



LOCKTON[®]

SOLICITORS PROFESSIONAL INDEMNITY INSURANCE

**SUPPLEMENTARY OVERSEAS
OFFICES QUESTIONNAIRE**

PROPOSAL FORM 2015





Completing the Overseas Offices Questionnaire

An Overseas Offices questionnaire should be filled out for each country/jurisdiction outside England & Wales in which your practice operates. Please note that all questions relate to the practice in that particular country/jurisdiction only.

Please note that this questionnaire forms part of your proposal for professional indemnity insurance and you are reminded of the importance of the notes and declaration on the proposal, which also applies to this questionnaire.

Who should complete it?

The proposal form must be completed by an authorised individual or principal of the firm.

Insufficient space

Should you have insufficient space to answer any questions, please continue on your own HEADED notepaper where you see this symbol  or on the blank 'Supplementary Information' page at the end of the form.

Please Note

Failure to present insurers with information in an appropriate manner may adversely influence the ability of insurers to offer terms.

Submitting your proposal form

You can submit your completed proposal form, along with any supporting information, in the following ways:

EMAIL



solicitors@uk.lockton.com

POST



Solicitors Renewal
Lockton Companies LLP
138 Houndsditch
London, EC3A 7AG
DX 306301 Houndsditch

FAX



0207 933 0915



Important note regarding the completion of this proposal form.

1. Disclosure

Any "material fact" must be disclosed to insurers

- A "material fact" is any information which may influence the judgement of a prudent insurer in deciding whether to accept the risk and if so, on what terms.

Any "material change" must be disclosed to insurers.

- A "material change" is any material fact which arises on renewal or during the currency of the policy that has not previously been disclosed as a material fact. Examples of material changes to material facts include:

- Fraud on the part of any of the Partners and Employees
- A change in the composition of the firm's practice
- Mergers and Acquisitions with other firms
- Conversion to a Limited Liability Partnership

If you are unsure whether a fact or change is material or not, you should disclose it.

Failure to provide all "material facts" and/or notify all "material changes" may cause the contract of insurance to be void from inception i.e. your insurers will return the premium and there will be no cover for any claims made under the policy.

2. Presentation

This proposal form must be completed by an authorised individual or principal of the firm.

All questions must be answered.

If there is insufficient space to provide answers, additional information should be provided on the firm's 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.

3. Guidance

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in (1) or (2) above, please contact an account executive at Lockton.

THE PRACTICE:

1 The Practice:
Practice Name:

Please provide details of all names under which you practice (in respect of the jurisdiction in which you operate only) including all Prior Practices and any other entities for which you are seeking cover:

2 2:1 Principal Office Address:

| | | | |
|-----------|----------------------|----------|----------------------|
| Postcode: | <input type="text"/> | Country: | <input type="text"/> |
| Tel: | <input type="text"/> | Fax: | <input type="text"/> |
| Email: | <input type="text"/> | Website: | <input type="text"/> |

2:2 Do you have any branch offices for which you are seeking cover? YES NO



If 'Yes', please attach a list of these offices giving full addresses.

3 Please provide details of the number of principals and staff:

| | |
|--|----------------------|
| 3:1 Full equity principals | <input type="text"/> |
| 3:2 Salaried principals | <input type="text"/> |
| 3:3 Assistant solicitors | <input type="text"/> |
| 3:4 Non solicitor fee earning staff | <input type="text"/> |
| 3:5 All other staff (excluding domestic cleaning and catering staff) | <input type="text"/> |

FEE INCOME

4 Fee income

Please provide details of your fee income as follows:

| | Previous year 3 | Previous year 2 | Previous year 1 | Last completed year | Projected for this year |
|---|----------------------|----------------------|----------------------|----------------------|-------------------------|
| Annual Gross Fee for accounting year end (dd/mm/yyyy): | | | | | |
| a In your own country | <input type="text"/> |
| b In your country for fees paid by persons, companies, firms or organisations domiciled in the USA and its territories and possessions and Canada (please state if none). | <input type="text"/> |
| c In your country but relating to instructions received from and/or fees paid by clients domiciled overseas excluding (b) | <input type="text"/> |

NATURE OF WORK

| | Estimate (percentage of annual fees) |
|---|--------------------------------------|
| 5 5:1 Work done in connection with the take over or merger of publicly quoted companies and the public issue of stocks and shares | <input type="text"/> |
| 5:2 Corporate and commercial (excluding commercial conveyancing) | <input type="text"/> |
| 5:3 Work for insurance brokers, insurance companies, underwriting agencies and similar organisations (other than handling of claims under insurance policies) | <input type="text"/> |
| 5:4 Property development or property investment company work (including commercial conveyancing) | <input type="text"/> |
| 5:5 Work for merchant banks, finance houses, hire purchase and credit sales organisations and any other concerns providing finance (other building societies) | <input type="text"/> |
| 5:6 Marine Litigation | <input type="text"/> |
| 5:7 Work done in connection with Patent, trademark, copyright | <input type="text"/> |
| 5:8 Criminal Litigation | <input type="text"/> |
| 5:9 Other Litigation | <input type="text"/> |
| 5:10 All other work | <input type="text"/> |
| Total | <input type="text"/> |

- 6 Claims - During the last 10 years is the Proposer aware, after enquiry:
- 6:1 Of any claim having been made against this firm or principal whilst in previous practice(s)? YES NO
-  **If 'Yes', please provide full details including your opinion on both liability and quantum.**
- 6:2 Of any circumstances, allegations or contentions about any incident which has or may result in a claim being made against the firm or any partner, either past or present, or any employee? YES NO
-  **If 'Yes', please provide full details including your opinion on both liability and quantum.**
- 6:3 Of any circumstances, incidents or claims reported by you or any prior practice that has arisen as a result of the dishonesty of any principal or employee of the practice? YES NO
-  **If 'Yes', please provide full details including your opinion on both liability and quantum.**
- 7 7:1 Are you required to purchase specific limits of Professional Indemnity Insurance to comply with any local regulations?
-  **If 'Yes', please provide details of limits and excess.**
- 7:2 Please provide details of the total limit of Professional Indemnity Insurance purchased by the Firm
- Limit of Indemnity:
- Policy Excess:
- Insurers:
- 7:3 Is the Professional Indemnity Insurance policy:
- “losses occurring” or “claims made” *(Select as applicable)*
- 7:4 Is “non admitted” insurance prohibited? YES NO

Data Protection

By signing this proposal form you consent to Lockton Companies LLP using the information we may hold about you for the purpose of providing insurance and 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 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 and insurers (which includes their re-insurers, legal advisers, loss adjusters 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 appropriate, in compliance with the relevant Data Protection legislation. 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.

From time to time, we may disclose personal information (other than sensitive personal data) to other Lockton Companies. We or they may use that information to advise you of our services which may be of interest to you.

If you would prefer not to receive information, please tick this box

| | | | |
|-----------------------|--------------------------------------|-----------------------|--------------------------------------|
| Print Name: | <input type="text"/> | Print Name: | <input type="text"/> |
| Signature: | <input type="text"/> | Signature: | <input type="text"/> |
| | (an authorised individual/principal) | | (an authorised individual/principal) |
| On Behalf of : | <input type="text"/> | On Behalf of : | <input type="text"/> |
| Date: | <input type="text"/> | Date: | <input type="text"/> |

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 questionnaire. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Practice to complete the insurance. We recommend that you 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.

IF A LOCAL POLICY IS PURCHASED, PLEASE ATTACH A COPY OF THE LATEST RETURN/RENEWAL APPLICATION WITH THIS QUESTIONNAIRE

Submitting your form

Please see Page 1 for options for submitting your Questionnaire.

SUPPLEMENTARY INFORMATION

Please provide additional information if required in the section below.

Please reference the question number.



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Need assistance?

Check out our Guidance at www.locktonsolicitors.co.uk/resources

Call us on 0845 0501 471

Lockton Companies LLP is authorised and regulated by the Financial Conduct Authority.

A white line graphic that starts from the left edge, goes horizontally, then diagonally up and right, then horizontally right to the right edge.