

Aon ref:		N
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1 a) All practising titles including associate nominee and service companies

Please mark type against each: 'S' for a sole practitioner, 'P' for a partnership, 'L' for a limited liability partnership, and 'R' for a recognised body.

	Type

b) Solicitors Regulation Authority firm ID number

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c) Date established

/ /

2 a) Principal address

		Tel	
		Fax	DX
		Email	
Postcode		Website	

b) Please list the postcode for any branch office(s) for which cover is required together with the percentage of fees generated from each branch office. If no branch office(s) please tick 'none' and go to question 2c)

 None

Postcode	%	Postcode	%	Postcode	%

 Principal office %

 Total for all must equal to 100% including principal office 100 %

c) Do you have any US domiciled interests to be insured under this policy? Yes No
For example – having a US office that is a subsidiary of a UK parent, or having a US registered address, would count as having a US domiciled interest, whereas providing services to a US client from a UK office (even if it requires you to visit the US) would not.
3 Please state:
a) Number of staff

	Full-Time	Part-Time		Full-Time	Part-Time
Equity partners			Legal executives		
Salaried partners			Other fee earners		
Solicitors and consultants			Other staff*		

*Excluding cleaning, maintenance & other manual employees

b) Current placement

Total limit of cover	Excess	Insurer	Premium	Broker
£	£		£	

3 Please state *continued*

c) Partner details *Please provide all information requested for every current partner of the practice*

	Roll number	Partner's full name	Years as a partner in the firm	Date qualified
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

d) Do all partners in the practice devote all of their work time and attention to the business of the practice?
If no, please provide full details in respect of each relevant partner Yes No

e) Are any partners in the practice also a partner in another firm of solicitors or other business activity?
If yes, please provide full details Yes No

f) Did any fee earner, including any partner, first obtain legal qualification outside of the UK?
If yes, please attach up-to-date CVs for each person and provide the following information Yes No

	Name	Place of qualification
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

4 Gross fees

a) Please provide your gross fees for the **last** annual accounting period ended / / £

b) Please provide an estimate of your **current** years total gross fee income £

c) Does the practice engage in providing advice or services in respect of any jurisdiction other than England and Wales? Yes No
 Total fees for such work included in a) above £

d) Does the practice engage in providing advice or services to any clients domiciled or registered in the USA/Canada? Yes No
 Total fees for such work included in a) above £
If yes, please provide full details of the clients and the work undertaken on a separate sheet.

e) Does any one client or group of clients generate 20% or greater of your annual fees?
If yes, please provide details Yes No

f) What is the largest total fee that you have charged in the last 12 months? £

g) What is the average fee charged in the last 12 months? £

h) Has your fee income changed by more than 30% in any of the last 3 years?
If yes, please provide details Yes No

5 Cover required for 2007/2008

Limits of indemnity (please limit this to a maximum of 3 choices).
The minimum cover required is £2 million or £3 million for LLPs and other relevant recognised bodies.

£	£	£
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Excess each and every claim (please limit this to a maximum of 3 choices)

£	£	£
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NB: Quotes will normally limit the aggregate excess to three times the above figure(s)

6 Type of work

Please provide a percentage breakdown of the gross fee income disclosed in question 4(a) into the following categories:

Criminal law	(01)		%
Acting as arbitrator, adjudicator and mediator	(02)		%
Immigration	(06)		%
Employment	(12)		%
Property selling & valuation	(13)		%
Residential conveyancing	(19)		%
Commercial conveyancing	(20)		%
Landlord & tenant	(21)		%
Trust & probate	(22)		%
Matrimonial	(23)		%
Personal injury	(24)		%
Debt collection (high risk)	(25)		%
Financial advice & services	(26)		%
Commercial	(27)		%
Defendant litigious work for insurers	(28)		%
Litigation and arbitration (other)	(29)		%
Other non litigious	(30)		%
Other low risk work*	(40)		%

* Low risk work (40) includes:

debt collection,
children,
mental health tribunal,
welfare,
offices & appointments,
administering oaths & taking affidavits,
parliamentary advice,
agency advocacy,
lecturing & related activity,
expert witness,
town & country planning.

Other work (state nature of work and %)

	(99)		%		
	(99)		%	=	
Total (must equal 100%)					100 %

7 Nature of Work

a) Is your business that of a solicitors practice only?

Yes No

If no, please provide details of any non-regulated business, eg separately constituted financial services adviser operating outside of the Solicitors Regulation Authority regulations

b) In the last 12 months has the practice undertaken any residential and/or commercial conveyancing:

Yes No

If no go to 7(c)

i) Approximate number of residential transactions in the last financial year

ii) Approximate number of commercial transactions in the last financial year

iii) Highest residential capital value in last financial year

 £

iv) Average typical residential capital value in last financial year

 £

v) Highest commercial capital value in the last financial year

 £

vi) Average typical commercial capital value in the last financial year

 £

7 Nature of work *continued*

c) Does, or has the firm ever or are you planning in the next 12 months to:

- i) Perform residential or commercial surveys/valuations for lending purposes Yes No
- ii) Produce home buyers/condition reports Yes No
- iii) Perform residential/commercial estate agency Yes No
- iv) Produce Home Information Packs for anyone other than clients where your firm is acting for the vendor? Yes No

d) Has the value of your contract with the Legal Services Commission been reduced by more than 10% for the forthcoming period? Yes No

e) Has your firm reviewed any vibration white finger, bronchitis and emphysema or other industry disease scheme cases? Yes No

f) Has your firm been part of any referral network, claims management or promotional group? Yes No

g) Has your firm conducted work for and on behalf of a Trade Union or similar body? Yes No

If you have answered yes to any of the question 7(c) to 7(g) please provide details

h) Has your practice ever undertaken any conditional fee arrangements or similar fee arrangements with clients? Yes No
If no go to 7(i)

i) How much of your annual gross fees as a percentage is attributable to conditional fee arrangements or similar fee arrangements

This year (<i>estimated</i>) %	Last year (<i>accounted</i>) %	The year before last %
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ii) What percentage of such arrangements do you win and what is your average fee?

%	Last year £
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iii) How many such arrangements did you start?

This year	Last year	The year before last
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iv) How many such arrangements did you complete?

This year	Last year	The year before last
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v) Do you use a standard written risk assessment procedure before accepting any such arrangements? Yes No

vi) Have any of your arrangements been found to be unenforceable? *If yes, please provide full details* Yes No

vii) Does one or more partner(s) agree each CFA before it is offered to the client? Yes No

i) What was your income from publicly funded work during the last Accounting period? £

j) What is your estimated income from publicly funded work for the subsequent 12 months? £

8 Financial services

a) Did the firm (or any predecessor practice) at any time receive commission income from mainstream/discrete investment business? Yes No

b) Did the firm (or any predecessor practice) at any time hold a Category 2 Certificate issued by the Law Society or Solicitors Regulation Authority authorising it to carry on discrete investment business pursuant to the Financial Services Act 1986? Yes No

c) Was the firm (or any predecessor practice) at any time authorised to carry out investment business by the SIB or by being a member of any recognised self-regulating organisation (eg FIMBRA, IMRO, PIA)? Yes No

d) Has the firm (or any predecessor practice) at any time been an authorised person under the Financial Services and Markets Act 2000 or been the appointed representative of any such authorised person? Yes No

If the answer to any of the above questions is yes a separate questionnaire will be required which will be supplied by Aon on receipt of your completed proposal form or can be downloaded from www.aon.co.uk/solicitors

9 Quality standards

Is your practice currently accredited with:

Lexcel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date first granted	<input type="text"/>
Investors In People	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date first granted	<input type="text"/>
ISO 9000/1/2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date first granted	<input type="text"/>

10 Claims and circumstances

a) Please provide details of all claims and circumstances for each of the following years:

	Name of qualifying insurer/Assigned Risk Pool/Aon Claims Solutions	Please tick box		
		No claims/ circumstances	Claims/circumstances attached	ACS
2002–2003				
2003–2004				
2004–2005				
2005–2006				
2006–2007				

Please attach to this form your current claims information provided by the above qualifying insurer or the Assigned Risk Pool. If this is not yet available, please provide claims/circumstances details on the attached supplementary claims form. **Please note there is no need to attach details of any claims reported to Aon Claims Solutions.**

b) Are there any matters notified by your firm (or any predecessor practice) to SIF, qualifying insurers or the Assigned Risk Pool which have not been accepted as an effective notification? *If yes, please provide full details* Yes No

c) Please give details of all claims and circumstances not already notified to your insurers which may give rise to a claim. **If none, please tick none.** None

Date of claim/ circumstance	Claimant's name	Type of work eg conveyancing, matrimonial etc	Estimated cost of claim

d) Please confirm all matters referred to in question 10(c) will be notified to your current insurers by 28 September 2007 Yes No

11 Other information

a) Has the current practice become a successor as defined in the Solicitors Regulation Authority's Minimum Terms & Conditions to any other practice either by takeover, merger, employment of principles or staff of such a practice or absorption of a significant proportion of the clients of that practice? Yes No

b) Has the practice or any prior practice or any present or former principals, partners, consultants and employees thereof been the subject of an OSS/CCS/LCS investigation which has been upheld, or any investigation or intervention by any regulatory department of the Solicitors Regulation Authority or any other recognised body? Yes No

c) Has the practice or any prior practice or any present or former principals, partners, consultants and employees thereof been the subject of a Financial Services Authority investigation or proceedings commenced by the Financial Services Authority? Yes No

d) Has the practice or any principal, partner, consultant or employee been or is the subject to a petition for bankruptcy or Voluntary Insolvency Agreement or any other arrangement with creditors? Yes No

e) Has any present or former principal, partner, consultant or employee of the current practice, or any prior practice ever been refused a practising certificate or granted a conditional practising certificate or been the subject of a costs or penalty order or reprimand by the Solicitors Disciplinary Tribunal? Yes No

f) Has any principal, partner, consultant or employee ever been convicted of (or charged with but not yet tried for) any criminal offence involving fraud or dishonesty other than spent convictions? Yes No

g) Has the practice been declined professional indemnity insurance by any insurer or referred to the Assigned Risk Pool? Yes No

h) Has there been a significant change in the practice in the last three years? Yes No

11 Other information *continued*

i) Do you expect there to be any significant change to or in your practice in the coming year? Yes No

j) Has any principal, consultant or employee of the current practice or any prior practice disclosed herein ever failed to meet any insurance premium or excess contribution? Yes No

If you have answered yes to any of the above question please provide details.

k) Does the practice carry out full recruitment checks in respect of all employees and principals, including the taking up of written references, questions about an individuals claims record and enquiries as to whether they have any disciplinary record with, inter alia, any regulatory department at the Law Society or any other recognised body? Yes No

If no, please provide details

Duty to disclose material information

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

All material information must be disclosed to insurers to enable terms to be negotiated and cover arranged. This is not limited to answering specific questions that may have been asked in this proposal form. Any changes which may occur or come to light after a quotation has been given must also be notified.

To ensure the cover is not prejudiced, please refer to Aon if there is any doubt as to what information needs to be disclosed.

Declaration

1 Is any principal, partner, director or member aware, after enquiry, of any loss or claim or circumstance which may give rise to a loss being sustained or claim being made against or involving any person or persons to be included in this insurance, their predecessors in practice or any past partners, directors or members, where such has not been previously notified to past or present Insurers? Yes No

If yes, please provide full details on a separate sheet.

2 I/We hereby declare that:

- a) I/We undertake to inform insurers of alterations to this proposal occurring before completion of a contract of insurance.
- b) I/We are satisfied that after enquiry of all principals, consultants and employees, the above details are correct to the best of our knowledge and belief and that we have not suppressed or mis-stated any material facts.
- c) I/We understand that any fraudulent suppression or fraudulent mis-statements of any material facts will be reported by the insurers to the Consumer Complaints Service for solicitors'.
- d) I/We authorise the Solicitors Indemnity Fund (SIF) to release to Aon Limited any information that they may require including all claims information which may be requested by insurers pursuant to this proposal for insurance.
- e) I/We hereby consent to any information you may have about persons named in this proposal being processed by you for the purpose of providing insurance and claims handling. I/We understand information will be supplied to insurers and other third parties for these purposes and for obtaining quotations but will not be supplied to any other third party except as required by law.

3 I/We acknowledge that, by submitting this proposal, I/we hereby consent to insurers carrying out any enquiries into our financial standing (including, but not limited to, a credit search with one or more (licensed) credit reference or fraud prevention agencies) to check our identity and credit status. Such enquiries may be made either before or during the existence of the contract of insurance.

Data Protection

The contact details provided will only be used by Aon Limited to provide details of their other products and services. This will be done either by letter or telephone. Information will be supplied to insurers for the purpose of obtaining quotations but not be supplied to any other third party except as required by law.

Print name	Signature of principal/partner	Date

The completion of this proposal form does not bind the proposers or insurers to complete contract of insurance, but if a policy is issued, this proposal form, together with any other information supplied prior to inception shall form the basis of any contract of insurance effected thereon.

Risk Management Essentials Questionnaire

Name of practice

Aon ref:

This questionnaire shall form part of the proposal form.

To answer 'yes' to any of the following questions, you must be certain that everyone in your firm to whom the process applies follows agreed policies and practices in a consistent manner.

If you answer 'no' to any of the following questions and wish to supply any further details, please attach a separate sheet of paper headed RME Questionnaire.

1 Are all new cases reviewed by the principal to ensure that:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| ■ there is the necessary expertise in the firm to undertake the work | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ there is adequate time to complete the work and meet any critical dates | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ any difficult issues relating to the case and/or client are identified and can be managed | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ actual or potential conflicts of interest are identified, notified and managed appropriately | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ work is refused/referred elsewhere where a full duty of care cannot be given | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

2 Do confirmation or client care letters explicitly state:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| ■ what work you will be conducting for the client (scope of instructions) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ what you will not be doing for them (limitations/boundaries to your remit) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ important dates and implications if these are missed | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ what you expect the client to do and by when | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ how long the matter is likely to take overall | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ how much it will cost (fees, disbursements, VAT and potential for other costs) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ any cost-benefit issues or other risks to the client | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ service levels the client should expect | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ contact names (of the advisor, their supervisor (if any), and principal) in case of problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

3 Do you have set policies for the management of client files that require:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| ■ key information (critical dates, undertakings, risks) to be shown in a prominent position | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ a summary list or plan identifying key stages, and showing which are complete and which remain | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ files to be kept orderly in line with an agreed format | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ client confidentiality to be observed when discussing files or taking files out of the office | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ correspondence to be kept in date order and updated each day | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

4 Do you have a policy that requires attendance/file notes:

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| ■ to be completed in all instances, including telephone calls | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ to be typed or legibly written | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ to show the date and time of the meeting/discussion, who was spoken to and time/units engaged | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ to show the basis of the discussion and any outcomes agreed (who will do what, by when) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ to reflect the time spent in the meeting/discussion in terms of content recorded | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

5 Does your process for managing undertakings include the following:

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| ■ any undertaking given to be recorded in a prominent position on the file | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ wordings to be used to include specific deadlines or other limits | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ a central record of all undertakings given and discharged | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| ■ a systematic means of monitoring undertakings to ensure all obligations are fulfilled | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

6 Do all legal advisors rigidly adhere to a policy of confirming in writing all advice given throughout the duration of the case?

- | | | |
|------------------------------|-----------------------------|------------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
|------------------------------|-----------------------------|------------------------------|

7 Does your process for managing key dates include the following:

- a list of the key dates applicable to each type of work conducted by your firm Yes No N/A
- all key dates to be identified at the outset of a case and recorded in a prominent position on the file Yes No N/A
- all key dates to be recorded in the advisor's own diary Yes No N/A
- all key dates to be recorded in a central diary or other back-up system Yes No N/A
- a systematic means of monitoring and reacting to forthcoming key dates Yes No N/A
- expected reply times from NCIS (about any money laundering reports made), included in key dates monitor Yes No N/A

8 Are all instructions to third parties given in writing explaining:

- details/background to the case Yes No N/A
- work required of them Yes No N/A
- any expectations/desired outcomes Yes No N/A
- timescales to complete the work Yes No N/A
- fees agreed Yes No N/A

9 Where a fixed fee does not apply, do you operate a systematic means of providing cost updates to your client that includes:

- agreeing and recording the frequency for providing cost update information Yes No N/A
- always providing cost updates in writing Yes No N/A
- advising of costs incurred to date, any payments required and the due date for payment Yes No N/A
- advising of any change in the total likely cost or confirming that the original estimate still stands Yes No N/A

10 Do you operate a file monitoring system that requires the progress of all cases to be reviewed by the advisor at regular, predetermined intervals?

Yes No N/A

11 Do you operate a supervision system (both for yourself and any other advisors) which involves:

- review and allocation of new work Yes No N/A
- setting aside a regular time slot to review workloads, prioritise work and deal with problem cases Yes No N/A
- systematic update and sharing of precedents and professional information Yes No N/A
- inspection of sample client files at regular intervals Yes No N/A
- identification of training needs and ensuring these are fulfilled promptly Yes No N/A

12 If responsibility for the day-to-day handling of a case is transferred within your firm (permanently or temporarily), are transfer notes prepared showing:

- what needs to be done and by when Yes No N/A
- any critical dates that apply Yes No N/A
- the details of any undertakings given Yes No N/A
- any other risk factors to be aware of Yes No N/A
- any relevant authority levels/what decisions may need to be referred back Yes No N/A
- that notification has been sent to the client explaining the transfer Yes No N/A

13 Do you complete a checklist when each case is concluded to ensure that you have considered and dealt with each of the following:

- all undertakings have been discharged Yes No N/A
- the client has been sent a letter explaining that the matter has concluded Yes No N/A
- a final statement of account and fee note have been sent to the client Yes No N/A
- any client dissatisfaction has been resolved Yes No N/A
- any intentions for case publicity involving client details are agreed with the client Yes No N/A
- all other concluding steps specific to the type of work (eg registering charges) have been completed Yes No N/A

14 Are all substantive expressions of dissatisfaction referred to the principal for assessment as soon as they are received

Yes No N/A

Please print name	Signature of principal/partner	Date
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