



## Proposal Form for Professional Indemnity Insurance for Solicitors



**2011 / 2012**

### **The Insurance Partnership**

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The Insurance Partnership Insurance Brokers is a trading  
name of The Insurance Partnership Services Ltd.  
FSA registration no: 312916

## IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

### 1 Disclosure

All 'material facts' and any 'material change' must be disclosed to Insurers.

A 'material change' is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

### 2 Consequences of Non-Disclosure

Any failure to disclose material information which may influence Insurers will not entitle the Insurers to avoid all cover and claims (Clause 4.1 "No avoidance or repudiation" of the Law Society Minimum Terms and Conditions (MT&C's) for any element of the compulsory cover)

However, Insurers are entitled to seek reimbursement if you either omit or misrepresent any information (Clause 7.2 "Reimbursement" of the MT&C's). The Reimbursement Clause 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, with Insurers being entitled to avoid cover for Non-Disclosure or Misrepresentation for any limits of indemnity arranged in excess of this unless you are advised to the contrary.

### 3 Presentation

This questionnaire must be completed in ink by an authorised individual, a partner, principal or director of the proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper. Where available, brochures, standard contract conditions, agreements and letters of appointment should be provided. Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

### 4 Guidance

If in doubt as to the meaning of any question contained within this questionnaire or the issues raised in Disclosure and / or Presentation, advice should be sought from an insurance advisor in the first instance.

### FSA Risk Classification

As part of our FSA Compliance requirements, it is necessary to classify your risk as either Commercial or Large Risk.

Did your Practice in the last financial year have two of the undernoted features:

YES

NO

- ▶ Turnover of €12.8m or more
- ▶ Balance sheet of €6.2m or more
- ▶ Average number of staff – 250 or more

If 'YES', please confirm figures converted at £1 = €

## DEFINITIONS

### ADJUDICATION WORK

Defined as action as a neutral third party engaged by disputing parties to provide a non-judicial resolution of their dispute which is, subject to the terms of any contract between the disputing parties, binding upon them, but excluding arbitration work.

### AGENCY ADVOCACY WORK

Defined as all civil advocacy work, including attendance at a Court or Tribunal for the purpose of such advocacy, done on behalf of another insured Practice, but excluding any work done as a solicitor working as an agent or locum tenens in another Practice.

### ARBITRATION WORK

Defined as any work done in the discharge or the purported discharge of the functions of an arbitrator in relation to an arbitration to which the Arbitration Acts 1950-1996 apply.

### CHILDREN WORK

Defined as applications made in relation to family proceedings as defined by Section 8 (3) of the Children Act 1989 and including Parts 111 and V of the Children Act 1989.

### COMMERCIAL/CORPORATE WORK EXCLUDING WORK FOR PUBLIC COMPANIES

This covers all work relating to securities in public limited companies, including initial public offerings, venture capital work and other corporate finance work.

### COMMERCIAL/ CORPORATE WORK INCLUDING ALL COMPANY WORK (NON-SECURITIES RELATED)

This covers all commercial work including private company shares sales and acquisitions, which is not Financial Advice and Services or Commercial Work including All Company Work (securities related).

### DEBT COLLECTION – SMALL

Defined as the collection of judgement debts of not more than £10,000 or debts without dispute as to liability of not more than £10,000 and the collection of rents not exceeding £7,500 per property per annum.

### EMPLOYMENT WORK

Defined as all non-litigious work that excludes Tribunal work in connection with employment, termination, dismissal, redundancy, discrimination at work and pension rights affected thereby.

### ESTATE AGENCY, PROPERTY VALUATION & PROPERTY MANAGEMENT

Defined as property selling whether or not through an estate agency and informal valuations undertaken by the Practice.

### IMMIGRATION WORK

Defined as advice and assistance on UK immigration and nationality law, including preparation for and representation before Immigration Adjudicators, Special Adjudicators and any Tribunals or Courts of Justice up to but not including the Divisional Court, the Court of Justice of the European Union, the Commission on Human Rights of the Council of Europe or the European Court of Human Rights.

### LECTURING AND RELATED ACTIVITY WORK

Defined as work involving the preparation for, and the presentation of, lectures, seminars, training and tuition whether for the purposes of professional skills, training, continuing education or otherwise, including the provision of written material for publication

### MEDIATION WORK

Defined as acting as a neutral third party engaged by disputing parties to assist them to resolve their dispute by negotiated agreement without resort to adjudication.

### MENTAL HEALTH TRIBUNAL WORK

Defined as representation of patients detained under the Mental Health Act 1983 at hearings of the Mental Health Tribunal.

### OVERSEAS WORK

Gross fees derived from work done overseas and/or work done in the UK but relating to instructions received from and/or fees paid by clients overseas.

### PARLIAMENTARY AGENCY

Defined as all work done in the promotion of or opposition to primary or subordinate legislation.

### TOWN AND COUNTRY PLANNING

Includes compulsory purchase, listed buildings and conservation areas work.

### UK WORK

Gross fees derived from work done in the UK for clients based in the UK including overseas contracts involving occasional trips abroad.

### WELFARE WORK

Defined as advice and assistance about assessment of a client's entitlement to welfare benefits and for verifying an assessment by the Department of Social Security or other benefit granting bodies such as Local Authorities.

### **SUCCESSOR PRACTICE / PRIOR PRACTICE**

The definition of successor practice in the Minimum Terms and Conditions is complicated. You may be a successor practice even though you did not intend to take on the liabilities of another practice when taking over or merging with it and even if you specifically agreed that those liabilities would remain elsewhere.

Whenever a Practice ceases “being carried on as a discrete business” there is potential for the Successor Practice to take effect.

You may become a successor practice by holding out your practice “expressly or by implication” as being the successor of or by incorporating the other practice(s) by taking on a majority of the principals in the other practice as principals in your firm, by taking on at least one such principal as a principal when the majority have not become principals in another practice, by taking a sole practitioner or Recognised Body into your firm as a principal or by taking on a sole practitioner as an employee after 31 August 2000. If your firm has done any of these things, at any time or is planning to do so, you may be a successor practice and should provide full details.

### **MERGER WITH A FIRM IN RUN-OFF**

Since 1 October 2010, a firm which is ceasing in circumstances where another firm would otherwise become a successor practice, may elect, before cessation, to be insured under run-off cover provided that payment of the run-off premium is made in full prior to cessation. If your firm has merged with or taken over a firm which is insured under such run-off cover, please provide full details of that firm’s run-off insurance.

# APPLICATION FORM

Please provide a full answer to every question. A Principal of the practice must sign and date this form along with any separate sheets.

**Please include with this form your financial accounts for the last two accounting periods and a sheet of your current headed notepaper.**

**1. Your details**

Practice Name

Please include all other names under which your practice and any other entities for which you are seeking cover including Trustee and/or nominee companies and/or incorporated principals.

Solicitors Regulation Authority Registration Number

Date Established

Main office address		Preferred mailing address if different from main address
Postcode		Postcode

Main office telephone number

Main office fax number

Practice website

Primary contact and email address

Is your practice a Limited Partnership or a Company registered at Companies House ? O Yes    O No

Do you have any offices, other than the main office listed above, for which you are seeking cover ? O Yes    O No

If yes, please fill in the box overleaf – please use a separate sheet if necessary.



**3. Other mergers and acquisitions**

Since 01/10/2010 have you merged with or acquired any firm that purchased run-off cover prior to the merger or acquisition with the result that you are not a successor practice

Yes  No

If yes, please provide full details including the name of the firm, their last completed proposal form and proof of run-off cover.

**4. Alternative Business Structures**

Is the practice considering becoming an Alternative Business Structure within the next 12 months

Yes  No

If yes, please provide details of all proposals as currently known

**5 (a) The Firm**

Please provide all information requested for every Principal, Assistant and Consultant who will be employed by your practice as at the inception date of the policy. If anyone listed is a Registered Foreign Lawyer or Registered European Lawyer please note RFL or REL alongside solicitor status. If you are a newly established practice, please enclose a Curriculum Vitae for every Principal in your practice, your Business Plan and a Cash Flow Statement

Title	Solicitor's full name	Date of Birth (DD/MM/YYYY)	Solicitor's status (Principal/Assistant etc.)	Full or part time (less than 20 hours per week)	ID Number (as shown on practising certificate)	Number of years practising since admission in England and Wales(excluding career breaks)

Please state total number of:

Equity Partners / Directors / Members		Non Equity Partners/Directors/Members	
Other Solicitors		Other non-solicitor fee earners	
All other staff, including secretarial			

**5. (b) Legal Disciplinary Practices**

Please provide all information required for every Principal who is **not** a solicitor

Title (Mr.Mrs etc)	Full Name	Date of Birth (DD/MM/YYYY)	Role (e.g. HR/IT/Finance Director, Barrister, Legal Executive, Licensed Conveyancer etc)	Fee Earner Yes/No	Full or Part Time	Regulatory Body

**5 (c) Work for other practices**

Are any Principals or other fee earners also Principals, fee earners or employees in other law practices or any other business?     Yes     No

If so, please provide full details:


**6. Outsourcing arrangements**

Does your practice outsource any legal, secretarial or other work?     Yes     No

If so, please provide full details


**7. Practice fees**

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 (DD/MM/YYYY)	UK	USA/Canada	Elsewhere	Total
Estimated current year					
Last completed year					
Prior completed year (-1)					
Prior completed year (-2)					

If your practice has any fees from clients in USA/Canada or elsewhere please provide full details of these clients, the work undertaken for them and whether the work involved advice on UK, US Canadian or other law (please specify):


Does any one client, group of clients or any referral source generate 20% or greater of your annual fees?

Yes  No

If yes please provide full details of these clients or referrers, the work undertaken and the fees earned/percentage generated


**8. Practising certificates and regulatory issues**

In the last ten years has any Principal or fee earner in the practice

- Ever been refused a practising certificate?  Yes  No
- Ever been granted a conditional practising certificate?  Yes  No
- Been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal?  Yes  No
- Practised in a firm subject to an investigation or an intervention by the Law Society or Solicitors Regulation Authority?  Yes  No
- Had an award made against him or her by the Legal Ombudsman or by the former LCS, CCS or OSS or entered into any regulatory settlement agreement with the SRA?  Yes  No
- Had a civil or criminal judgement against him or her?  Yes  No
- Been investigated by any regulatory body other than the Law Society or Solicitors Regulation Authority (e.g.FSA Council of Licensed Conveyancers, ILEX)?  Yes  No

Has the practice been the subject of a monitoring visit from the Solicitors Regulation Authority in the last three years?  Yes  No

Has the practice been the subject of any visit or enquiry from the Forensic Investigation Unit in the past three years or has notice of any proposed visit or enquiry been given?  Yes  No

If you have answered “yes” to any of the above questions, please provide full details on a separate sheet and include a copy of all reports and relevant correspondence issued by the SRA, Legal Ombudsman, the former LCS, CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and / or any regulatory body.

**INSURANCE BROKERS**

**Claims and circumstances**

Has your practice or any prior practice, reported any circumstances or claims to the Assigned Risks Pool or to Qualifying Insurers in the:

- Insurance year 2005 – 2006 O Yes   O No
- Insurance year 2006 – 2007 O Yes   O No
- Insurance year 2007 – 2008 O Yes   O No
- Insurance year 2008 – 2009 O Yes   O No
- Insurance year 2009 – 2010 O Yes   O No
- Insurance year 2010 - 2011 O Yes   O No

**Note:**

If “yes” to any of the insurance years, please provide with this form claims information from other Qualifying Insurers or the Assigned Risks Pool for all circumstances or claims reported since 01.10.2006 by your practice or any practice to which you are a successor practice

Have any circumstances or claims reported by your practice or any prior practice in the last six years arisen as a result of the dishonesty of any Principal or employee of the practice? O Yes   O No

If yes, please provide full details on a separate sheet including how each matter was resolved and the procedures/processes in place to avoid recurrence.

After making full enquiry of all Principals and employees in your practice, are you aware of any circumstances or claims that you have not reported to your current or any prior insurers? O Yes   O No

If yes, please explain on a separate sheet

**Please note that you have an obligation under your current professional indemnity insurance policy to notify these matters to your insurer and confirmation that you have done so will be required before cover can be put in place.**

**9. Area of practice**

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. For guidance please refer to definitions.

		Last completed year	Prior completed year (-1)	Prior completed 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 (excluding work related to public companies) (please complete section 11 (a) )	%	%	%
7.	Conveyancing – commercial (please complete section 11 (b) )	%	%	%
8.	Conveyancing – residential please complete section 11 (b) )	%	%	%
9.	Criminal law	%	%	%
10.	Debt collection	%	%	%
11.	Defendant litigious work for insurers, including defendant personal injury work	%	%	%
12.	Employment – contentious	%	%	%
13.	Employment – non contentious	%	%	%

INSURANCE BROKERS

		Last completed year	Prior completed year (-1)	Prior completed year (-2)
14.	Financial advice and services regulated by the Solicitors Regulation Authority	%	%	%
15.	Immigration	%	%	%
16.	Landlord and tenant	%	%	%
17.	Lecturing and related activities and expert witness work	%	%	%
18.	Litigious work other than given in any other category	%	%	%
19.	Matrimonial / Family	%	%	%
20.	Non-litigious work other than given in any other category	%	%	%
21.	Offices and appointments	%	%	%
22.	Parliamentary agency	%	%	%
23.	Personal injury (claimant) (please completed section 11 (c) )	%	%	%
24.	Probate and estate administration	%	%	%
25.	Property management, valuations and real estate agency	%	%	%
26.	Town and country planning	%	%	%
27.	Wills, trust and tax planning	%	%	%
28.	Commercial/corporate work for public companies (please complete section 11 (a) )	%	%	%
29.	Financial advice and services where your practice has opted into regulation by the FSA (please complete FSA questionnaire)	%	%	%
30.	Intellectual property including patent, trademark and copyright (please provide full details on a separate sheet)	%	%	%
<b>Total must equal 100%</b>		%	%	%

Please provide

a) Details of litigious work other... ( see 18 above)


b) Details of non-litigious work other... (see 20 above)


**INSURANCE BROKERS**

c) Any other details of your areas of practice that you consider to be relevant (e.g. specific client base, specialist or niche field)


Has your practice, or any prior practice, ever accepted instructions for any class actions or other group litigation?

Yes  No

If yes, please provide full details:


**10. (a) Commercial**

In respect of commercial work, please provide gross fee income for the last accounting period from:

Area	Gross Fees – Non Public Companies	Gross Fees – Public Companies
Mergers and acquisitions		
Debt issuance/securing		
Project financing		
Pension schemes		
Tax		
Insolvency		
Regulation/compliance		
Other (please specify)		
Other (please specify)		
Other (please specify)		

Please list the five largest matters over the last three years and fees earned in each case:

Area of Work	Public or non-public company (please state)	Contract value	Fees earned	Year completed

**11. (b) Conveyancing**

Please state the number of fee earners in your practice who undertake or have undertaken conveyancing work:

	Last completed year	Prior completed year (-1)	Prior completed year (-2)
Solicitors			
Other qualified fee earners			
Non-qualified fee earners			

Please fill in the table below in relation to **residential conveyancing**:

	Last completed year	Prior completed year (-1)	Prior completed year (-2)
Gross fees			
Number of transactions			
Highest capital value			
Average typical capital value			
Percentage of total relating to remortgage work			

Please fill in the table below in relation to **commercial conveyancing**:

	Last completed year	Prior completed year (-1)	Prior completed year (-2)
Gross fees			
Number of transactions			
Highest capital value			
Average typical capital value			

In any year in the last three, have more than 10% of your conveyancing instructions originated from any one development or from any one client or referrer, e.g. mortgage broker, developer, financial adviser, estate agent?  Yes  No

If yes, please provide full details


Estimate what percentage of all your conveyancing instructions in each of the last three complete financial years relates to the purchase of buy-to-let properties:

Last completed year	%
Prior completed year (-1)	%
Prior completed year (-2)	%

What identity checks do you carry out on conveyancing clients?


How do you comply with lender requirements on verification of identity ?


If you do not meet a client prior to a transaction, how do you establish identity?


Over the last three years what safeguards have you had in place to ensure that any information indicative of mortgage fraud (e.g. back to back transactions, discounts, incentives) is:

a) Identified


and b) reported to lender clients ?


**11.(b) Conveyancing (continued)**

Does anyone other than a Principal sign reports and/or certificates of title addressed to lenders ?

Yes  No

If yes please provide full details:


**INSURANCE BROKERS**

On approximately how many occasions in the last 12 months have you received requests for conveyancing files from lenders ? Please provide full details, including the name(s) of the lender(s):


Has the practice or any prior practice in the last 12 months:

	Yes/No	Number
a) Undertaken residential or commercial surveys/valuations for lending purposes ?		
b) Advised on Equity Release Plans ?		

Does the practice plan to do any of the above in the next 12 months

Yes  No

If yes, please provide full details:


Is your practice accredited with the Conveyancing Quality Standard ?

Yes  No

If yes, please provide date of accreditation:

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**11. (c ) Personal Injury**

Please advise your current personal injury work by percentage:

Clinical negligence		%
Occupational disease		%
All other personal injury (eg RTA, employers’/public liability etc)		%
How many open claimant personal injury cases does your practice currently have ?		
What was your average personal injury settlement over the last twelve months?		£
What was your highest personal injury settlement over the last twelve months?		£

**INSURANCE BROKERS**

Please estimate the percentage of personal injury work (claimant) you currently have in each of the following categories:

Small claims	%
Fast track	%
Multi track	%
Please estimate the number of personal injury cases you currently have where the expected settlement exceeds £250,000	

Please state the number of fee earners in your practice who undertake or have undertaken personal injury work:

	Last completed year	Prior completed year (-1)	Prior completed year (-2)
Solicitors			
Other qualified fee earners			
Non-qualified fee earners			

Do you undertake work or accept any referrals from Claims Management Companies or referral networks?

Yes  No

If yes, please provide name(s) and full details


Does the practice vet personal injury cases for a third party?

Yes  No

If yes, please provide full details


**11. (c) Personal Injury (continued)**

What percentage of your current cases have ATE insurance ?	%
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Please provide the names of the ATE insurance providers you deal with or have dealt with in the last two years.


Have your files been audited or has an audit been proposed by any underwriters or funders

Yes  No

If yes, please provide details, including copies of all correspondence relating to any audit or proposed audit:

INSURANCE BROKERS


Do you receive or have you received any time in the last three years, any commission or other financial incentive from any insurer?  Yes  No

If yes, please provide details:


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.

Do you use any particular provider for expert reports in more than 20% of your cases ?  Yes  No

If yes, please provide full details, including identity of provider, percentage of cases and background to the level of instructions.


**12. Risk Management**

Please provide the name and status of the person responsible for risk management in your practice:

Name	Status
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Is your practice accredited with LEXCEL?  Yes  No

If yes, please provide the date of accreditation	Date
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Are regular file audits undertaken in each department including Principals' files:  Yes  No

If yes, how many files are audited, how often and by whom?


Who is authorised to give undertakings on behalf of the practice ?


Who is entitled to authorise payment from the client account ?


Does the practice provide professional services for any clients in which any Principal holds a partnership/directorship or has a financial interest ?

Yes  No

If yes, are these services always carried out by a Principal/solicitor other than the Principal connected with the client ?

Yes  No

If no please provide details:


**13. Risk Management (continued)**

How does the practice monitor its diary system ?


Is there any further information relating to the risk management procedures within your practice that you consider would be of interest to the underwriters ?




INSURANCE BROKERS

14. Financial accounts

Please provide a copy of the annual accounts for the practice for the last two complete financial years:

Please confirm the total fees outstanding to your practice as at the date of this application	£
What percentage of this amount was billed more than 90 days ago ?	%
What is the total unbilled work in progress as at the date of this application	£

15. Current coverage

Has your practice or any prior practice ever been in the Assigned Risks Pool? O Yes O No

If yes, please provide full details:


Has any Qualifying Insurer refused to offer your practice or any prior practice, terms for professional indemnity insurance ? O Yes O No

If yes, please provide full details:


16. Current coverage (continued)

Please provide details of your current insurance:

Current insurer

Current broker

Premium £	Limit £	Excess £	O Yes O No
		Aggregate	

**17. Requested cover**

The minimum cover required is £2 million for sole practitioners and partnerships or £3 million for LLPs and incorporated practices registered at Companies House.

**Limits of Indemnity – please limit to a maximum of four choices**

- £2 million   
  £3 million   
  £4 million   
  £5 million   
  £6 million   
  £7 million  
 £8 million   
  £9 million   
  £10 million

**Excess – please limit to a maximum of four choices**

- Nil \*   
  £1,000   
  £3,000   
  £5,000   
  £10,000   
  £25,000  
 £50,000   
  £75,000   
 Other please specify  £

*\*Not always available*

**Aggregate Excess**

Do you require a quotation for Aggregate Excess?  Yes     No     include both options

**18. Significant change**

Has there been any significant change in your practice in the last year or do you expect any significant change in the coming year ?  Yes     No

If yes, please provide full details:


**19. Other material information**

**Important Notice**

All material information must be disclosed as part of the proposal and before insurance commences. Material information includes any fact which insurers may reasonably wish to know in relation to their assessment of the risk, the exposure and in calculation of any appropriate premium. 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 ?  Yes     No

If yes, please provide full details:


**20. Document checklist**

**Before posting, please ensure that you have included the following documents:**

- This form, fully completed, signed and dated
- Copies of the firm’s accounts for the last two financial years
- A sheet of your practice’s current headed notepaper

**INSURANCE BROKERS**

**And, if applicable, please provide the following:**

- Claims information for all claims and circumstances reported to Qualifying Insurers or the Assigned Risks Pool by your practice and any practice to which you are a successor practice
- If you are a newly established practice, a Curriculum Vitae for every Principal of the practice and your Business Plan and Cash Flow Statement
- A copy of all reports issued by the SRA, the former LCS/CSS/OSS, Forensic Investigation Unit, Legal Ombudsman, Disciplinary Tribunal and/or any regulatory body
- Any information provided on separate sheets

**DECLARATION**

By signing this proposal form you consent to The Insurance Partnership using the information we may hold about you for the purpose of providing insurance 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. These third parties may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the period to whom the information relates both to the disclosure of which 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 small fee) and to have any inaccuracies corrected.

**I/We declare that the above statements and particulars are true, full enquiry having been made, and I/we have not omitted, suppressed or misstated any material facts which may be relevant to Insurers' consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/we provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.**

**I/We understand that if my Practice acquires, merges with or absorbs another Practice during the period of insurance, Insurers will require similar information in relation to that Practice any may charge an additional premium.**

**Print name:**

**Signature: (Partner / member)**

**On behalf of:**

**Date:**

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. A signed original of the proposal form and all attachments is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.

From time to time, we may disclose personal information (other than sensitive personal data) to other members of the Group. We or they may use that information to advise you of our services which may be of interest to you. If you could prefer not to receive information, please contact an Account Executive at The Insurance Partnership.



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