

PROPOSAL FORM

IRISH SOLICITORS' PROFESSIONAL INDEMNITY INSURANCE

IMPORTANT NOTICE

Please answer all questions fully, truthfully and to the best of your knowledge and belief as directed by this proposal form.

Please do not answer questions "as before" or "see your records". If there is insufficient space to answer any questions fully, please attach a continuation sheet, making reference to the relevant question.

It is your duty to fully and truthfully disclose to the best of your knowledge and belief, all material facts or facts which may influence insurers' judgement or acceptance of your risk. Failure to do so may prejudice your rights in the event of a claim or result in insurers voiding your policy.

If in doubt, please contact your preferred Miller facility panel broker.

Once completed this proposal form should be signed by a partner, principal, member or director of your business. A copy of the completed proposal form should be retained for your own records.

The completion and signature of this proposal does not bind either you or insurers to complete a contract of insurance.

Insurers hereby deem the questions asked in the proposal form to be their own and sufficient for underwriting purposes unless specified otherwise.

HOW TO COMPLETE THE PROPOSAL FORM:

On your computer:

- 1. Save the blank PDF form on your hard drive
- 2. Complete all fields within the form
- 3. You can save the form on your local drive and return to complete it at any stage
- 4. Make sure that you include all relevant supporting documentation within your submission to avoid processing delays
- 5. After completing the form, attach it and all supporting documentation in an email to your preferred Miller facility panel broker.

By hand:

- 1. Open the PDF
- 2. Print the PDF
- 3. Complete the printed form
- 4. Make sure that you include all relevant supporting documentation within your submission to avoid processing delays
- 5. Post to your preferred Miller facility panel broker.







DATA PROTECTION

Duty of disclosure

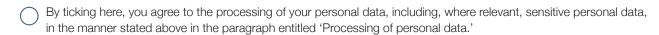
You must act at all times with utmost good faith towards us and insurers. It is your duty to disclose to insurers via us, before the terms of the insurance contract are finalised, all information which is known to you (or which ought to be known to you) in the ordinary course of your business and which is material to the risk. Information is material if it would influence the judgement of a prudent insurer in establishing the premium or determining whether to underwrite the risk. If there is any doubt as to whether information is material, you should disclose it. You should take care to complete this proposal form fully and accurately. The provision of incorrect or incomplete information may result in the denial of your claim or the avoidance of your insurance contract or insurers seeking reimbursement from you. If you become aware that material information that you have supplied before the contract of insurance is finalised was incorrect or has been omitted, you should tell us immediately. The duty of disclosure is a continuing obligation and applies when there are changes in your circumstances which materially increase the risk, or relate to compliance with a warranty or condition in the policy. Any such changes must be notified to us at once. The duty of disclosure is also re-imposed when there are changes or variations in cover and when the policy is renewed or extended.

Processing of personal data

Miller Insurance Services LLP will process your personal data in accordance with the Data Protection Act 1998 and all relevant data protection legislation. By submitting this proposal form you consent to Miller Insurance Services LLP processing your personal data for the purposes of arranging, providing and administering your insurance. This includes collecting and processing sensitive personal data about you where this is necessary. Miller Insurance Services LLP may be required to transfer your personal data to third parties we work with in order to provide your insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Similarly, in the course of administering your insurance, it may be necessary for us to transfer your personal data to agents and service providers appointed by us, and to insurers, (which includes their re-insurers, legal advisers, loss adjusters or agents) solely for the purpose of fulfilling our obligations to you.

Identity verification

In order to ensure compliance with rules imposed on us by relevant UK regulators, we may run fraud prevention checks against the name of your firm, or all or any of the individual partners or members in your firm. We may use this information in order to comply with our regulatory, legal or good governance obligations. We will make checks such as verifying your identity in order to prevent and detect crime, fraud and money laundering. We may disclose your personal data to other companies in the Miller group of companies for the purposes described above. You agree to bring the above notice to the attention of each of your partners or members before completing and submitting this proposal form. Each individual has the right to apply for a copy of their information (for which we may charge a fee) and to have any agreed inaccuracies corrected.







GENERAL DETAILS

	ties to be insured:	
2.	Principal address:	
	Address Line 1	
	Address Line 2	
	Town / City	
	County	
	Law Society Firm Number	
	Website	
	Professional Indemnity Contact Person	
	E-Mail	
	Telephone Number	
3.	Date established (dd/mm/yyyy)	
ļ.	Qualifications of principal(s), partner(s), mem	nber(s) or director(s) of the firm:

Name	Age	Qualification	Date qualified (dd/mm/yyyy)	No. of years in this capacity







GENERAL DETAILS (Continued)

5.	Total number of:		
	Principals / partners / directors / members		
	Fee earners / qualified staff		
	Technical support		
	Administrative / other staff		
6.	Does your firm have any branch offices?	YES	NO C
	i) If YES, is each office supervised on a full time basis by a partner / director / member? If NO, please provide details of their supervision on a separate sheet <a> 	YES	NO C
7.	Is the firm considered a "Successor Practice" to any other practice (as defined in any Minimum Terms and Conditions)? If YES please complete the following:	YES	NO C
	Name of prior practice	Date of incor	rporation
8.	Is coverage required for any individual or principal arising from their position as a partner or principal of a previous firm? If YES, please complete the following:	YES (NO C
	Name		
	Name of previous firm		
	Date of leaving previous firm (dd/mm/yyyy)		







FINANCIAL

- 9. Please provide the following information:
 - i) Gross fees exclusive of VAT for the following periods:

Estimated current financial year	EUR
Last annual accounting period	EUR
Annual accounting period before last	EUR
Annual accounting period but 2	EUR
Annual accounting period but 3	EUR
Annual accounting period but 4	EUR

ii) Geographical split of income for the last annual accounting period:

Republic of Ireland	%
UK & Europe	%
USA (US law)	%
USA (non US law)	%
Rest of World	%
Total	%

iii) For the last annual accounting period, what percentage of your gross fee income was derived from your largest client?

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iv) For the last annual accounting period, what was the gross fee income derived from your largest client?

EUR





BUSINESS ACTIVITIES

10. i) Please provide a full description of all your activities and identify the percentage of income derived from each activity for the last annual accounting period:

Type of work	%
Acting as arbitrator, adjudicator or mediator	
Commercial conveyancing	
Commercial and corporate - securities	
Commercial and corporate - non-securities	
Criminal law	
Debt collection (judgment debts over EUR 10,000)	
Defendant litigious work for insurers	
Employment	
Family (excluding children)	
Financial advice and services	
Immigration	
Intellectual property rights infringement (excluding patent)	
Litigation and arbitration (other)	
Landlord and tenant	
Mergers and acquisitions	
Patent	
Personal injury – defendant	
Personal injury – litigant	
Principal private residential conveyancing (PPR)	
Tax	
Wills, trust and probate	
Other non-litigious	
Other low risk work	
Other work (please state nature and percentage of work):	
TOTAL	100%





ii) Please provide an estimate of your client base:

Client	%
Construction	
Entertainment and sport	
Financial institutions	
Government	
Private client	
Privately held companies (other than above)	
Publicly held companies (other than above)	
Defendant litigious work for insurers	
Other work	
TOTAL	100%

11. Please only answer this question if your firm undertakes or has undertaken personal injury litigant work during the past five years. If not please go to Q12.

i)	Do you identify the limitation period which applies at the outset and are such dates noted on the file?	YES (NO (
ii)	Has your firm ever entered into "no foal (no fee)" arrangements or the like which have led to deductions for solicitor / own client charges?	YES (NO (
iii)	Does your firm use a risk assessment procedure before accepting such arrangements?	YES 🔵	NO 🔘
iv)	Other than where your firm is a sole practitioner, are such arrangements agreed by more than one partner, member or director prior to it being offered to a client?	YES	NO (
v)	During the past five years has your firm been part of any referral network, claims management or promotional group?	YES	NO (
vi)	During the past five years has your firm conducted work for or on behalf of a Trade Union or similar body?	YES 🔘	NO (

vii) Please specify the average and largest settlement on behalf of any claimant in the last five years:

Average settlement	Largest settlement
EUR	EUR







BUSINESS ACTIVITIES (Continued)

during the past five year	ars. If not, please go to Q14.	
i) Since 2000 has more source or referrer?	re than 10% of your conveyancing turnover derived from a single	YES O NO O
ii) Since 2000, has you development or in th	or firm acted for multiple buyers of property in the same ne same building?	YES NO
, ,	iven an undertaking where you are not in a position to fully discharge (including where your firm is not in receipt of stamp duty or stage as)?	YES NO
iv) Did your firm issue un 2009 to 30th Novem	YES NO	
a) If yes, how m	nany? Please specify:	
b) Did you obta	ain additional cover for such transactions?	YES NO
c) Is cover requ	uired going forward (including for past work undertaken by the firm)?	YES NO

12. Please only answer this question if your firm undertakes or has undertaken commercial conveyancing work







BUSINESS ACTIVITIES (Continued)

- 13. Please only answer this question if your firm undertakes or has undertaken commercial conveyancing or residential conveyancing work during the past five years. If not please go to Q14.
 - i) Please complete the following table in respect of fee charges and undertakings issued by your firm:

	Residential conveyancing		Commercial conveyancing		Number of undischarged undertakings	
	Gross Fees (EUR)	Number of transactions	Gross Fees (EUR)	Number of transactions	Residential conveyancing	Commercial conveyancing
Estimate for current year						
Last accounting period						
Accounting period before last						
Accounting period but two						
Accounting period but three						
Accounting period but four						
All other periods						

ii) Please provide for the past five years:

Highest PPR transaction value	EUR	Highest commercial conveyencing transaction value	EUR
Average PPR transaction value	EUR	Average commercial conveyencing transaction value	EUR

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a)	A central	reaister	of undert	akinas?
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YES 1	NO C
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b) Authority to provide undertakings restricted to partner level?

YES ()	NO()
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BUSINESS ACTIVITIES (Continued)

	iv) Since 2000 have fees been received in connection with sub-prime loans?	YES NO
	v) Please provide the names of all the sub-prime lenders the firm has acted for since 2000:	
	vi) Has your firm always followed Law Society Guidelines when issuing undertakings?	YES NO
14.	Does your firm have an executive management team responsible for the day to day running of the business?	YES NO
fΥ	YES:	
	Finance Risk management Compliance Human resources	YES NO O
	ii) How often does your executive management team meet?	
		YES NO
	If NO, please provide details of how the business is managed on a day-to-day basis on a separa	ate sheet
15.	Do you have a designated employee or individual with responsibility for dealing with complaints?	YES NO
16.	Do you undertake a business review and financial planning process on at least an annual basis?	YES NO





RISK MANAGEMENT

17.	Have you achieved any risk management or quality standard? If YES, please advise:	YES NO
	Name of risk management/quality standard	
	Score awarded	
	Date accreditation received	
	Expiry date of accreditation	
18.	Do you have a firm-wide risk management policy/procedures? If YES, please confirm that:	YES NO
	i) These are regularly reviewed and up-datedii) That your staff are made aware of such procedures	YES NO NO YES NO
19.	Do you have formal, written procedures for engaging a new client which include:	
	i) A formal conflict of interest procedure which includes a system of check?	YES NO
	ii) A file opening form to capture all relevant client details?	YES NO
	iii) Complete money laundering and client identity checks?	YES O NO O
	iv) A formal risk assessment to establish whether the matter is within your firm's capability or capacity and as to whether the matter has unusual or high risk factors?	YES NO
	v) A risk assessment signed off by a partner?	YES NO
20.	Do you ensure that all correspondence with clients is kept on file, including e-mail correspondence, telephone notes and attendance notes?	YES O NO O
21.	Do all contracts, confirmations or client care letters contain:	
	i) An outline of the scope of services to be provided?	YES NO
	If YES, if you undertake services for a client which fall outside of the scope of services, do you ensure that an addendum is added to the existing contract to reflect?	YES NO
	ii) An outline of what you expect the client to do and when?	YES NO
	iii) Important dates and implications if these are missed?	YES NO
	iv) The fee basis and an estimate of how much it will cost in total?	YES NO
	v) Service levels and other terms and conditions of business?	YES ONO O



Вι	JSINESS ACTIVITIES (Continued)	
22.	Do you ensure that a copy of agreed contract conditions is retained on file?	YES NO
23.	At the conclusion of a matter do you ensure: i) That all undertakings have been discharged? ii) A copy of all final documents are retained on file? iii) A final statement of account and fee note has been sent to the client?	YES NO YES NO YES NO
24.	Do you operate a key date diary system with back-up?	YES NO
25.	Do you have a file review system, including partner to partner audits?	YES O NO O
26.	Do you offer and promote continual staff training and development?	YES NO
IN	TERNAL FINANCIAL CONTROLS	
27.	Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others?	
	 i) Signing cheques or authorising payments above EUR 25,000 ii) Issuing fund transfer instructions iii) Amending fund transfer procedures iv) Opening new bank accounts or amending approved signatory details 	YES NO YES NO YES NO YES NO
28.	Do you reconcile your accounts on at least a monthly basis?	YES O NO O
29.	Are all fund transfer instructions subject to a verification and authentication process?	YES NO
30.	Can fund transfer payment instructions only be made to accounts which are predetermined as an approved beneficiary?	YES NO
31.	In respect of fund transfer, is the bank required to authenticate the instruction in accordance with a specified mandate before payment is released?	YES NO



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COVER REQUIRED

32.	i) Do you currently purchase PI insurance?		YES NO
	If YES please confirm:		
	Insurer		
	Broker		
	Limit of indemnity	EUR	
	Excess	EUR	
	ii) Has an insurer ever declined to renew, cancelled or voided you Indemnity Insurance?If YES, please provide details:	our Professional	YES O NO O
33.	What limit of indemnity do you require?		
	EUR 1,500,000	YES NO	
	EUR 3,000,000	YES NO	
	EUR 5,000,000	YES () NO ()	
	EUR 10,000,000	YES () NO ()	
	Other (please advise)		
34.	Do you want your policy to extend to provide coverage for claim brought in courts under the jurisdiction of the USA or Canada?	s made or actions	YES NO
35.	Do you have any other specific requirements in respect of the pla	acement of this policy(ies)?	YES O NO O
	If YES please provide details on a separate sheet.		







CLAIMS

36. Has your firm or any preceding practice reported any claim(s), facts(s), event(s) or circumstance(s) which you reasonably expect to give rise to a claim, during the past ten years in relation to professional negligence, defamation, dishonesty or loss of documents?

If YES, please complete the following table and provide details where the insurance reserve is in excess of EUR 10,000.

	Name of qualified insurer/assigned risk pool	Number of claims circumstances	Confirmation details attached (Yes / No)
9 years ago			
8 years ago			
7 years ago			
6 years ago			
5 years ago			
4 years ago			
3 years ago			
2 years ago			
1 year ago			
Current policy year			

37.	After enquiry are you presently aware of any claim(s), fact(s), event(s) or circumstance(s)	
	which you reasonably expect may give rise to a claim, that have not previously been	
	reported to any insurer?	YES NO

If YES, please provide your claims report(s) from all insurers for the firm during the past ten years and all details of any open, reserved, settled or closed claim(s).





DECLARATION

It is your duty to fully and truthfully disclose to the best of your knowledge and belief, all material facts or facts which may influence insurers' judgement or acceptance of your risk. Failure to do so may prejudice your rights in the event of a claim or result in insurers voiding your policy.

If in doubt, please contact your preferred Miller facility panel broker.

I/we declare that the statements and particulars contained in this proposal are true and that I/we have not misstated or suppressed any material facts. I/we agree this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/we undertake to inform insurers of any material alteration to these facts occurring prior to the completion of the contract of insurance.

Signed:	
Position:	
Dated (dd/mm/yyyy):	

After completing the form, attach it and all supporting documentation in an email to your preferred Miller facility panel broker.

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

Miller Insurance Services LLP holds data in accordance with the Data Protection Act 1998.

