

Proposal form

Solicitors' professional indemnity insurance



IMPORTANT NOTICE:

1. Before the insurance contract is entered into, the proposer must make a fair presentation of the risk to the insurer, in accordance with Section 3 of the Insurance Act 2015.

In summary, the proposer must:

- a) disclose to the insurer every material circumstance which the proposer knows or ought to know. Failing that, the proposer must give the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk and, if so on what terms (including premium);
 - b) make the disclosure in clause 1.a) above in a reasonably clear and accessible manner; and
 - c) ensure that every material representation as to matter of fact is substantially correct, and that every material representation as to matter of expectation or belief is made in good faith.
2. For the purposes of clause 1.a) above, the proposer is expected to know the following:
 - a) If the proposer is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b) If the proposer is not an individual, what is known to anybody who is part of the proposer's senior management; or anybody who is responsible for arranging the proposer's insurance.
 - c) Whether the proposer is an individual or otherwise, what should reasonably have been revealed by a reasonable search of information available to the proposer. The proposer cannot ignore or deliberately withhold information (this may amount to a breach of the duty of fair presentation even if the insurer had sufficient information to ask questions and did not do so). The information may be held within the proposer's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the proposer is insuring subsidiaries, affiliates or other parties, the insurer expects that the proposer will have included them in its enquiries, and that the proposer will inform the insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

If the proposer becomes aware that information provided prior to confirmation of insurance cover was incorrect or incomplete the proposer should tell us immediately

If in doubt, please contact Miller.

How to complete this form

On your computer:

1. Save the blank PDF form on your hard drive
2. Complete all fields within the form
3. You can save the form on your local drive and return to complete it at any stage
4. Make sure that you include all relevant supporting documentation within your submission to avoid processing delays
5. After completing the form, attach it and all supporting documentation in an email to solicitors@miller-insurance.com or your designated Professional Risks contact at Miller

By hand:

1. Open the PDF
2. Print the PDF
3. Complete the printed form
4. Make sure that you include all relevant supporting documentation within your submission to avoid processing delays
5. Post to:

Professional Risks

Miller Insurance Services
70 Mark Lane
London
EC3R 7NQ
United Kingdom

Data protection

Processing of personal data

If you provide us with any information which constitutes “personal data” (including any “sensitive personal data”), both you and we will treat such information at all times in accordance with “Data Privacy Laws” (including the General Data Protection Regulation 2016/679). Miller companies may hold and process such information: (i) in order to provide our services to you; (ii) to facilitate the effective management, development or operation of the Miller companies; and (iii) in any country – including countries outside the European Economic Area, which may not have comparable data protection laws. Please review our full privacy notice at www.miller-insurance.com.

Identity verification

In order to ensure compliance with rules imposed on us by relevant UK regulators, we may run fraud prevention checks against the name of your firm, or all or any of the individual partners or members in your firm. We may use this information in order to comply with our regulatory, legal or good governance obligations. We will make checks such as verifying your identity in order to prevent and detect crime, fraud and money laundering. We may disclose your personal data to other companies in the Miller group of companies for the purposes described above. You agree to bring the above notice to the attention of each of your partners or members before completing and submitting this proposal form. Each individual has the right to apply for a copy of their information (for which we may charge a fee) and to have any agreed inaccuracies corrected.

- By ticking here, you agree to the processing of your personal data, including, where relevant, special category/sensitive data, in the manner stated above in the paragraph entitled ‘Processing of personal data’.
- Please tick this box if you would like to subscribe to receive the latest news and insight from Miller Insurance Services LLP and its associated companies. Your information will not be passed to any third parties and you may unsubscribe at any time.

Where did you first hear about Miller?

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1. YOUR FIRM DETAILS

THE FIRM

Please provide details of all names under which you practice (including trading names) and all other entities for which you are seeking cover (including trustee and/or nominee companies, alternate business structures and service companies).

For each name that you wish to include, you will need to:

- i. detail the practice name(s) in the box(es) below.
- ii. state the entity type: Sole Practitioner (SP), Partnership (P), Limited Liability Partnership (LLP), Legal Disciplinary Practice (LDP), Alternative Business Structure (ABS), Relevant Recognised Body (R), Limited Company (LTD).

Practice Name	Entity Type (please tick as appropriate)						
	SP	P	LLP	LDP	ABS	R	LTD
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please note: it is important that the Names you provide are accurate since these are the names that will appear on documents that we produce, including Schedules and Certificates of Qualifying Insurance. Similarly, it is important that the Entity Types are accurate since these determine the Limit of Indemnity that you will need.

LOCATION AND MISC. COMPANY DETAILS

Main Office Address	
Address Line 2	
Address Line 3	
Town	
Postcode	
Telephone	
Website	
SRA Number of your firm's head office (if applicable)	

Please note: The SRA Number requested is not your personal practicing certificate number but the SRA number assigned to the head office of your firm. If you are a new start-up and your firm does not have an SRA number, please leave this blank.

Date Established (dd/mm/yyyy)	
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Please note: If the firm is newly established (i.e. less than 2 years) please attach CV's for all Principals and Consultants, a Business Plan and a Cash Flow Forecast, and answer the following question:

In the past 5 years, has a claim or notification been made against any of the Principals detailed in Section 4 question b) below? YES NO

If yes, please provide details below

CONTACT DETAILS

PI Contact	
Contact Telephone	
Contact Email	

2. SUCCESSOR AND PRIOR PRACTICES

a) Successor Practice
Is any Insured a Successor Practice (as defined in any applicable Minimum Terms and Conditions)? If no, please go to Section 3. YES NO

Please note: any Insured includes the insured firm; a service, administration, trustee or nominee company owned by the insured firm and/or its principals; current or former principals and employees.

b) Prior Practice
Please enter the details of all Prior Practices and/or individual Partners/Members where you are deemed or asserted to be a Successor Practice in the table below. Only include details where the succession date is 01/10/2006 or later.

Name of prior Practice	SRA ID no.	Established date (dd/mm/yyyy)	Succession date (dd/mm/yyyy)	If the succession date is after 1 October 2010, was run-off cover purchased for Prior Practice?	No. of fee earners joining the Practice
				YES <input type="radio"/> NO <input type="radio"/>	
				YES <input type="radio"/> NO <input type="radio"/>	
				YES <input type="radio"/> NO <input type="radio"/>	
				YES <input type="radio"/> NO <input type="radio"/>	
				YES <input type="radio"/> NO <input type="radio"/>	

3. ALTERNATIVE BUSINESS PRACTICE

- a) Has the practice been approved as an Alternative Business Structure? YES NO
- b) Does the practice have an intention to convert to an Alternative Business Structure in the next 12 months? YES NO
- c) Is the practice intending to become a Multi-Disciplinary Practice? YES NO

Please note: 'Multi-Disciplinary Practice' means a licensed body providing a range of different services, only some of which are regulated by the SRA.

If yes, please confirm the additional services which are offered or being considered

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4. YOUR STAFF DETAILS

a) Please state the number of staff in each of the following categories for the past 4 years:

Year	Current		Prior		Prior (- 1)		Prior (- 2)	
	FT	PT	FT	PT	FT	PT	FT	PT
Equity partner/member/directors								
Salaried partner/member/directors								
Solicitors								
Consultants								
Legal Executives								
Other non-solicitor fee earners incl. trainees								
Other staff								

Please note:

'FT' means full-time; 'PT' means part-time.

'Other staff' includes secretarial staff but excludes cleaning staff, maintenance staff and other manual employees.

In any one year, no individual should be included in more than one box.

If some boxes do not apply to your circumstances, please leave these boxes blank.

b) Please provide details of each current partner/member/director of the firm and of each former partner / member / director who has left within the last 6 years.

i. For each Solicitor Principal, please provide the following details:

SRA ID no./ roll no.	Full name	Date of Birth (dd/mm/yy)	Current/ Former	Years as partner/ member/ director	Date qualified (dd/mm/yy)	Year of Admisson in England & Wales
			C <input type="radio"/> F <input type="radio"/>			
			C <input type="radio"/> F <input type="radio"/>			
			C <input type="radio"/> F <input type="radio"/>			
			C <input type="radio"/> F <input type="radio"/>			
			C <input type="radio"/> F <input type="radio"/>			

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ii. For each Non-Solicitor Principal, please provide the following details:

Full name	Date of Birth (dd/mm/yy)	Current/ Former	Years as partner/ member/ director	Position in firm	Other regulatory body qualifications
		C <input type="radio"/> F <input type="radio"/>			
		C <input type="radio"/> F <input type="radio"/>			
		C <input type="radio"/> F <input type="radio"/>			
		C <input type="radio"/> F <input type="radio"/>			
		C <input type="radio"/> F <input type="radio"/>			

c) Has any current principal, partner, member or director who has joined the firm in the last six years, undertaken the Qualified Lawyer Transfer Test or Qualified Lawyer Transfer Scheme? YES NO

If no, go to question (e).

d) Does the principal, partner, member or director referred to in q4.c above also have a UK legal qualification? YES NO

If no, please attach a CV.

If yes, please state the name of the fee earner(s) concerned, the UK qualification(s) and, in each case, the date of qualification.

e) Do all partners, principals and members devote all of their work time and attention to the business of the firm? YES NO

Please note: 'work time' in this question includes part time working hours and can still be answered 'yes' if someone is a part time partner.

If yes, go to question g).

f) Is this because the partner, principal or member:

- i. Is also an employee or partner at another law firm? YES NO
- ii. Is also an employee or partner at a non-law firm? YES NO
- iii. Also sits as a magistrate, judge or suchlike? YES NO
- iv. Is involved with teaching / lecturing / research or suchlike? YES NO
- v. Is involved in some other activity not covered by (i) - (iv) above? YES NO

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If yes, please provide details.

- g) Does the practice or any partner(s), member(s) or director(s) exercise a controlling/financial interest in any company or organisation for which the practice undertakes work? YES NO

If yes, please provide details.

- h) Does any outside individual or company have a financial or business interest in your firm? YES NO

If yes, please provide details and answer the additional question.

Does your firm undertake legal work for that firm? YES NO

- i) Does the firm carry out full recruitment checks in respect of all partners, members, directors and fee earning employees, including the taking up of written references, questions about an individual's claims record and enquiries as to whether they have any disciplinary record with, inter alia, any regulatory department of the SRA or any other recognised body? YES NO N/A

Please note: if you do not currently have any staff, or have not recruited anyone in the past 5 years, please answer N/A.

If no, please provide details of what checks you do carry out.

- j) Is your business that of a solicitors' firm only? YES NO

If no, please provide details of any non-regulated business, e.g. separately constituted financial services adviser operating outside of SRA regulations.

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k) Please provide the names of the person(s) nominated as the COLP and COFA and the date that they joined the practice.

Full name	COLP	COFA	Date joined (dd/mm/yy)
	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	
	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	

5. GENERAL QUESTIONS

a) After full enquiry and only in relation to the past 6 years, has the firm or any Prior Practice or any current or former principal, partner, member, director, consultant or employee (including while at another firm) ever:

i. been the subject of an investigation that led to adverse findings by any regulator body? YES NO

Please note: examples of regulatory bodies are: the Law Society, the Solicitors Regulation Authority (SRA), the Solicitors Disciplinary Tribunal (SDT), Legal Ombudsman (LeO), or former Legal Complaints Services (LCS) or former Office for the Supervision of Solicitors (OSS) or former Consumer Complaints Services (CCS), the Financial Conduct Authority (FCA) or former Financial Services Authority (FSA), Council of Licensed Conveyancers, ILEX.

ii. been the subject of a monitoring visit (other than a routine monitoring visit by the Practice Standards Unit) from the Law Society, the SRA or any other regulatory body which held the firm or its employees accountable for errors or mistakes? YES NO

iii. been subject to an intervention by the Law Society, the SRA or other regulatory body? YES NO

iv. been refused a practising certificate? YES NO

v. been the subject of a costs or penalty order or reprimand by the SDT? YES NO

vi. been granted a conditional practising certificate? YES NO

vii. failed to pay or been late in paying any insurance premium or excess contribution? YES NO

viii. been subject to either a criminal judgment (other than minor traffic offences) or a civil judgment that could have a bearing on your / their professional standing (e.g. a petition for bankruptcy, entering into any voluntary insolvency arrangement etc.)? YES NO

ix. been refused renewal terms by their insurer due to prior claims experience, non-disclosure, non-payment of premium, non-payment of self-insured excess or dishonesty? YES NO

Please note: being "refused renewal terms" is not the same as being denied renewal terms because e.g. your insurer pulled out of the market or went into liquidation.

x. been insured by the Assigned Risks Pool? YES NO

xi. Has the firm or any prior practice ever accepted instructions from property clubs or investment schemes? YES NO

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If you answered yes to any of the above questions, please provide details below and attach copies of all correspondence, documentation or reports issued by the Law Society, the SRA, the SDT, LeO or LCS or former OSS or former CCS and/or any other regulatory or professional body.

6. FINANCIAL MANAGEMENT

a) For the last complete financial year please state:

Your income	£	
Your overheads (excluding partner drawings)	£	
Partner drawings	£	
Your fixed assets	£	
Your current assets	£	
Your liabilities	£	

b) As at the date of this application:

i. What are the total fees outstanding to your practice?	£	
ii. What percentage of current outstanding fees was invoiced more than 90 days ago?	%	
iii. What is the total unbilled work in progress?	£	

7. PRACTICE GROSS FEES (EXCLUSIVE OF VAT)

	Date (dd/mm/yy)	UK/Europe	USA/Canada	Elsewhere	Total
Estimate for current accounting period ending					
Last complete annual accounting period ended					
Previous complete annual accounting period ended					
Previous complete annual accounting period (-1)					
Previous complete annual accounting period (-2)					
Previous complete annual accounting period (-3)					

USA/Canada/Elsewhere: If you have ever billed clients domiciled or with a billing address in the USA (including its territories and possessions), Canada, or Elsewhere please provide full details of the work undertaken and confirm if the work undertaken is under England and Wales law only.

Please note: names of clients should not be provided due to client confidentiality.

- a) Do you have any offices, other than the main office detailed in Section 1, for which you are seeking cover? YES NO

If yes, please provide details of each additional office in the table below, and answer the following question.

- i. Are any of your offices located outside of England and Wales? YES NO

Address	Postcode	Resident Principal	Number of fee earners	% of fees last financial year billed by the office
		YES <input type="radio"/> NO <input type="radio"/>		
		YES <input type="radio"/> NO <input type="radio"/>		

- b) In the past 12 months, what is the single largest total fee that you have charged?

8. TYPE OF WORK

a) Please state the percentage breakdown of the gross fee income for the last complete accounting period:

Administering oaths, taking affidavits and notary public	%
Agency Advocacy	%
Acting as Arbitrator, Adjudicator or Mediator	%
Children work, Mental Health Tribunal and Welfare	%
Commercial / corporate (excluding work related to public companies)	%
Commercial / corporate (including work related to public companies)	%
Commercial litigation	%
Conveyancing - Commercial	%
Conveyancing - Residential	%
Criminal Law	%
Debt Collection	%
Defendant litigation work for insurers	%
Employment - Litigious	%
Employment - Non-Litigious	%
Financial Advice & Services - firm has opted into regulations by the FCA *	%
Financial Advice & Services Regulated by the SRA *	%
Immigration	%
Intellectual Property Law	%
Landlord & Tenant - Litigious	%
Landlord & Tenant - Non-Litigious	%
Lecturing & Expert Witness Work	%
Litigious Other (Please attach a breakdown of this work)	%
Marine Litigation	%
Matrimonial	%
Non-Litigious Other (Please attach a breakdown of this work)	%
Offices and Appointments	%
Parliamentary Agency	%

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Personal Injury - Claimant	%
Personal Injury - Defendant	%
Probate and Estate Administration	%
Property Selling, Management and Valuation	%
Tax Law and Planning	%
Town and Country Planning	%
Wills, Trusts and Tax Planning	%
TOTAL (must be 100%)	%

- b) Has your practice or any prior practice ever provided legal services to any entertainment clients, sporting professional or high net worth individuals? YES NO

Please note: For the purposes of this form a 'high net worth individual' is someone with an estimated annual income in excess of £1M.

If yes, please provide details of the nature of the work undertaken and gross fees billed.

Please note: names of clients should not be provided due to client confidentiality.

- c) Has your practice or any Prior Practice ever provided advice in relation to any tax mitigation or tax avoidance schemes? YES NO

Please note: 'tax mitigation or tax avoidance schemes' do not include routine tax planning e.g. in respect of IHT.

9. NATURE OF WORK - COMMERCIAL LITIGATION

a) In the last three years has the firm undertaken commercial litigation work for the claimant? YES NO

b) What are the five largest litigation matters (by claim value) in the past year?

Type of litigation	Claim value	Limit of indemnity	Open or closed	Successful (yes, no or ongoing)

c) How many open litigation cases does the firm currently have?

d) What percentage of currently open cases have insurance?

If applicable, please provide the names of all After The Event (ATE) insurance providers with whom you have dealt with in the last three years

If applicable, please provide the name of any ATE insurer with whom you place more than 20% of your business and specify the percentage

e) Has the practice been reprimanded for failing to adhere to Civil Procedure Rules? YES NO
If YES, please provide more details

f) In the past 6 years has your practice accepted instructions for any class actions or other group litigation? YES NO
If YES, please provide more details

g) In the past 6 years, has your practice handled any litigation funded by a third party? YES NO
If YES, please state which litigation funders you have worked with

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h) What are the average and largest values of settlements on behalf of any claimant in the last three years?

Average £

Largest £

i) Do you receive, or have you received at any time in the last three years, any commission or other financial incentive from any insurer, referral agent or cover holder? YES NO

If yes, please attach the standard letter that you have advising about the choice of ATE insurer and any commissions, financial incentives or similar that you receive.

j) Has your practice reviewed all industrial disease scheme cases including but not limited to vibration white finger, bronchitis and emphysema and complied with the scheme deadlines for logging claims? YES NO
N/A

If no, please provide details.

10. NATURE OF WORK – CONVEYANCING

- a) In the last six years has the firm undertaken any residential and/or commercial conveyancing? YES NO

If no, please go to Section 11.

- b) Has the practice achieved accreditation to the Law Society's Conveyancing Quality Scheme (CQS)? YES NO

- c) Please state the number of fee earners in your firm who undertake or who have undertaken conveyancing work in the last 3 years:

	Last complete year	Prior year	Prior year (-1)
Partners			
Other Qualified Fee Earners			
Non-Qualified Fee Earners			

- d) Please state for the last 3 complete financial years in relation to residential conveyancing:

	Last complete year	Prior year	Prior year (-1)
Gross Fees			
Highest Value of Transaction			
Number of Transactions			

- e) Please state for the last 3 complete financial years in relation to commercial conveyancing:

	Last complete year	Prior year	Prior year (-1)
Gross Fees			
Highest Value of Transaction			
Number of Transactions			

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- f) In the last six years have more than 10% of your conveyancing instructions originated from:
- i. Mortgage broker / financial advisor YES NO
 - ii. Estate agent YES NO
 - iii. Property developer / house builder YES NO
 - iv. Investment/property club YES NO
 - v. Any other entity or individual / group of individuals not referred to above YES NO
 - vi. None of the above whether or not a formal arrangement was in place? YES NO

If yes, to any other entity or individual / group of individuals not referred to above, please provide details.

- g) In the last 12 months, has your firm been removed from a lender's panel for any reason connected to your professional work (i.e. other than by reason of a lack of instruction or a decision on the lender's part not to instruct sole practitioners)? YES NO

If yes, please provide details.

- h) Are all conveyancing transactions directly supervised by a principal, partner, member or senior fee earner (with a minimum of five years experience and who has been with the practice for more than 2 years) of the firm? YES NO

If no, please advise who is responsible for the supervision process and how it works.

- i) Does anyone other than a principal, partner, member or senior fee earner (with a minimum of five years experience and who has been with the practice for more than 2 years) of the firm sign reports/certificates of title to lenders? YES NO

If yes, please provide details.

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- j) Do you have systems in place to ensure timely compliance with undertakings? YES NO
If no, please provide details.

- k) In the last six years how many times have you acted, in the same calendar year, for multiple buyers of property in the same development or in the same building?
- i. 0 to 10 YES NO
- ii. 11 to 20 YES NO
- iii. 21 or more YES NO

- l) In the last six years have you acted for a single purchaser in any single calendar year of:
- i. between 0 and 5 individual properties YES NO
- ii. between 6 and 10 individual properties YES NO
- iii. 11 or more individual properties in any single calendar year? YES NO

- m) In the last six years please specify the number of 'back to back' sales or purchases you have undertaken
- i. 0 to 5 YES NO
- ii. 6 to 10 YES NO
- iii. 11 or more YES NO

- n) In respect of residential conveyancing, how many lender panels and / or lenders do you act for?
- i. 0 to 5 YES NO
- ii. 6 to 10 YES NO
- iii. 11 or more YES NO

- o) Please detail the controls in place to ensure that lenders and buyers are notified of escalating ground rents on all new build or refurbished leasehold properties. When were they implemented? If no controls are in place, please explain the reason why.

11. RISK MANAGEMENT PROCEDURES

- a) Has the practice achieved Lexcel accreditation? YES NO
- b) Have you achieved ISO9001 accreditation? YES NO
- c) Have you achieved Investors In People accreditation? YES NO
- d) In respect of wills and probate work do you utilise the National Will Register 'Certainty' to register wills and ensure that you execute the last will and testament? YES NO
- e) Does your practice use a risk management support tool, such as Riliance? YES NO
- f) Do you have a risk management strategy? YES NO
- g) Do you have a business continuity plan? YES NO
- h) Do you require a standard risk assessment to be carried out relative to each new instruction? YES NO
- i) Before accepting a new instruction are all new clients vetted and agreed by a partner, principal, member, director or head of department? YES NO
- j) Do you have a system for identifying and avoiding conflicts of interest? YES NO
- k) Do you instruct your staff to ensure that the client is always issued with an engagement letter giving costs and other information? YES NO
- l) Do you have systems in place to monitor Work in Progress (WIP) and billing? YES NO
- m) Do you operate either a centralised or departmental diary system recording all critical dates and time limits? YES NO
- If yes, please complete the following additional question.
- i. Are all fee earners and relevant staff required to use this diary? YES NO
- n) Are undertakings which are given on behalf of your firm centrally recorded and approved by a partner? YES NO
- o) Do you have a central record of all complaints and/or potential claims? YES NO
- p) Are regular audits undertaken? YES NO
- q) Are all staff, without exception and including partners, subject to file review? YES NO
- r) Does your practice outsource any legal, secretarial or other work/services? YES NO

If yes, please provide details.

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s) Do you have a formal anti-money laundering policy for which training has been provided to all staff? YES NO

t) Other than in respect of a sole practitioner who should answer NA (Not Applicable), is any individual authorised to sign cheques or process telegraphic transfers, or other transfers for over £25,000 from either the office or client accounts as sole signatory? YES NO
N/A

If no or N/A please go to Section 12.

If yes please answer the following additional questions.

i. Is the sole signatory a Partner/Principal of the firm? YES NO
N/A

ii. Is the payment checked and then processed by another individual? YES NO
N/A

12. YOUR INSURANCE REQUIREMENTS

a) Please provide details of your current insurance placement

Total limit of indemnity	Self-insured excess	Primary insurer	Broker (if applicable)

b) Please confirm the limit of indemnity you are required to have for compulsory primary insurance (£2M for a sole practitioner or partnership or £3M for LLPs and companies registered at Companies House including any 'Relevant Recognised Body') £

c) Do you require excess layer insurance to sit above the compulsory primary insurance detailed in 12 (b) above? YES NO

If yes, please detail the total limit(s) of indemnity for which you would like terms

Option 1 £ Option 2 £ Option 3 £

d) Please enter the date on which you want to go on cover for the coming indemnity period:

i. Policy Inception Date (dd/mm/yy)

ii. Policy Expiry Date (dd/mm/yy)

13. CLAIMS AND CIRCUMSTANCES

a) Please provide details about your claims record as follows:

i. For each of the past 6 years, including the current policy year, please:

- I. Enter the name of your firm's own Qualifying Insurer (or the Assigned Risks Pool) for the year concerned; and
- II. Confirm whether claims or circumstances which could result in an action against the Practice, any predecessor, or any past or present Solicitor or employee of the Practice were notified in the year by answering Yes or No as appropriate.

Year	Policy Period: From-To	Insurer	Claim(s) / Circumstance(s)?
Current			YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/>
Prior			YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/>
Prior (-1)			YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/>
Prior (-2)			YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/>
Prior (-3)			YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/>
Prior (-4)			YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/>

Please note: if the firm was not established in any of these years you should enter N/A against for that year.

ii. For each of the past 6 years, including the current policy year, please attach copies of confirmed claims summaries from Qualifying Insurers and/or the Assigned Risks Pool for both your firm and any Prior Practices and include full details of all incidents, including how the matter was resolved and the procedures/processes now in place to avoid re-occurrence

iii. In respect of any of the "Claims/Circumstances" referred to above, have any payments been made or are any reserves being held? YES NO

Please note: 'payments' include payments by you or insurers in respect of the settlement of a claim, claimants' costs and / or defence costs. Similarly, 'reserves' include reserves held by you or insurers in respect of the settlement of a claim, claimants' costs and / or defence costs.

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- b) After undertaking a reasonable search for information from all senior management of the proposer, its subsidiaries and affiliates, are there any circumstances which the proposer reasonably expects may give rise to a claim for loss of the type which is covered under the contract of insurance to which this proposal for professional indemnity insurance relates and which have not been previously notified to Insurers? YES NO

If yes to the above, please provide details.

- c) Is there any matter notified by your firm (or any Prior Practice) to Qualifying Insurers or the Assigned Risks Pool that has not been accepted as an effective notification? YES NO

If yes, please provide details.

Please note: you have an obligation under your policy to notify any circumstances or claims to your current insurer. You will be asked to confirm that you have done this before Miller will provide you with a policy.

14. OTHER MATERIAL INFORMATION

- a) Are there any other details not specifically addressed elsewhere in this proposal form that you think would benefit your application to insurers? YES NO

If yes, please provide details. *(Please attach all relevant and required information to your submission email).*

- b) Is there any other **Material Information** not specifically addressed elsewhere in this proposal form that you think may affect your application to insurers? YES NO

Material Information includes any fact which a prudent underwriter may reasonably wish to know in relation to the assesment of your risk, the exposure and the calculation of any appropriate premium. You must disclose all such information whether or not a specific question has been included in this application form.

If yes, please provide details.

15. DECLARATION/SUPPLEMENTARY QUESTIONNAIRES

Duty of fair presentation:

It is your duty to make a fair presentation of the risk to the insurer, in accordance with Section 3 of the Insurance Act 2015.

You must:

- a) disclose to the insurer every material circumstance which the proposer knows or ought to know. Failing that, the proposer must give the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk and, if so on what terms (including premium);
- b) make the disclosure in clause a) above in a reasonably clear and accessible manner; and
- c) ensure that every material representation as to matter of fact is substantially correct, and that every material representation as to matter of expectation or belief is made in good faith.

Failure to do so may prejudice your rights in the event of a claim or result in insurers voiding your policy:

The minimum compulsory level of cover:

Under the Solicitors Regulation Authority (SRA) Minimum Terms and Conditions (MT&C's) Clause 4.1 No avoidance or repudiation any failure to make a fair presentation of risk will not entitle Insurers to avoid all cover and claims for any element of compulsory cover.

However, Clause 7.2 Reimbursement of the MT&C's does entitle insurers to seek reimbursement if you omit or misrepresent any information. Clause 7.2 Reimbursement shall also apply should you either commit or condone any breach of the policy conditions or where there is dishonesty or fraud.

The MT&C's apply to the compulsory level of cover only.

Excess Layer policies placed in excess of the minimum compulsory level of cover:

Unless agreed otherwise, failure to make a fair presentation of risk in accordance with the Insurance Act 2015, will provide insurers with the following remedies in the event of a breach of duty of fair presentation:

1. If the breach of duty of fair presentation was prior to entering into the insurance contract, the remedies available to the insurer are set out below:
 - a) If the insured's breach of the duty of fair presentation is deliberate or reckless:
 - i) the insurer may avoid the contract, and refuse to pay all claims; and,
 - ii) the insurer need not return any of the premiums paid.

- b) If the insured's breach of the duty of fair presentation is not deliberate or reckless, the insurer's remedy shall depend upon what the insurer would have done if the insured had complied with the duty of fair presentation:
 - i) If the insurer would not have entered into the contract at all, the insurer may avoid the contract and refuse all claims, but must return the premiums paid.
 - ii) If the insurer would have entered into the contract, but on different terms (other than terms relating to the premium), the contract is to be treated as if it had been entered into on those different terms from the outset, if the insurer so requires.

In addition, if the insurer would have entered into the contract, but would have charged a higher premium, the insurer may reduce proportionately the amount to be paid on a claim (and, if applicable, the amount already paid on prior claims). In those circumstances, the insurer shall pay only X% of what it would otherwise have been required to pay, where $X = (\text{premium actually charged} / \text{higher premium}) \times 100$.

- 2. If the breach of duty of fair presentation was prior to entering into a variation to the insurance contract, the remedies available to the insurer are set out below:
 - a) If the insured's breach of the duty of fair presentation is deliberate or reckless:
 - i) the insurer may by notice to the Insured treat the contract as having been terminated from the time when the variation was concluded; and,
 - ii) the insurer need not return any of the premiums paid.
 - b) If the insured's breach of the duty of fair presentation is not deliberate or reckless, the insurer's remedy shall depend upon what the insurer would have done if the insured had complied with the duty of fair presentation:
 - i) If the insurer would not have agreed to the variation at all, the insurer may treat the contract as if the variation was never made, but must in that event return any extra premium paid.
 - ii) If the insurer would have agreed to the variation to the contract, but on different terms (other than terms relating to the premium), the variation is to be treated as if it had been entered into on those different terms, if the insurer so requires.
 - iii) If the insurer would have increased the premium by more than it did or at all, then the insurer may reduce proportionately the amount to be paid on a claim arising out of events after the variation. In those circumstances, the insurer shall pay only X% of what it would otherwise have been required to pay, where $X = (\text{premium actually charged} / \text{higher premium}) \times 100$.
 - iv) If the insurer would not have reduced the premium as much as it did or at all, then the insurer may reduce proportionately the amount to be paid on a claim arising out of events after the variation. In those circumstances, the insurer shall pay only X% of what it would otherwise have been required to pay, where $X = (\text{premium actually charged} / \text{reduced total premium}) \times 100$.

Proposal form



Declaration

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signed:

Print name:

Position:

Dated (dd/mm/yyyy)

A copy of this proposal form should be retained for your own records.

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