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Authorised and Regulated by the Financial Services Authority. Firm Reference No: 306497

Solicitors

Proposal Form

Professional Indemnity Insurance

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposer or Underwriter to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

E.U. DISCLOSURE CLAUSE (UK)

ONLY APPLICABLE TO PRIVATE INDIVIDUALS AND SOLE TRADERS, WHERE THERE IS A LLOYD'S PARTICIPATION IN THE INSURANCE PLACEMENT.

Notice to the Proposer/Assured.

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.

Any enquiry or complaint should be addressed in the first instance to your Broker.

If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law. The address is:

*Complaints Department, Lloyd's,
One Lime Street, LONDON EC3M 7HA Telephone 020 7327 5693
LSW 1002 (02/99) (amended).*

FSA Risk Classification

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

Did your Practice in the last financial year have two of the under-noted features:

- | | | | |
|------|---------------------------------------|-----|----|
| i) | Turnover of €12.8m or more | | |
| ii) | Balance sheet of €6.2m or more | | |
| iii) | Average number of staff – 250 or more | YES | NO |

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

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DEFINITIONS

ADJUDICATION WORK

Defined as acting 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 Arbitrations 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 III and V of the Children Act 1989.

COMMERCIAL WORK INCLUDING ALL COMPANY WORK (SECURITIES RELATED)

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

COMMERCIAL WORK INCLUDING ALL COMPANY WORK (NONSECURITIES RELATED)

This covers all commercial work, including private company share 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 judgment 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 AND PROPERTY MANAGEMENT

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

EXPERT WITNESS WORK

Defined as work done in the capacity as an expert witness.

FINANCIAL ADVICE AND SERVICES REGULATED BY THE LAW SOCIETY

This covers all financial advice and services provided to private individuals, unincorporated bodies and companies where such work is regulated by The Law Society as a designated professional body under The Financial Services and Markets Act 2000. This does not include Commercial Work including All Company Work (securities related).

FINANCIAL ADVICE AND SERVICES WHERE YOUR PRACTICE HAS OPTED INTO REGULATION BY THE FINANCIAL SERVICES AUTHORITY

This covers financial advice and services provided to private individuals, unincorporated bodies and companies where such work is directly regulated by Financial Services Authority under the Financial Services and Markets Act 2000. This does not include Commercial Work including All Company Work (securities related).

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.

OFFICES AND APPOINTMENTS

As Clerks to City Livery Companies, Dean and Chapters, Drainage Boards, Local Councils, Charities or School Governing Bodies; Diocesan Registrars, Archdeacon's Registrars or Provincial Registrars of the provinces of the Church of England in respect of work covered by an Ecclesiastical Fees Order; Company Secretaries.

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.

SUCCESSOR PRACTICE

The definition of Successor Practice in the Law Society's Minimum Terms is complicated. You may be a Successor Practice even though you did not intend to take on the liabilities of another Practice when taking it 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 discreet business", there is potential for the Successor Practice to take effect. You may become a Successor by holding out your Practice "expressly or by implication" as being the successor of or by incorporating the other Practice(s), by taking on the majority of the principals in the other Practice as principals in your Practice, 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 Practice as a principal, or by taking on a sole practitioner as an employee after 31st August 2000. **If your Practice 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.**

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.

Solicitors



GENERAL DETAILS

1. a)

Title(s) of Practices			
Establishment Date(s)		Law Society Registration No:	

Please include all other names under which you Practice and any other entities for which you are seeking cover, including Trustee and/or Nominee Companies:

b) Is your Practice an Incorporated Practice/Limited Liability Partnership? YES / NO

c) Is your Practice considering or intending to incorporate or convert to a Limited Liability Partnership during the next 12 months? YES / NO

2. a) Please provide details of any prior Practice(s) and/or individual Partner(s) where you are deemed to be the Successor Practice (please refer to Successor Practice definition):

Name of Practice(s)	Date Established	Date of Succession	No of Solicitors joining the Practice

b) Does your Practice s letterhead notepaper refer to any Practice other than your own or any prior Practice which you have disclosed in 2a)? YES / NO

3. a)
Address of the Principal Office:

		Post Code:	
Tel:	Fax:		
www:	Email:		

b) Does your Practice s letterhead notepaper refer to any Practice other than your own or any prior Practice which you have disclosed in 2a)? YES / NO

If **YES**, please provide a schedule of these on your HEADER notepaper.



4. Limit of Indemnity

a) Total limit required: £ or £ or £

b) Deductible and/or policy excess required £ or £ or £

c) Do you require a quotation to delete or to reduce your deductible &/or policy excess? **YES / NO**

d) Are you a member of SIMIA? **YES / NO**

e) Please advise the following:

	Premium (excluding tax)	Limit	Current Insurer
Primary Insurance	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Excess layer Insurance	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Deductible 'in-fill' insurance	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>

5. Have you ever been in the Assigned Risks Pool and/or has any Qualifying Insurer refused to offer your Practice terms for your Professional Indemnity Insurance? **YES / NO**

6. Have you ever been late in paying or failed to pay either a professional indemnity premium or policy excess? **YES / NO**

7.

a) Annual gross fees for:

	Previous annual Accounting Period ended / /	Last annual Accounting Period ended / /	Estimated for the next 12 months
UK	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Overseas	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

b) Does any one client or group of clients generate 20% or greater of your annual fees? **YES / NO**

c) Please indicate below fees derived from each overseas office. (These figures are to be included within the overseas figures in Question 7a):

Overseas Office(s)	Last annual Accounting Period ended / /	Estimated for the next 12 months
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Solicitors



d) Gross fees for last accounting period relating to those fees paid by clients with a billing address in the USA, its territories & possessions and Canada:

£

Please provide details of those clients and a brief description of the work undertaken on a separate sheet of HEADED notepaper.

e) Do you give foreign law advice?

YES / NO

If **YES**, please state gross fees for last accounting period together with brief details of these activities on a separate sheet of HEADED notepaper.

£

8. USA / Canada

a) Does the Practice provide any USA/Canada law advice?

YES / NO

If **YES**, please state gross fees for last accounting period together with brief details of these activities on a separate sheet of HEADED notepaper.

£

b) Is/are the Practice(s) represented in any way in the USA or its territories and possessions, or Canada?

YES / NO

If **YES**, please advise

i) by a USA and/or Canadian local office?

YES / NO

ii) by a local representative?

YES / NO

iii) by any other person or concern who holds a power of attorney on your behalf?

YES / NO

iv) by reciprocal client referral agreement?

YES / NO

9.

a) Are you expecting any significant change to or in your Practice during the next 12 months?

YES / NO

b) Is there additional material information which you feel insurers should be aware of?

YES / NO



PARTNERS AND STAFF

1. a) Please advise the following where applicable:

	No of Staff
Partners (including salaried partners held out as Partners):	
Assistant Solicitors (including qualified Consultants):	
Non Solicitor Fee Earning staff (including Fee Earning Trainees & Legal Executives):	
All other staff (including secretarial; excluding domestic, cleaning and catering staff):	
Total No of Staff	

b) How many persons (total number of staff) are employed in your principal office?

c) Please provide a list of all Partners, Assistants and Consultants on a sheet of your headed notepaper with the following information:

Title, Name, Date of Birth, Status (e.g. Partner, assistant, consultant), Full/Part time, Roll No.
(If anyone is a Registered Foreign Lawyer or Registered European Lawyer, please identify)

d) Has and Fee Earner during the last 10 years:

- | | |
|---|----------|
| i) been refused a practising certificate or been granted a conditional practising certificate? | YES / NO |
| ii) been the subject of costs, penalty order or reprimand by the Solicitors Disciplinary Tribunal? | YES / NO |
| iii) practised in a Practice that has been subject to an investigation, or intervention by any regulatory department of the Law Society including the OSS/CCS? | YES / NO |
| iv) been brought before the Solicitor s Disciplinary Tribunal, and/or been the subject of a notification to the OSS/CCS, having been charged with a serious arrestable offence? | YES / NO |
| v) been investigated by any other regulatory body other than the Law Society (e.g. FSA)? | YES / NO |
| vi) or had a civil or criminal judgement (other than minor traffic offences) against him/her? | YES / NO |

e) Has your Practice been in correspondence with and/or received a formal visit from the Investigating Accountant of the OSS/Consumer Complaints Service or any other proper officer of the OSS/Consumer Complaints Service in the past ten years? YES / NO

DIVISION OF WORK

2. a)

Please indicate the approximate percentage of your gross fees for the period representing your last full accounting year that the Practice(s) derive(s) from work where the main interest is:

(Definitions are detailed at the front of this proposal form)

Adjudication / Arbitration / Mediation	%
Agency Advocacy	%
Children Work, Mental Health Tribunal and Welfare	%
Commercial (including company) – Non securities related	%
Commercial (including company) – Securities related – See note 1	%
Conveyancing – Commercial	%
Conveyancing – Residential	%
Criminal	%
Debt Collection (Small)	%
Debt Collection (Large)	%
Defendant Litigation (Insurers)	%
Employment (Non Litigious)	%
Employment (Litigious)	%
Estate Agency, Property Valuation and Property Management	%
Expert Witness / Lecturing Work	%
Financial Advice & Services regulated by the Law Society - See note 2	%
Financial Advice & Services regulated by the FSA - See note 2	%
Immigration	%
Intellectual Property including Patent, Trademark and Copyright - See note 1	%
Landlord / Tenant (Non Litigious)	%
Landlord / Tenant (Litigious)	%
Marine Litigation	%
Matrimonial	%
Oaths and Affidavits and Notary Public	%
Offices & Appointments	%
Parliamentary Agency	%
Personal Injury – Claimant	%
Personal Injury – Defendant	%
Probate and Estate Administration	%
Town & Country Planning	%
Wills, Trust and Tax Planning	%
All other Litigious Work – See note 3	%
All other Non-Litigious – See note 3	%
TOTAL	100%

Note 1 - Please provide brief details of work undertaken on a separate sheet of HEADED notepaper

Note 2 - Please complete the Financial Services Questionnaire

Note 3 - If percentage over 10% give breakdown on your own HEADED notepaper

b) Specialisation

i) Do you specialise by way of undertaking work for any specific type of business activity or for any specific type of group of clients? **YES / NO**

ii) Do you provide management services or investment advice to any entertainment clients or sporting professionals? **YES / NO**

c) Group Litigation and/or Class Actions

In the last six years, has your Practice or any prior Practice accepted instructions for any group litigation and/or class actions or other group litigation, where you have acted for the:

i) Defendant **YES / NO**

ii) Claimant **YES / NO**

d) Mergers and Acquisitions Work

Do you undertake Mergers & Acquisition Work? **YES / NO**

If YES, please confirm:

i) Gross fees for the period representing your last full accounting year

ii) Highest Deal Value

iii) Average typical value in last financial year

e) Claimant Personal Injury Work

i) What is the typical average & largest personal injury claimant settlement during the last 12 months?

Average

Largest

ii) Approximately how many personal injury claimant cases has the firm dealt with during the last 12 months?

iii) Approximately what percentage of claimant personal injury cases have been rejected by the firm during the last 12 months?

e) Continued

iv) Please advise your claimant personal injury work by percentage:

Clinical Negligence	<input type="text"/> %	Class Action	<input type="text"/> %
Road Traffic Act	<input type="text"/> %	Employers/Public Liability	<input type="text"/> %
Occupational Disease	<input type="text"/> %	Other	<input type="text"/> %

v) Has the Practice received either an intimation or a formal claim arising from cases taken on by the Practice under either the TAG or Claims Direct schemes? **YES / NO**

If **YES**, please confirm that such claims have been notified to the Practices professional indemnity insurers: **YES / NO**

vi) Is the Practice a member or ever been a member of any referral network, claims management or promotional group other than The Accident Group (TAG) or Claims Direct? **YES / NO**

If **YES**, please provide a list of all organisations on your own HEADED notepaper.

f) Conveyancing

Please advise the following:

	Residential	Commercial
Approximate no. of transactions in last financial year	£	£
Highest capital value in last financial year	£	£
Average typical capital value in last financial year	£	£

CLAIMS INFORMATION

1) During the last 7 years has your Practice or any prior Practice notified claims or circumstances to The Assigned Risks Pool or to any Qualifying Insurers? YES / NO

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
No. of Claims/circumstances							

(NB: if none state NONE)

2) Are you aware, after full enquiry:

a) of any claims(s) having been made in the last seven years against any Partner whilst in a previous Practices(s)? YES / NO

b) of any circumstances, allegations, contentions or shortcomings including any criticism or your work even though regarded by you as unjustified about any incident in the last six years, which has or may result in any claim being made against the Practice(s), or any Partner, either past or present, whilst they were in the Practice(s), or in any previous Practice(s), or any of the employees? YES / NO

If you have answered **YES** to questions i) and ii), a) or b), please provide full details on your own HEADED notepaper including your opinion on both liability and quantum.

c) of any circumstances, incidents or claims reported by you or any prior Practice in the past six years as a result of the dishonesty of any Partner or employee of the Practice(s)? YES / NO

If **YES**, please provide details of all incidents including how the matter was resolved and the procedures in place to avoid re-occurrence.

*** Please attach a copy of your current SIF claims summary printout(s), for the Practice &/or any prior Practice(s), plus confirmed claims experience from all insurers for each policy period since 1 September 2000.**

3)

a) After full enquiry are you aware of any claims &/or circumstances and/or shortcomings that you have not notified to your previous &/or current insurers? YES / NO

b) Are there any matters notified by your Practice or any prior Practice(s) to SIF or Qualifying Insurers or the Assigned Risks Pool which have not been accepted as an effective notification? YES / NO

PLEASE NOTE THAT YOU ARE OBLIGED TO NOTIFY ALL SUCH MATTERS TO YOUR EXISTING INSURER UNTIL THE END OF THE PRESENT INDEMNITY PERIOD. FAILURE TO DO SO MAY ENTITLE INSURERS TO SEEK REIMBURSEMENT FROM YOU.

RISK MANAGEMENT

What Legal Services Commission Quality Mark or other quality standards e.g. LEXCEL or Investors in People, is your firm currently accredited with? Please Specify:

What date was the practice accredited with the Lexcel Quality Standard

Has a Legal Services Commission Quality Mark ever been withdrawn? If **Yes**, please provide full details. Yes No

Does the practice hold any membership of any speciality Law Society group? Yes No
If **Yes**, please specify:

Does the practice always obtain written references immediately preceding the engagement of an employee or Partner/ Member? If **No**, please provide details on a separate sheet Yes No

Does the practice have a formal performance management system in place, which evaluates (at least annually) all solicitors and other legal staff? If **No**, please provide full details of the appraisal system Yes No

Does the practice have a Management Structure in place? Yes No

Does a designated Supervisor or Partner check all incoming post? Yes No

Does the practice carry out regular audits/reviews on all active files? (Including Partners casework) Yes No

Does the practice have a time recording system? Yes No

Does the practice have a standard Quality Procedure in place which is regularly reviewed and circulated? Yes No

Does the practice have documented procedures in place for Client vetting and identifying conflicts of interest? Yes No

Does the practice have a designated individual responsible for either Risk Management and/or the handling of complaints and/or claims? If **No**, please explain responsibilities on a separate sheet Yes No

Does the practice operate a centralised/departmental diary system with appropriate electronic/manual back up? Yes No

Does the practice make regular checks to ensure that the diary system in which all key dates are entered is being adhered to and the system caters for absenteeism? Yes No

Does the practice have and use a written retainer and engagement letter that complies with Rule 15? Yes No

Please confirm that Partners/Supervisors monitor and/or authorise the giving of all solicitors' undertakings and these are always confirmed in writing and recorded on file. Yes No

Do you have a formal money laundering policy, and has training been provided to all Partners and Staff? If **No**, please provide full details on a separate sheet Yes No

Has there been any change to the internal management structure of the practice in the past 3 years? If **Yes**, please provide details on a separate sheet Yes No

What is the average number of files per Fee Earner?

How often is the client account taken to trial balance?

Please provide full details of the safeguards in place of the signing of cheques issued by the practice:

In the last 6 years has the Law Society qualified the Practices accounts or has the practice subject of an inquiry/investigation as a result of a breach of the Solicitors Accounts Rules? If **Yes**, please provide details on a separate sheet Yes No

Does the practice always receive written confirmation when money is transferred electronically? If **No**, please provide full details on a separate sheet Yes No

Does the practice provide legal services via the Internet or transact business via Internet forums? Yes No

Does the practice have an email or Internet security policy? If **No**, please provide full details on a separate sheet Yes No

CHECKLIST AND ENCLOSURES REQUIRED

- a) Have you signed and dated Proposal Form and any Supplementary Questionnaire? **YES / NO**
- b) Have you attached current SIF Claims Summary Sheet(s) for your Practice and any Practice to which you are a Successor Practice? **YES / NO**
- c) Have you attached a Schedule of all circumstances and claims notified to Insurers post 1st September 2000? **YES / NO**
- d) Have you attached a sheet of your current HEADED notepaper, crossed For Brunel Professional Risks Ltd ? **YES / NO**
- e) Have you attached a list of Partners and Staff? **YES / NO**

Please read the following carefully before signing the declaration:

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

By signing this proposal form you consent to Pinsure Limited 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 person to whom the information relates both to the disclosure of such 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.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

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 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 and may charge an additional premium.

Date:

Signature of Principal:

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

**ADDITIONAL QUESTIONNAIRE
THE ACCIDENT GROUP (TAG)/CLAIMS DIRECT/OTHER CLAIMS MANAGEMENT**

	TAG	Claims Direct	Other:	Other:
1. In how many cases did you succeed in obtaining damages and costs for the client?				
2. How many cases failed completely?				
3. How many cases successfully went through the "change of fact" procedure?		N/A	N/A	N/A
4. How many cases are still ongoing?				
5. How many referrals in total did you accept?				
6. What were the total fees generated by the referrals?				
7. Have your files been audited by the underwriters of any schemes or is an audit proposed?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
8. Have your files been audited by the funders of any schemes or is an audit proposed?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
9. Have you received correspondence from any underwriters and/or funders making or intimating a claim against you in respect of any cases taken on by you under the various schemes?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
If yes, then please indicate the number of letters received and also provide copies. (Enclosures to those letters need not be included.)				
10. Have you received correspondence from the underwriters and/or the funders raising concerns either generally with regard to any of the schemes or specifically with regard to any cases taken on by you under the various schemes?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
If yes, then please indicate the number of letters and also provide copies. (Enclosures to those letters need not be included.)				
11. Please provide copies of any letters sent by you notifying current or prior insurers of any claims or circumstances arising out of work done by you under these schemes. Number of letters attached.				

*Please delete as appropriate

If the notification was via your broker please advise the name of the relevant Insurer(s)

This form must ADDITIONALLY be signed by a partner or director of the firm.

Signature

Date

Print Name



PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION

A large, empty rectangular box with a thin black border, intended for providing additional information.

