particulars in this Proposal are true and that I/We have not mis-stated or suppressed any Material Facts. I/We agree that this Proposal, together with any other information supplied by Me/Us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration of these facts occurring before completion of the Contract of Insurance. Signing this Declaration does not bind the Proposer or Insurer to complete this insurance.

Signature

Name

Position

Date

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For your convenience, you can return your completed proposal form or completed **Scholar & Partners proposal form** to: [enquiries@scholarandpartners.com](mailto:enquiries@scholarandpartners.com)

