

## PROFESSIONAL INDEMNITY POLICY SOLICITORS PROPOSAL FORM

| QUESTIONS   | ANSWERS   |
|---|---|
| Name and address(es) of the Firm.   |   |
| Full name of each Partner, when qualified, ho names(s) of Firm(s) in which he previously previ | ow long practising as a Partner in the Firm, and ractised.    |
| Name When Qualified   | How long practising Previous Firm(s) as a Partner in the Firm |
|   |   |
| 3. Total number of Partners and Staff   |   |
| (a) Partners  | (a)   |
| (b) Staff, other than Typists and Office Boys (Please also provide a named list with the Lawyers along with their registration number in Bar Association)   | (b)   |
| (c) Typists and Office Boys   | (c)   |
| 4. When was the Firm established?   |   |
| 5. Total indemnity required (inclusive of any extensions).  |   |



| 6. If available, does the Firm require:-  |               |
|---|---------------|
| Extension 1 – Libel and Slander   | Extension 1 – |
| Extension 2 – Loss of Documents   | Extension 2 – |
| Extension 3 – Breach of Confidentiality (A sub – limit of €50.000 for each occurrence/period of insurance applies for this extension) | Extension 3 – |
| Extension 4 – Partners' Previous Business   | Extension 4 – |
| (a) Incoming Partners   |               |
| (b) Outgoing Partners   |               |
| Extension 5 – Amendment of Dishonesty<br>Exclusion  | Extension 5 - |
| Extension 6 – Fidelity<br>(Extension 5 is granted only in conjunction<br>with Extension 4)  | Extension 6 – |
| Extension 7 – Insolvency Activities (as per "The Insolvency Practitioners Law of 2015".)  | Extension 7 - |
| 7. If Extension 4(b) (Outgoing Partners) is required please give  |               |
| (a) full names of the former Partners to whom it is to apply, and   | (a)           |
| (b) dates when they ceased to be Partners in the Firm.  | (b)           |
|   |               |



| 8. If Extension 6 (Fidelity) is required please answer the following questions:-   |             |
|--|-------------|
| (a) Amount of insurance required.  | (a)         |
| (b) Have the Firm any Fidelity Guarantee in force at present? If so, please give particulars.  | (b)         |
| (c) Have any insurers ever cancelled or refused to accept or continue any Fidelity Guarantee for the Firm or in respect of any of the Firm's present employees?  | (c)         |
| (d) Have the Firm sustained any loss through<br>the fraud or dishonesty of any employee? Do<br>the Firm know of any fraud or dishonesty at any<br>time of any present or former employee?  | (d)         |
| If so, please give details, and state the precautions taken to prevent a recurrence.   |             |
| (e) Please state whether the Firm's audit  | (e)         |
| (i) complies with the Solicitors' Accounts<br>Rules only, or   | (i)         |
| <ul><li>(ii) embraces all moneys handled by the Firm<br/>including all disbursements both for their<br/>own account and for the account of their<br/>Clients.</li></ul>  | (ii)        |
| (f) Do the Firm always require satisfactory references when engaging employees?  | (f)         |
| (g) Is any employee allowed to sign cheques on his signature alone   | (g)         |
| <ul><li>(i) on the Firm's account.</li><li>(ii) on Clients' account.</li></ul>   | (i)<br>(ii) |
| (h) How often <i>and by whom</i> are the entries in<br>the Cash Books checked with the vouchers and<br>reconciled with the Bank.   | (h)         |
|  |             |
| 9. Has any application for Insurance of this nature made on behalf of the Firm or their predecessors in business or any of the present Partners ever been declined or has any such Insurance ever been cancelled or renewal refused or have special terms been imposed? If so, |             |
| please give full particulars.  |             |



| 10. Have any claims ever been made against the Firm or their predecessors in business or any of the present or former Partners? If so, please give full particulars.  |  |  |
|---|--|--|
| 11. Are any of the Partners, after enquiry, aware of any circumstance which is likely to give rise to a claim against the Firm or their predecessors in business or any of the present or former Partners?  If so please give full particulars. |  |  |
| <ul><li>12.</li><li>a) What was your fee income for the last 12 months.</li></ul>   |  |  |
| b) What is your estimate of fee income for the next 12 months.  |  |  |
| I/We hereby declare that the above statements and particulars are true and that I/We have not suppressed or misstated any martial facts and I/We agree that this Proposal Form shall be the basis of the contract with the Underwriters.        |  |  |
| Name of Firm  |  |  |
|   |  |  |
| * By (Partner)  |  |  |
| Date  |  |  |

st This Proposal Form must be signed by a Partner. Signature of the Form does not bind the Firm or the Underwriters to complete the Insurance.



## Appendix 1

## **PROFESSIONAL ACTIVITIES**

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| 100% |
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