



Freelance Solicitor Professional Indemnity Proposal Form

General Details

1. Name of Proposer:

SRA Number:

Address of Proposer:

Date of Qualification:

Year of admission in England and Wales:

Private Phone Number:

Mobile Number:

Personal Email Address:

Website:

2. a. Date of establishment?

b. What is the renewal date for your current Solicitors professional indemnity insurance?

c. If you are yet to start work as a freelance solicitor, please provide your proposed commencement date

3. Please provide details of the number of any staff employed in the following categories:

Fee earners for unreserved legal work

Support staff for unreserved legal work

Work Details

4. 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, in the following territories:

Financial Year Ending	UK	USA/Canada	Elsewhere	Total
Prior Year 2	£	£	£	£
Prior Year 1	£	£	£	£
Last Completed Year	£	£	£	£
Current Year	£	£	£	£

b. What percentage of gross fees for the last completed year were earned in the UK from persons or Organisations domiciled in:

i. The USA, its territories and possessions or Canada? %

ii. Other overseas territories? %

5. a. Please give (ROUNDED TO THE NEAREST WHOLE NUMBER) the percentage of your fees for each of the last three completed accounting periods arising from the following categories:

Last Completed Year (%)	Prior Completed Year 1 (%)	Prior Completed Year 2 (%)
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Children/Residence & Contact

Commercial/Corporate

Commercial Litigation

Commercial Pensions

Conveyancing Commercial

Conveyancing Residential

Criminal Law

Defendant Insurer Litigation

Employment - Litigious

Employment - Non Litigious

Financial Advice

Immigration

Intellectual Property

Landlord/Tenant- Litigious

Landlord/Tenant – Non Litigious

Litigation Other

Matrimonial/Family

Personal Injury

Town & Country Planning

Trust & Probate

Wills

Other (Welfare, Mental Health etc)

- b. If you have made an entry in 'Other' or 'Litigation Other' please provide details:

c. Do you intend to perform any professional services that are not regulated by the SRA? YES NO

If "YES", please provide details:

6. Have you ever provided legal advice in respect of foreign law, foreign jurisdictions or contracts not subject to English law? YES NO

If "YES", please provide details below, including details of your experience in such foreign jurisdiction(s):

7. Please provide details of the top five clients by fees billed in the last three years.

Nature of Client's Business	Activities Undertaken	Gross Fees
		£
		£
		£
		£
		£

Commercial Section

8. In respect of Commercial Work, please provide gross fee income for the last accounting period from:

	Public Companies Total Fees	Privately Held Companies Total Fees
Debt Issuance / Securitisation	£	£
Mergers and Acquisitions where transaction value exceeded £1,000,000	£	£

9. In respect of mergers and acquisitions exceeding £1,000,000 transaction value, please provide details of the three largest transactions undertaken in the last three accounting periods:

Client Name	Description of Work	Value
		£
		£
		£

Conveyancing

10. Do you currently, or within the next 12 months, do you intend, to undertake residential or commercial conveyancing? YES NO

Personal Injury and Litigation

11. Are you currently, or within the last 12 months, have you worked on any litigation where the damages claimed exceeded £1,000,000? YES NO

Regulatory Oversight

12. Have you ever been subject to an intervention by the Law Society or SRA? YES NO

Has the SRA ever:

13. a. investigated your financial condition? YES NO

b. undertaken a monitoring visit, or has notice of any proposed monitoring visit been given? YES NO

c. undertaken an audit focusing on anti money laundering safeguards, or has notice of any proposed audit or enquiry been given? YES NO

If you have answered "YES" to any of the questions above, please provide details and attach any relevant correspondence:

14. Have you ever:

a. been refused a practising certificate or been granted a conditional certificate? YES NO

b. been investigated, charged, tried or convicted for any criminal offence involving fraud or dishonesty or had a civil judgement made against you? YES NO

c. failed to meet any professional indemnity insurance premium payment or excess contribution? YES NO

d. been subject to, or have pending, any disciplinary proceedings or investigation by the Law Society, the SRA, the Office for the Supervision of Solicitors, Consumer Complaint Service, Solicitors Disciplinary Tribunal, Legal Ombudsman or Consumer Complaints Board, Legal Complaint Service, the Office for Legal Complaints or any other regulatory body or ombudsman or a successor body to any of the above? YES NO

e. had an award made against you or entered into any regulatory settlement with the SRA arising from Private Legal Practice? YES NO

f. been subject to an Individual Voluntary Arrangement, been made Bankrupt, or come to an arrangement with creditors? YES NO

g. been banned from being a director of a company? YES NO

h. been a partner, director or LLP Member responsible for any business which in the past six years has been the subject of a winding-up order or company voluntary arrangement with creditors, or been placed into administration, administrative receivership or liquidation? YES NO

If you have answered “YES” to any of the questions above, please provide details and attach any relevant correspondence:

15. a. How many service complaints have you received in the last 12 months?

b. How many of those have been referred to the ombudsman?

16. Please select any Legal Services Commission franchises or other accreditations (e.g. ISO) that you hold:

Franchise/Accreditation	Date awarded
ISO 9001	
Lexcel	

17. Please describe how you ensure the client retainer is accurately scoped and how agreement is secured from the client:

Cyber

Please answer “YES” or “NO” in respect of your computer and IT system

18. a. You are able to access all essential systems when working remotely? YES NO

b. you are able to access work systems on Personal Devices? YES NO

c. All devices (including Personal Devices) are encrypted, with access via VPN connection only or with firewall protection in place? YES NO

- d. Multi-Factor authentication is required when accessing e-mail through a website or cloud based service? YES NO
- e. Multi-factor authentication is required for all remote access to the network provided to contractors, and 3rd party service providers? YES NO
- f. Do you currently purchase separate cyber liability insurance? YES NO

If "YES" please provide details:

Name of Insurer	Limit of Indemnity	Excess	Renewal Date
	£	£	

Claims Information

Important Notice

You must provide the fullest claims information that you can to enable us to make the best assessment of your claims record. As such please supply claims details for each insurance year you have been practising as a freelance solicitor, up to a maximum of 10 years.

Your insurer will supply your claims history for the period you were insured with them upon request.

19. Please provide details of all claims made against you in respect of your work as a freelance solicitor

Date of Claim	Claimant	Details of Claim	Amount Paid	Amount Outstanding	Total
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£

20. Please provide details of any circumstances that may give rise to a claim against you

A notifiable circumstance is any incident, occurrence, fact, matter, act or omission which may give rise to a claim in respect of civil liability

Date of Circumstance	Potential Claimant	Details of Circumstance
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Financial Risk and Business Continuity

21. Taking into account any foreseeable deterioration in gross billings and realisation, do you anticipate any difficulty in being able to service your financial obligations as they fall due over the next 12 months? YES NO
22. Has any lender refused you credit, imposed increased costs of borrowing, refused to increase your credit limit or required personal guarantees in respect of existing or proposed credit arrangements? YES NO
23. Is there a material uncertainty about your ongoing ability to meet the covenants of your credit agreements? YES NO N/A

If you have answered "YES" to any of the questions above, please provide details.

24. Please state your business continuity plan in the event of your absence from the business:

25. Please state how your business continuity plan has been modified as a consequence of Covid-19:

26. For the last three accounting periods, please provide the following information from your annual accounts:

	Last Completed Year	Prior Completed Year 1	Prior Completed Year 2
Net Profit / (Loss) after tax and before drawings	£	£	£
Total drawings	£	£	£
Net Worth of the Firm (Total Assets less Total Liabilities)	£	£	£

27. As at the date of this application:

a. Please confirm the fees outstanding to you:

£

b. What percentage of this amount was billed more than 90 days ago?

%

c. What is the total estimate of unbilled work in progress?

£

Additional Information

28. Has any Insurer refused to offer you terms for professional indemnity insurance?

YES

NO

If "YES", please provide details

29. Please provide details of your current insurance arrangements if not presently insured with Travelers:

Name of Insurer	Limit of Indemnity	Excess	Aggregated Excess
	£	£	£

30. Please indicate your limit and policy excess requirements below:

Limit of Indemnity	Excess	Aggregated Excess
£	£	£
£	£	£
£	£	£

31. Are there any other details or material facts in respect of this proposal that you think we may wish to take into account (e.g. intended mergers or acquisitions, retirement, cessation of practice or changing the regulator, etc)?

YES

NO

If "YES", please provide details

Declaration

I declare that to the best of my knowledge or belief, the statements and particulars given in this proposal form are true and complete and that any other material facts likely to influence the acceptance and assessment of any insurance offered have been provided. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I agree to inform Travelers of any change to any material fact.

I also declare that if any information on this application form has been written by another person on my behalf, that person acted as my agent for that purpose.

I also declare that no other insurer has ever declined a proposal, declined to pay a claim in full or in part, cancelled or declined to renew my insurance or invited renewal at special terms.

I declare that I have never been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence or "spent" conviction as allowed for under the Rehabilitation of Offenders Act 1974, been declared bankrupt whilst being a director of a company that went into liquidation, receivership or administration or been disqualified from being a director.

I declare that I have not suffered any loss/damage or incurred any liability (whether insured or not) as a result of the risk(s) for which cover is now required, or know of any incident which is likely to give rise to a loss that has not already been declared to Travelers.

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete.

I confirm that I have read, and that I agree to, this declaration

YES

I enclose a copy of the most recent statutory / management accounts

YES

Signatory 1:

By submitting this Proposal in electronic form I acknowledge such as if having signed it.

Date:

Name:

For and on behalf of
(Insert name of firm/business):

NO COVER IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY AN OFFICIAL COVERING NOTE ISSUED BY THE COMPANY.

Occasionally we or selected parties may wish to contact you about products and services, offers and promotions, news and events. If you're happy for us to do this please check any of the contact preferences below.

Email: YES NO

Phone: YES NO

Using Personal Information

How we treat information about you and your rights under data protection legislation

In order to provide our insurance services, we (Travelers acting as a Data Controller) will collect certain personal information about you. The type of information that we collect will depend on our relationship with you. For example, you may be a Travelers policyholder, prospective policyholder or a third party making a claim under a Travelers insurance policy.

If you provide us with personal information about a third party, you should share this notice with them.

We will also collect different types of information depending upon the kind of insurance cover we are being asked to provide or the kind of claim we are being asked to assess or pay.

Some of the information we collect may be classified as 'special category data', which is data that may contain information about physical or mental health, religious beliefs and criminal and disciplinary offences (including convictions).

Your personal information may be used in a number of ways including:

- considering an application for insurance,
- providing and administering an insurance policy,
- handling claims including claims validation,
- preventing and detecting fraud, including providing information to the relevant authorities.

Where relevant, we will share your information with other companies in the Travelers group, third parties such as claims handlers, loss adjusters, other insurers and reinsurers, fraud prevention agencies, service companies associated with our products, or as required by law (including providing the information to government or regulatory authorities). This may involve the transfer of your information to countries inside and outside the European Economic Area.

We may also use your personal information for marketing purposes, but only in accordance with your marketing preferences.

For more information about how we process your data and the rights you have, please click <https://www.travelers.co.uk/privacy-policy>