

This form contains electronically enabled form fields, so you can easily complete it online and submit using the button at the end of the form. Or, if you prefer, you can print this form and complete it by hand.

PRACTICE DETAILS

1. a) Name and address(es) of Practice
(please indicate all office addresses and all practising titles)

b) Telephone number

c) Email Address

d) Website Address

e) Date firm established

f) SRA Registration Number

g) Is there a resident Principal in each branch office?

☐ Yes ☐ No

*If **No**, please advise how each office is supervised in the notes section*

2. a) Practice Status

☐ Sole Practitioner

☐ Partnership

☐ LLP

☐ Limited

☐ PLC

☐ ABS

b) Has the Practice been approved/
intending to convert to an Alternative
Business Structure?

☐ Yes ☐ No

*If **Yes**, please forward a copy of your licence or details of when your application will be accepted*

3. Since the last renewal, have there been
any significant changes within the Practice?

☐ Yes ☐ No

*If **Yes**, please provide details in the notes section*

4. Provide details of any Prior Practice(s) with which the Practice has merged and/or acquired in the past 10 years

Name of Practice(s)

Year Established

Date of merger/
acquisition/
succession

Successor
Practice?

Was Run-off
cover purchased?

Approx. how many
Solicitor Fee-Earners
joined the Practice?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

5. a) Details of all Solicitors (Partner/Principal, Assistant or Consultant)

Title

Full Name

Date of
Birth

Status

Full or Part
Time?

SRA ID
Number

Year of
Admission

PRACTICE DETAILS (CONTINUED)

b) Please provide all information requested for every non-solicitor Principal, Member, Director or Partner

Title	Full Name	Date of Birth	Role	Fee Earner?	Full or Part Time?	Regulatory Body
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

c) Do any Principals or other fee earners also work for any other law firms or businesses? *If Yes, please provide full details in the notes section*

☐ Yes ☐ No

d) Does the Practice or any Partners, Members or Directors exercise control/ financial interest in any company or organisation for which the Practice undertakes work? *If Yes, please provide full details in the notes section*

☐ Yes ☐ No

e) Does any outside individual or company have any financial or business interest in your firm? *If Yes, please provide full details in the notes section*

☐ Yes ☐ No

f) Provide names of the person(s) nominated as the COLP, COFA and the MLRO and their date of joining the Practice

Full Name	COLP	COFA	MLRO	Date Joined

(g) i) Provide the full name of the person responsible for risk management in your Firm

ii) Please provide their Status

iii) Please provide their email address

6. Other staff numbers:

Non-Solicitor Full-time Fee Earners

Non-Solicitor Part-time Fee Earners

Registered European or Foreign Lawyers

All other staff (incl. Secretarial)

7. a) Please provide gross fee income for the last three completed accounting periods and an estimate of gross fee income for the current accounting period, from your clients in the following territories:

	Date	UK	USA/Canada	Elsewhere	Total
Estimated Current Year		£	£	£	£
Last Completed Year		£	£	£	£
Prior Completed Year 1		£	£	£	£
Prior Completed Year 2		£	£	£	£

b) Have you performed any work in the last five years in the UK or elsewhere for persons, companies, firms or organisations based in the USA or its territories or possessions, or Canada? *If Yes, please provide full details in the notes section*

☐ Yes ☐ No

c) Is the Practice represented in any way in the US or its territories or possessions, or Canada? *If Yes, please state how and provide details in the notes section*

☐ Yes ☐ No

AREAS OF WORK

8. a) Please provide the percentage of gross fees allocated to each area of Practice in the last three completed accounting periods. If you are a new Practice, estimate percentages for the coming year rounded to the nearest whole percent.

	Last Completed Year	Prior Year (-1)	Prior Year (-2)
1. Administering oaths, taking affidavits and notary public	%	%	%
2. Agency advocacy	%	%	%
3. Acting as an arbitrator, adjudicator or mediator	%	%	%
4. Children, mental health tribunal and welfare	%	%	%
5. Commercial litigation	%	%	%
6. Commercial/corporate work (excl. work related to public companies)*	%	%	%
7. Commercial/corporate work for public companies*	%	%	%
8. Conveyancing- commercial**	%	%	%
9. Conveyancing- residential**	%	%	%
10. Criminal Law	%	%	%
11. Debt Collection	%	%	%
12. Defendant litigious work for insurers incl. defendant personal injury	%	%	%
13. Employment – contentious	%	%	%
14. Employment – non-contentious	%	%	%
15. Financial advice and services regulated by the SRA	%	%	%
16. Immigration	%	%	%
17. Landlord and tenant	%	%	%
18. Lecturing and related activities and expert witness work	%	%	%
19. Litigious work other than given in any other category***	%	%	%
20. Marine Litigation	%	%	%
21. Matrimonial/Family	%	%	%
22. Non-litigious work other than given in any other category***	%	%	%
23. Offices and appointments	%	%	%
24. Personal injury	%	%	%
25. Probate and estate administration	%	%	%
26. Property management, valuations and real estate agency	%	%	%
27. Tax planning	%	%	%
28. Town and county planning	%	%	%
29. Wills	%	%	%
30. Trusts	%	%	%
31. Financial advice + services where Practice has opted into FCA regulation	%	%	%
32. Intellectual property including patent, trademark and copyright***	%	%	%
Total must equal 100%	%	%	%

* Please complete question 9

** Please complete Conveyancing Questionnaire

*** Please provide details/breakdowns in the notes section

AREAS OF WORK (CONTINUED)

b) Is more than 20% of the total income derived from one client or one industry sector? <i>If Yes, please provide full details in the notes section</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Has the firm been involved with or introduced a client to a tax efficient scheme or investment vehicle? <i>If Yes, please provide full details in the notes section</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Do you give Foreign Law Advice? <i>If Yes, please provide full details in the notes section</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMERCIAL

9. a) In respect of commercial work please provide gross fee income for the last accounting period

Area	i) Gross Fees - Non-public companies	ii) Gross Fees - Public companies
Mergers & Acquisitions	£	£
Debt Issuance/Securitisation	£	£
Project Financing	£	£
Pension Schemes	£	£
Tax	£	£
Insolvency	£	£
Regulation/Compliance	£	£
General Commercial	£	£
Investment Schemes	£	£
Other (please specify)	£	£

b) Has the Practice provided management services or investment advice to any entertainment industry clients or to any sporting professions?
If Yes, please provide full details in the notes section

☐ Yes ☐ No

c) Please provide details of the 5 largest commercial work contracts undertaken by the Practice over the last 3 years

Transaction Type	Public/Non-Public Company	Contract Value	Fees Earned	Year Completed
		£	£	
		£	£	
		£	£	
		£	£	
		£	£	

PERSONAL INJURY

10. a) Please state the number of Fee Earners in your Practice who undertake/have undertaken Personal Injury work

	Last Completed Year	Prior Year (-1)	Prior Year (-2)
Principals			
Solicitors (excl. Principals)			
Other Qualified Fee Earners			
Non-Qualified Fee Earners			
How many of the above are members of APIL?			

PERSONAL INJURY (CONTINUED)

b) Please advise your current Personal Injury work by percentage

	Clinical Negligence	RTA	EL/PL	All Other Personal Injury
%				

c) How many open claimant Personal Injury cases does your Practice currently have?

d) What was your average Personal Injury settlement over the past three years? £

e) What was your highest Personal Injury settlement over the past three years? £

f) Please estimate the percentage of Personal Injury work (claimant) you currently have in each of the following categories

	Small	Fast Track	Multi Track
%			

g) Estimate the number of current Personal Injury cases where the expected settlement exceeds **£250,000**

h) Has the firm acted on behalf of claimants seeking damages for overseas sickness claims?

i) On how many occasions have you received requests for files in respect of settled claims?

j) Please provide the following information:

	Last completed year
Percentage of cases under a CFA or DBA	%
Percentage success rate of such cases	%
Typical monthly WIP level in the last 12 months	£
Last completed months WIP	£

k) Do you undertake work or accept any referrals from Claims Management Companies or referral networks? *If Yes, please provide name(s) and full details in the notes section*

☐ Yes ☐ No

l) Does the Practice vet Personal Injury cases for a third party?
If Yes, please provide name(s) and full details in the notes section

☐ Yes ☐ No

m) i) What percentage of your current cases, at any time have ATE Insurance? %

ii) Please provide the names of all ATE insurance providers you deal with or have dealt with in the last two years

n) Have your files been audited or has an audit been proposed by any underwriters or funders?
If Yes, provide details in the notes section & copies of all related correspondence

☐ Yes ☐ No

o) Do you receive/have you received, at any time in the last three years, any commission/financial incentive from any insurer? *If Yes, please provide full details in the notes section*

☐ 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

p) Do you use any particular provider for expert reports in more than 20% of your cases?
If Yes, please provide details including identity of provider, percentage of cases and background to the level of instructions in the notes section

☐ Yes ☐ No

q) How do you source your work?

LITIGATION

11. a) In the past year please list the 5 largest matters:

Type of Litigation	Claim Value (£)	Open/Closed	If Closed, was claim successful?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Has the Practice been sanctioned or reprimanded for failing to adhere to the Civil Procedure Rules, Practice Directions, Court Orders or timetables? <i>If Yes, please provide full details in the notes section</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
c) In the past 6 years, has your Practice ever accepted instructions for any class actions or other group litigation, either acting for the Defendant or Claimant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
d) In the past 3 years, has your Practice handled any Payment protection Insurance (PPI) compensation claims? <i>If Yes, please confirm how many files have been opened</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
e) In the past 3 years, have you dealt with any matrimonial settlements where the amount secured for you client was above £3,000,000 or regular annual payments of £250,000?			<input type="checkbox"/> Yes <input type="checkbox"/> No
f) In the past 6 years, has your Practice handled any litigation funded by a third party who is not an ATE or BTE insurer? <i>If Yes, please provide full details in the notes section</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
f) What procedures are in place to identify and account for future spousal pension rights when completing settlements? <i>If this process has changed in the past 3 years please detail how.</i>			

PRACTICE CERTIFICATION & REGULATORY ISSUES

12. After full enquiry, has the Practice, Prior Practice or any current or former Principals, Partners, Members, Directors, consultants or employees (including while at another Practice) ever:

a) Been the subject of an investigation that lead to adverse findings by any regulatory body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Been the subject of a monitoring visit from the Law Society, the SRA or any other regulatory body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Been subject to an intervention by the Law Society, the SRA or any other regulatory body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Been refused a practicing certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Been the subject of a cost or penalty order or reprimand by the SDT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Been granted a conditional practising certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Been investigated as a result of breach of the Solicitors' Account Rules or have the firms accounts been qualified in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Engaged with the SRA at any time regarding the financial stability of the Practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Has the COLP/COFA reported any material breaches to the SRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) Had any reason to notify a supervisory authority or regulator in respect of a data breach?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k) Been subject to a civil or criminal judgement (other than minor traffic offences) or a petition for bankruptcy, or entered into any voluntary insolvency arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
l) Been refused Professional Indemnity Insurance by any qualifying insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m) Applied to the Assigned Risk Pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered Yes to any of the above, please provide details and attach a copy of all correspondence, documentation or reports issues by the Law Society, the SRA, LeO, LCS or former OSS or CSS and/or any other regulatory or professional body

CLAIM DETAILS

13. a) Has any claim (successful or otherwise) been made against the Practice or its predecessors in business or any of the present or former Partners/Principals or any firm which you are a successor in Practice for the following insurance years?

2013/14	<input type="checkbox"/> Yes <input type="checkbox"/> No
2014/15	<input type="checkbox"/> Yes <input type="checkbox"/> No
2015/16	<input type="checkbox"/> Yes <input type="checkbox"/> No
2016/17	<input type="checkbox"/> Yes <input type="checkbox"/> No
2017/18	<input type="checkbox"/> Yes <input type="checkbox"/> No
2018/19	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach a copy of your confirmed claims history as supplied by qualifying insurers.

b) After enquiry of all Principals, Members and employees are there any claims against your Practice or any circumstances which may give rise to a claim against your Practice, which you have not already notified to your insurers?
If Yes, please provide full details including estimated quantum at the back of this document

☐ Yes ☐ No

c) Have there been any circumstances, incidences or claims arising from fraud or dishonesty of your Partners or Employees?
If Yes, please provide full details including estimated quantum at the back of this document

☐ Yes ☐ No

ANNUAL ACCOUNTS

14. a) Please provide a copy of the annual accounts for the Practice for the last complete financial year. In addition, please provide the following information from your accounts for the last 3 financial years:

		Previous Financial Year	Last Completed Financial Year	Estimated for Current Financial Year
Operating/Administrative Expenses excl. Partner/Principal salary & drawings	£			
Net Profit/Loss after tax and before drawings	£			
Total Partner/Principal drawings or Member/Director Remuneration	£			
Net worth of the Practice (Total Assets less Total Liabilities)	£			
b) Please confirm the total fees outstanding to your Practice as at the date of this application?	£			
c) What percentage of the amount was billed more than 90 days ago?	%			
d) What is the total estimate of unbilled work in progress as at the date of this application?	£			
e) In the last completed financial year, did written off/uncollected fees exceed more than 5% of turnover in any period?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
f) Does the firm have an overdraft facility? If 'Yes', please confirm the current balance owing.	£		<input type="checkbox"/> Yes <input type="checkbox"/> No	
g) Has the Practice received or sought any advice or recommendations on the financial restructure of the firm, whether acted upon or not?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

INFORMATION SECURITY & FRAUD PREVENTION

15. a) Please confirm who is responsible in the Practice for information security?

b) What firewall & malware protection systems do you have in place and how often are they reviewed & updated?

c) What controls do you have in place to combat internal and external frauds & scams?

d) Do staff undergo information security & scam training? If so, please advise the type of training undertaken, frequency of training & if all staff included.
If No, please explain why

e) Please advise your processes for backing up data and confirm how frequently this is done.

f) Is the firm accredited with any of the following standards:

i) CREST Cyber Essentials ☐ Yes ☐ No

ii) CREST Cyber Essentials Plus ☐ Yes ☐ No

iii) ISO 270001 Information and Data Security ☐ Yes ☐ No

iv) ISO 9001 Quality Management ☐ Yes ☐ No

g) i) Do you have an Information Classification Policy in place that allows you to rank information received in terms of both the sensitive nature and financial value? ☐ Yes ☐ No

ii) If Yes, please clarify how you control who has access to restrictive, confidential or sensitive information?

INFORMATION SECURITY & FRAUD PREVENTION (CONTINUED)

h) Has the Practice been able to comply with the requirements of the General Data Protection Regulation that came into effect 25 th May 2018?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Do you terminate all computer access and user accounts as part of the exit process when a Partner or Employee leaves the Practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) If a request is received to alter the payee details held by the Practice (including account information, invoice changes, telephone numbers, contact information or location), what additional checks are in place to verify the request?	
k) i) Is there a Business Continuity Plan in place that addresses what happens in the event of a cyber-security incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) If Yes , please provide details	
iii) If No , please advise how you would deal with this type of incident	
l) Do you outsource any Accounting or Information Security functions to a third party company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , i) Which services are outsourced and to whom?	
ii) If third parties handle confidential and sensitive information are they subject to contractual requirements, including privacy and information security obligations, indemnification for security breaches and audit rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) Is there a process in place to test the systems of the third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m) i) Do you use a third party to undertake Penetration Testing Services to identify potential weaknesses in your IT systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) If Yes , please advise who you use and what steps have been taken to improve your security	

RISK MANAGEMENT

16. a) Who is the designated person in your Practice with responsibility for Risk Management?	
Name	
Position	
b) Which of the following standards is the Practice currently accredited with? Give details of the date of first accreditation in each case.	
Lexcel	
ISO 9001	
CQS	
Other (specify)	
c) Has the firm been removed or suspended by any accredited bodies or been given notice thereof?	<input type="checkbox"/> Yes <input type="checkbox"/> No

RISK MANAGEMENT (CONTINUED)

d) i) Before accepting new instructions are all new clients and is each new matter:

Checked for conflicts of interest ☐ Yes ☐ No

Graded by level of risk ☐ Yes ☐ No

ii) If you have a procedure in place to grade by level of risk, please provide details of the criteria used for assessing whether a case is low, medium or high risk

e) i) Approximately what percentage of transactions have been undertaken in the last year without ever having met the client? %

ii) What enhanced vetting procedures do you follow in such cases?

f) i) Are staff who take copies of client identification documents given at least annual awareness training in the identification of fraudulent documents?

☐ Yes ☐ No

ii) What steps do you take to verify the identity and credibility of other parties in a transaction?

g) Do you require a file opening form, Anti Money Laundering check and engagement letter, prior to being able to record time on a matter? **If No, please explain what checks are undertaken prior to being able to record time in the notes section**

☐ Yes ☐ No

h) How do you ensure that letters of engagement:
i) accurately define what is included/excluded from the scope
ii) set out meaningful time and fee estimates
iii) are updated as required during the course of a transaction
iv) otherwise mitigate risk for the firm?

i) What procedures are in place to ensure that critical dates and time limits are met?

j) Are all non-routine undertakings given recorded in a register? **If No, please provide details of how you record undertakings and ensure they have been discharged in the notes section**

☐ Yes ☐ No

k) If the Practice provides professional services for any client in which any Principal holds a Partnership/Directorship or has any other financial interest, are these services always carried out by a Solicitor other than the Principal/Director connected with the client?
If No, please provide details in the notes section

☐ Yes ☐ No

l) Does your Practice outsource any risk and compliance function or legal, secretarial or other work? **If Yes, please provide details, including details of any due diligence undertaken and the approximate date of the last due diligence checks in the notes section**

☐ Yes ☐ No

m) Does your Practice provide 'unbundled' legal advice?
If Yes, please provide details including details of any due diligence undertaken and the approximate date of the last due diligence check in the notes section

☐ Yes ☐ No

n) Please explain how incoming & outgoing correspondence is monitored by Partner/Senior Solicitors/ Head of Department

RISK MANAGEMENT (CONTINUED)

o) Are there any procedures in place to review substantive advice provided in emails prior to it being sent? <i>If Yes, please provide details in the notes section</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
p) Do you have a formal file closure procedure in all departments? <i>If No, please provide details of how files are generally closed in all departments in the notes section</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
q) How many complaints were received against the Practice last year?	
i) How many of these related to a complaint regarding fees?	
ii) Have any trends been identified in complaints or claims (e.g. Fee Earner, Department, Delay)? <i>If Yes, please provide details in the notes section</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
r) Do you have a risk committee or other forum where risk management issues including information security, recent scams, Law Society guidance etc. are discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) If Yes, how often do they meet?	
s) How are risk issues/alerts communicated to relevant staff?	
t) Approximately what percentage of files are audited annually? %	
i) Confirm that all Fee earners incl. Partners are included in the file review & audit process	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) How are files selected for audit, who undertakes the audits and how are the results documented? If there is no formal file audit procedure please explain how the files are reviewed	
u) Do you have a business continuity plan that is tested annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
v) Do you use any Law Society accredited software (e.g. Riliance) as part of your Risk Management controls? <i>If No, or you want to expand on your systems, please tell us about any software or systems that you have in place to assist you in your risk management</i>	
w) Do any Members/Staff have outside Directorship/Officership positions held in connection with the firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COVER REQUIREMENTS

17. The minimum cover required is **£2,000,000** for a partnership & **£3,000,000** for LLP's and other relevant recognised bodies

a) Limit of Indemnity	Mandatory Limit	£	
	Additional Limit of Indemnity required	£	
	Total Limit of Indemnity	£	
b) Excess (deductible)		£	
Quotations for alternative Limits of Indemnity and levels of excess will be supplied			
c) Please state the name of the current insurer and/or broker			

DOCUMENT CHECKLIST

Please include the following documents with your submission (please tick relevant boxes):

a) This Proposal Form fully completed, signed and dated	<input type="checkbox"/> Yes
b) For Practices undertaking Conveyancing work, please complete the Conveyancing Questionnaire	<input type="checkbox"/> Yes
c) Please scan and send us a sheet of your Practice's current headed paper	<input type="checkbox"/> Yes
d) Claims information (if applicable) for all claims and circumstances reported to Qualifying Insurers of the Assigned Risks Pool, by your Practice and any other Practice to which you are a successor Practice	<input type="checkbox"/> Yes
e) A copy of all reports issued by the SRA, LCS (formerly the CSS/OSS), Disciplinary Tribunal, Forensic Investigation unit and/or any other regulatory body	<input type="checkbox"/> Yes

DATA PROTECTION

To provide our services to you, we naturally ask you for personal information about yourself and possibly others who are to be covered by insurance, and we may also receive such information from other sources such as other brokers, health care providers and data companies. We use this information to provide our services to you and we share it with companies that process it on our behalf and at our direction and other companies that need it to make their offerings available to you, such as other brokers and insurance carriers. We use it to communicate with you about our offerings. We endeavour to protect it from unauthorised access.

Under data protection law, you may have a right to access to some or all of the personal information we hold about you, to have inaccurate personal information corrected, and to ask us to delete it, as well as other rights. We may charge a reasonable administration charge for the handling of these requests.

Please see our Privacy Policy at www.tysers.com/privacypolicy for more information about these rights and how to exercise them, and about how we collect, use and share personal information.

DUTY OF DISCLOSURE

You have a duty to give a 'fair presentation' of the risk to insurers. This means that you must clearly disclose every material circumstance which you, your senior management or persons responsible for arranging your insurance, know or ought to know following a reasonable search, before your cover is placed, when it is renewed and at any time that it is varied. Your policy wording may also stipulate that this duty continues throughout the period of insurance cover. A material circumstance is one that may influence an insurer's judgement over whether to take the risk and, if so, on what terms. If you are in any doubt as to whether a circumstance is material you are advised to disclose it. Failure to disclose a material circumstance may entitle an insurer to impose different terms on your cover or reduce the amount of a claim payable, and in some cases your cover could be invalidated which would mean that a claim would not be paid.

You are advised to keep copies of any correspondence you send to us or direct to your insurers.

DECLARATION

AFTER ENQUIRY OF ALL PRINCIPALS, CONSULTANTS AND EMPLOYEES I/We declare that the statements made by me/us in this proposal are true and complete and will form part of any contract of insurance affected thereon. I/We confirm that no material fact has been omitted, misrepresented or misstated. I/We undertake to inform you before any contract of insurance is concluded if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance. Completed for and on behalf of the Practice:

Partner's Name	Date
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Once fully completed please ensure you save a copy of the form to your local computer before returning it to us.

Please return using the submit button below or alternatively post the form and relevant documentation to us at:

 **Tysers | Century House | Pepper Road | Hazel Grove | SK7 5BW**
 **0161 419 3000**

SUBMIT



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PROPOSAL FORM

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PROPOSAL FORM

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