

**You're unique.
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**Professional Indemnity
Insurance for
Solicitors**

Supplementary Personal Injury Questionnaire

(To be completed if you have declared income arising from personal injury claimant work)

Should you have insufficient space to answer any questions, please continue on your own HEADED notepaper

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.

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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.

1. Please advise the current number of cases as a percentage:

Clinical Negligence %

Occupational Disease %

All other personal injury (e.g. RTA, employers' public liability etc.) %

How many open claimant personal injury cases does your practice currently have? %

What was your average personal injury settlement over the last 3 years? £

What was your highest personal injury settlement over the last 3 years? £

Please estimate the percentage of personal injury work (claimant) you currently have in each of the following categories:

Small Claims % Fast Track % Multi Track %

2. Please estimate the number of personal injury cases you currently have where the expected settlement exceeds £250,000

3. Please state the number of fee earners in your practice who undertake or have undertaken personal injury work

	Last completed year	Prior completed year -1	Prior completed year -2
Solicitors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other qualified fee earners	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non qualified fee earners	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. How many fee earners undertaking personal injury work are members of APIL?

5. Do you presently or have you in the last 5 years been part of any referral network, claims management or promotional group? Yes No

If 'YES', please provide name(s) and full details

6. Does the practice vet personal injury cases for a third party? Yes No

If 'YES', please provide full details

7. i) What percentage of your current cases have ATE insurance %

ii) Please provide the names of all ATE insurance providers you deal with or have dealt with in the last two years.

iii) Please name any ATE insurance provider that you place more than 20% of your business with and specify the percentage in each case

iv) Please provide a copy of any standard letter that you have advising clients about the choice of ATE insurer and any commissions, financial incentives or similar that you receive.

8. Have your files been audited or has an audit been proposed by any underwriters or funders? Yes No

If 'YES', please provide details, including copies of all correspondence relating to any audit or proposed audit.

9. Do you receive, or have you received, any time in the last three years, any commission or other financial incentive from any insurer? Yes No
- If 'YES', please provide details
-
10. Do you use any particular provider for expert reports in more than 20% of your cases? Yes No
- If 'YES', please provide details, including identity of provider, percentage of cases and background to the level of instructions.
-
11. What percentage of claimant personal injury work is union funded? %
12. Have you ever been involved in miner's compensation or industrial disease claims or actions Yes No
- If 'YES', please provide details
-
13. Approximately what percentage of personal injury case have been rejected by the practice during the last 12 months? %

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 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 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

Proposer's Declaration

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to insurer's consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed.

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/We hereby consent to the use and disclosure of information including personal data for the purposes of and as set out in the above paragraph entitled "Data Protection".

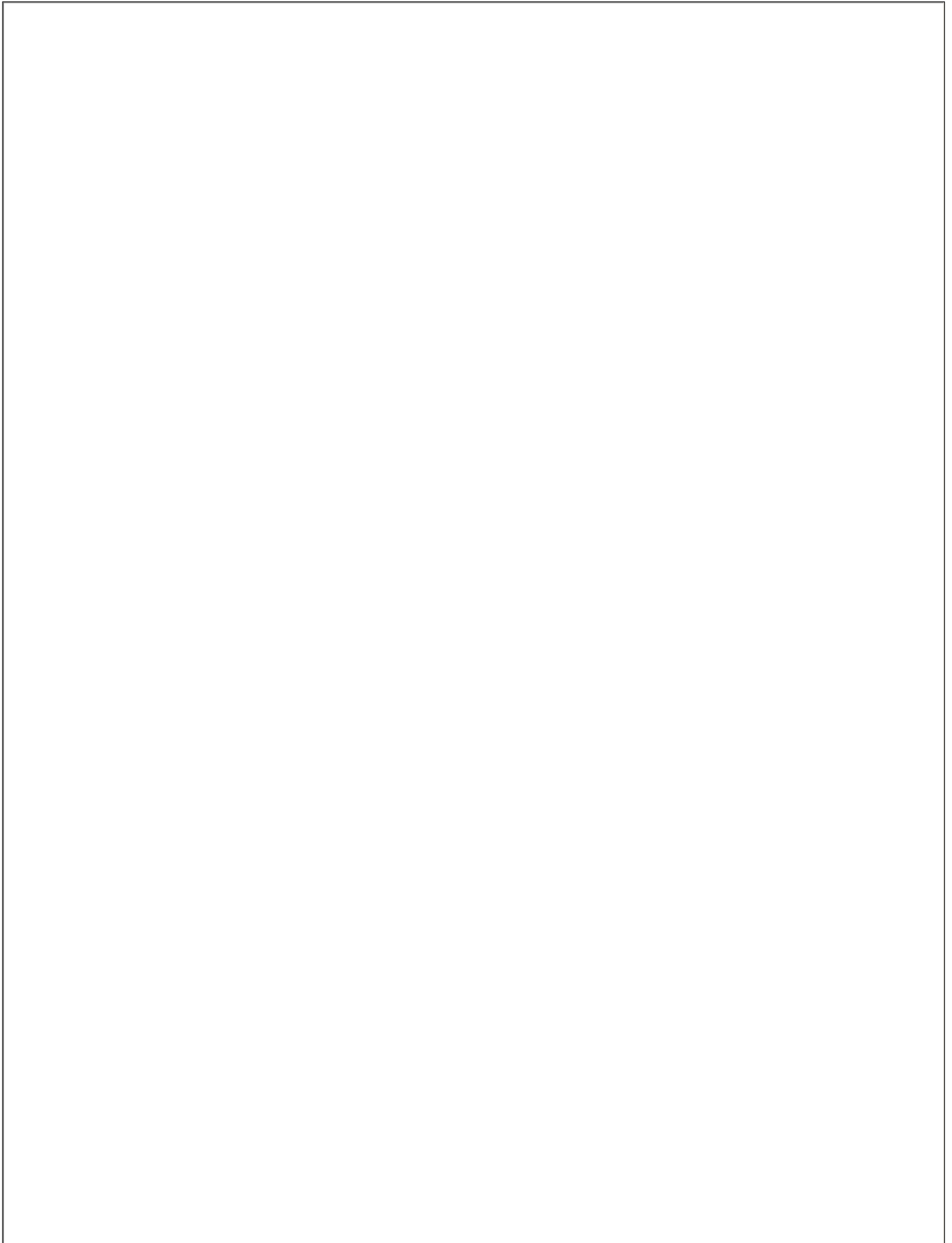
<p>Print Name: <input style="width: 100%;" type="text"/></p> <p>Signature: <input style="width: 100%;" type="text"/></p> <p style="text-align: center;">(an authorised individual/principal)</p> <p>On Behalf of: <input style="width: 100%;" type="text"/></p> <p>Date: <input style="width: 100%;" type="text"/></p>	<p>Print Name: <input style="width: 100%;" type="text"/></p> <p>Signature: <input style="width: 100%;" type="text"/></p> <p style="text-align: center;">(an authorised individual/principal)</p> <p>On Behalf of: <input style="width: 100%;" type="text"/></p> <p>Date: <input style="width: 100%;" type="text"/></p>
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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.

APPENDIX 1

Additional space if required

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing additional space if required.

Have you signed and dated the proposal form?

OUR MISSION

To be the worldwide value and service leader in insurance brokerage and risk management

OUR GOAL

To provide the most uncommon results and service in a most common business



Lockton Companies LLP

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