

NEW START-UP SOLICITORS APPLICATION FORM



This Questionnaire is solely for the purpose of providing a PII quotation for the purposes of supporting an application to the SRA for Professional Indemnity Insurance,

If you ARE NOT a new business, but wish to receive a quotation from us, then please contact us for the appropriate Proposal Form.

This is a fillable PDF form. Please download or open the file directly in [Adobe Reader](#) to fill it out. Please type in your answers in the fields you wish to complete and save a copy for your records.

1.	Your Firm's Details		
1.1	All proposed practicing titles including associate nominee, alternative business structures and service companies for all entities to be insured under this proposal for insurance. Type of Business: Name of Partner/Member Date Qualified SRA Role Number		
1.2	Firm's principal address: Website: <input type="text"/> Email: <input type="text"/> Telephone: Proposed Date established:		
2.	Your Proposed staff Details		
	Please state number of staff anticipated: (excluding Partners/Members detailed in 1.1)	2022/3 Full-Time	2022/23 Part-Time
3.	Your Gross Fees		
	Please provide gross fees anticipate for the first annual accounting period (excluding VAT) Anticipated annual accounting period Proposed Month & Year ending Total Anticipated Income		

4. Type of Work

Please provide an anticipated percentage breakdown of gross fee income for forthcoming 12 months trading from the following categories:

Criminal law	Insolvency
Acting as arbitrator, adjudicator or mediator	Marine Law
Immigration	Tax Law & Tax Planning
Employment	E-Commerce & Technology Law
Property sales management and valuation	Intellectual property
Residential conveyancing	Environmental Law
Commercial conveyancing	Human Rights
Landlord	Commercial not listed elsewhere
Tenant	Defendant litigious work for insurers
Wills, Trust & Probate: contentious	Litigation not listed elsewhere
Wills, Trust & Probate: non-contentious	Other dispute resolution
Matrimonial/Family	Low risk work*
Personal Injury Claimant	Other work (state nature of work and %)
Personal Injury Defendant	
Debt collection (judgement debts over £10,000)	
Financial advice and services	Total (must equal 100%) = <input type="text"/>
Mergers & Acquisitions	

* Low risk work, debt collection under £10,000, children, mental health tribunal, welfare, offices and appointments, administrating oaths and taking affidavits, parliamentary advice, agency advocacy, lecturing and related activity, expert witness, town and country planning and notarial work. If the work type is not listed here, please include it within "other work"

5.	Past Claims/Circumstances & Regulatory Investigations		
	<p>Has any proposed Partner or member ever in the past been responsible for any claim or reported any circumstances in the last 6 years? If yes, please provide details of all claims and circumstances for each of the following years of experience.</p>	Yes	No
6.	Other		
	<p>Has any proposed Partner or member ever in the past been the subject of an investigation that has been upheld, or any investigation or intervention by any regulatory department of the Solicitors Regulation Authority, the Legal Ombudsman Service or any other recognised body?</p>	Yes	No
	<p>Has any proposed Partner or member ever in the past been convicted of (or charged with but not yet tried for) any criminal offence involving fraud or dishonesty other than spent convictions?</p>	Yes	No
	<p>If the answer to any of the above is YES please provide full details below:-</p>		
	<p>Is cover required for any prior practices to which this practice is a successor practice?</p>	Yes	No
	<p>Is the practice or any Principal/Member/Director of the practice, connected financially, or otherwise, with any other practice, company or business for which it renders professional services?</p>	Yes	No
	<p>Do you intend to provide any legal advice in respect of foreign law, jurisdictions or contracts not subject to English Law?</p>	Yes	No
	<p>If the answer to any of the above is YES please provide full details below:-</p>		

Duty to make a fair presentation of the risk

Material information is information that would influence an Insurer in deciding whether a risk is acceptable and, if so, the premium, terms and conditions to be applied. Insurers cannot avoid or repudiate claims for the cover required under the minimum terms, but if they later find you have not disclosed something material they may charge an additional premium (if provided for in the policy) or, in the event of prejudice, seek recovery for the claim from you. For claims above the statutory limit, failing to disclose such information could result in the policy being rendered void so that claims would not be paid.

In addition, the Insurance Act 2015 sets out whose knowledge of material information you must disclose. As an organisation you will be deemed to know all material information that is known to your senior management and those responsible for arranging your insurance, and which should reasonably have been revealed by a reasonable search. Your search will need to include information which is held by other persons such as your agents, outside advisers (including lawyers and consultants), suppliers/service providers etc.

There are clearly limits to the search you, and we, can carry out. Please talk to your usual adviser if you are in any doubt about what information needs to be disclosed.

Declaration

I/We declare the following:

- 1 I/We understand that I/we have a legal duty to make a fair presentation of the risk to be insured and that failure in this duty could result in the policy being invalidated and/or any claims not being paid or not being paid in full.
- 2 All facts, provided within this proposal form, or provided separately as part of this application for insurance, are true or substantially true and any representations as to matters of expectation or belief are made in good faith.
- 3 I/We understand that any fraudulent suppression or fraudulent mis-statements of any material facts will be reported by Insurers to the Solicitors Regulation Authority.
- 4 I/We understand that by submitting this proposal form I/we consent to the information being used by PLB and Insurers (including Underwriting Managers on Insurers behalf) for the purpose of providing insurance, underwriting, processing, claims handling and preventing fraud.
- 5 I/We acknowledge that, by submitting this Proposal, I/we hereby consent to insurers carrying out any enquiries into my/our financial standing (including, but not limited to, a credit search with one or more (licensed) credit reference or fraud prevention agencies) to check our your indemnity and credit status. Such enquiries may be made either before or during the existence of the Contract of Insurance.
- 6 I/We acknowledge and agree that, by submitting this proposal, I/we hereby consent, in the event of the legal Firm carried on by me/ us ceasing during or on expiry of any period of insurance provided by insurers, to PLB or insurers requesting and obtaining any information or data (including but not limited to personal data as defined by the Data Protection Act 1998) from relevant regulatory bodies (including but not limited to the Solicitors Regulation Authority, the Law Society, Solicitors Indemnity Fund and Solicitors Compensation Fund) and to PLB or insurers processing such data for purposes in connection with this insurance (including but not limited to providing run off cover in accordance with the Insurance Policy conditions and/ or regulatory requirements on such cessation).
- 7 I/We understand that completion of this proposal form does not bind the Insurer to a contract of insurance or Me/Us to effect cover.
- 8 If any information provided as part of this application for insurance materially changes before a contract of insurance is concluded, I/We will immediately advise PLB or the Insurer.
- 9 I/We declare that by signing my/our name below I/we have the authority of all partners, members, directors, officers, board members and shareholders of the legal Firm to bind and commit each of them individually to comply with the terms of this policy of insurance.

CHECKLIST:

Please attach a copy CV of each Partner/Member of the proposed new business

Please attach a copy of the Companies Business Plan to be submitted to the SRA

Name of Partner/Member signing this form:

Date:

Signature: