

RETURN TO:
BLACKFRIARS GROUP, 6 CONGLETON ROAD, SANDBACH, CHESHIRE, CW11 1HN
Telephone 0161 932 1024 Facsimile 01270 527588 - Email solicitors@blackfriarsgroup.co.uk

2009/10 Solicitors Professional Indemnity Insurance

Instructions

- Please provide a full answer to every question.
- A Principal/Partner/Director/Member must sign and date this form and any separate sheets on behalf of the firm having consulted to ensure that the answers given are true and complete.
- Please include with this form a sheet of your current **HEADED NOTEPAPER**, which can also be used to supplement areas where you may have insufficient space to answer a question.
- S.R.A: The Solicitors Regulation Authority
- Principal includes Partners, Members, Directors

Name and Address Details

Practice name Main Office S.R.A Registration Number

Main office address
 Post Code

Main office telephone number Main office fax number

Practice website Primary contact E-mail address

Date established Is your practice an LLP or a company registered with Companies House? Yes No

Do you have any other offices, other than the main office listed above, for which you are seeking cover? Yes No

If **Yes**, please list the addresses on a separate sheet. If there is no resident Partner/Principal/Member/Director at these offices, please identify the office concerned and explain how the office is supervised.

Prior Practices

List, using a separate sheet if necessary, the names of all prior practices to which this practice has become a successor practice in the last 15 years and any names that the practice has previously traded as.

Name of Practice	Date Established	Date of Succession
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have any of the listed practices reported claims or circumstances in the last 6 years? Yes No

If **Yes**, please provide copies of claims information from other Qualifying Insurers or the Assigned Risks Pool for all circumstances and claims reported since 01/09/2003.

Solicitor Details

Provide all information requested for every Principal, Partner, Director, Member, Assistant and Consultant who will be employed by your practice as at the inception date of the Policy. If anyone listed is a Registered Foreign Lawyer or Registered European Lawyer, please note RFL or REL alongside solicitor's status. If you are a newly established practice, please enclose Curriculum Vitae for every Principal/Member in your practice, your Business Plan and Cash Flow Statement.

Title	Solicitor's full name	Date of birth	Solicitor's status (Principal/Member/Assistant /Consultant etc)	Office Location	Full/Part time	Year of Qualification	Roll Number

Non Solicitor Principals

On a separate sheet please provide information for every non-solicitor Principal, Partner, Member, or Director. (Title, full name, date of birth, role within firm, full time or part time, regulatory body, fee earning or non-fee earning)

Does any Principal, Partner, Member, Director or other fee earner also work for any other law firms or businesses? Yes No

If yes please provide details on a separate sheet.

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Total Staff

Total number of Partners, Principals, Directors or Members

Total number of Assistants, Associates and Consultants

Number of non- solicitor fee earning staff including Trainee Solicitors . (Please state if None)

Number of all other staff, inc. Secretarial. (Please state if None)

Practice Fees

Please state the gross fees received for past financial year and estimates for current and forthcoming years emanating from:

	PAST YEAR ENDING / /	CURRENT YEAR ESTIMATE / /	FORTHCOMING YEAR ESTIMATE / /
A) England and Wales, excluding Fees declared in Section D below	£	£	£
B) USA and its territories and Possessions and/or Canada*	£	£	£
C) Elsewhere excluding USA and its territories and possessions and/or Canada (specify countries on a separate sheet)	£	£	£
D) England and Wales or elsewhere for persons, companies, firms or organisations based in the USA or its territories and possessions and/or Canada*	£	£	£
* Please provide full details of these clients, the work undertaken for them and whether the work involved advice on UK, US or Canadian law.			
TOTAL FEE INCOME	£	£	£

Please state average Gross Fees for the last 5 years £

Is the Practice represented in any way in the USA or its territories and possessions and/or Canada? Yes No

Largest Clients and Client Types

Does any one client, group of clients or any referral source generate 20% or more of your annual fees? Yes No

If **Yes**, please provide full details of the nature of your client's or referrer's business, the work undertaken and the Gross Fees billed to each client or referrer on a separate sheet.

Please state percentage totalling 100% of gross fees arising from the categories of clients listed below:

Public Quoted Companies (Takeover & Merger & Share Issue work only) %

Merchant Banks, Finance Houses, Hire Purchases and Credit Sales and other concerns providing Finance (other than Building Societies) %

Property Developers or Property Investment Companies (including their commercial conveyancing) %

Sub- Prime Lenders %

Insurance Brokers, Insurance Companies, Underwriting Agencies and similar organisations (other than handling of claims under insurance policies) %

All other clients %

Total **100 %**

Has your Practice or any Prior Practice ever: (If **Yes** to any of the below questions, please provide details on a separate sheet)

Provided management services or investment advice to any entertainment clients or sporting professionals? Yes No

Accepted instructions for any class actions or other group litigation? Yes No

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Area of Practice

Please provide the percentage of gross fees allocated to each area of practice for the past financial year or, if a new practice, estimated percentages for the coming year.

Area of practice, Rounded to the nearest whole percentage	%	Area of practice, Rounded to the nearest whole percentage	%
1. Administering oaths, taking affidavits and notary public		20. Matrimonial/Family	
2. Agency Advocacy		21. Non-litigious work other than given in any other category (Please provide details)	
3. Acting as an Arbitrator, Adjudicator or Mediator		22. Offices and Appointments	
4. Children, Mental Health Tribunal and Welfare		23. Parliamentary Agency	
5. Commercial Litigation		24. Personal Injury – Claimant	
6. Commercial/Corporate Work (excluding work relating to Public Companies)		25. Personal Injury – Defendant	
7. Conveyancing – Commercial		26. Probate and Estate Administration	
8. Conveyancing – Residential		27. Property Selling, Valuations and Property Management	
9. Criminal Law		28. Town and Country Planning	
10. Debt collection (low risk not exceeding £10,000)		If you indicate a percentage in any of the areas below (***), please provide full details on a separate sheet or for 29 please complete our FSA Questionnaire	
11. Debt Collection (high risk other than detailed above)		29. ***Financial Advice and Services Work – where the Firm has opted into regulation by the Financial Services Authority	
12. Defendant litigious work for insurers		30. ***Commercial/Corporate Work for Public Companies	
13. Employment – contentious		31. ***EC Competition Law and Human Rights Law	
14. Employment – non contentious		32. *** Intellectual Property Work: including patent trademark or copyright	
15. Financial Advice and Services Regulated by the S.R.A		33. ***Marine Law – Litigious	
16. Immigration		34. Wills, Trusts and Tax Planning	
17. Landlord and Tenant		35. ***E-commerce and/or Information Technology Work	
18. Lecturing and Related Activities and Expert Witness work		36. ***Mergers and Acquisitions including Management Buy-outs and Buy-ins	
19. Litigious work other than given in any other Category (Please provide details)		TOTAL	100%

Merger and Acquisition Work

Is all merger and acquisition work undertaken for UK companies?
(If **No**, please provide details on a separate sheet)

Not Applicable Yes No

Please specify the approximate number of transactions in the past year

Please specify the highest transaction value in the last 5 years

£

Please specify the average transaction value in the last 5 years

£

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Financial Services Work

Has your Practice or any Prior Practice ever:

Undertaken any regulated activities as defined in the Financial Services and Markets Act 2000 or acted as an introducer in respect of such regulated activities?

Yes No

Undertaken work in relation to selling or advising on any mortgage endowment policies since 1st April 1991?

Yes No

In the last twelve months on how many occasions has your practice or any prior practice advised on Equity Release Plans?

If you have answered **Yes**, to any of the above the attached Financial Services Questionnaire will need to be completed

Personal Injury Work

Please specify the highest settlement on behalf of a claimant in the past 5 years

£

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

Does the practice operate &/or offer Conditional Fee Arrangements?

Yes No

What percentage of Gross Fees billed is attributable to Conditional Fee Arrangements?

Current Year %

Past Year Ending %

Previous Year %

What percentage of such arrangements do you win and what is your average fee?

Average Fee £

Current Year %

Past Year Ending %

Previous Year %

How many arrangements did you start?

Current Year

Past Year Ending

Previous Year

How many arrangements did you complete?

Current Year

Past Year Ending

Previous Year

Does one or more partner(s) agree to each CFA before it is offered to the client?

Yes No

Do you use a standard written assessment procedure before accepting such arrangements?

Yes No

Have any such arrangements been found to be unenforceable?

Yes No

If **Yes** please provide full details

What is the typical average and largest personal injury claimant settlement in the last 12 months?

Average £

Largest £

Please provide a percentage breakdown of the Gross Fees billed in respect of the following claimant Personal Injury work undertaken by the practice

Multi Track %

No Win No Fee Claims %

Small Claims %

Fast Track %

All other claims % (Please provide full details on a separate sheet)

Has the practice reviewed all Vibration White Finger, Bronchitis and Emphysema or other Industrial disease scheme cases and complied with scheme deadlines for logging claims? (If **No** please provide details on a separate sheet)

Yes No

What percentage of your work do you undertake for After the Event Insurers?

What percentage of your work is backed by Legal Expenses Insurers?

Do you undertake work for / are you part of any work referral network, claims management or promotional group?

Yes No

If **Yes** please provide the names of the companies and complete the attached Claims Management Questionnaire:

Has your practice, or any prior practice, ever accepted instructions for any Personal Injury class action or group litigation? If **Yes**, give full details on a separate sheet.

Yes No

Conveyancing Work

Please also complete the integral conveyancing questionnaire. Please provide details of the following:

	Residential	Commercial
The highest value in last 12 months	£ <input type="text"/>	£ <input type="text"/>
The average value in last 12 months	£ <input type="text"/>	£ <input type="text"/>

Does the practice undertake conveyancing transactions outside the local area?
 If **Yes**, please provide details on a separate sheet Yes No

Does the practice intend to produce Home Information Packs for anyone other than where the firm is acting for the vendor? Yes No

Practising Certificate

In the last 10 years has any Principal or fee-earner in the practice:

- | | | |
|--|------------------------------|-----------------------------|
| • ever been refused a practising certificate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • ever been granted a conditional practising certificate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • had an award for inadequate professional service made against him or her by the Legal Complaints Service or the former CCS or OSS or entered into any regulatory settlement agreement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • practised in a firm subject to an investigation/intervention by the Law Society or S.R.A? (incl. LCS, OSS or CCS) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • had a civil or criminal judgment against him or her? (excluding traffic offences) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • been investigated by any regulatory body other than the Law Society or S.R.A (e.g. FSA, Council of Licensed Conveyancers, ILEX)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Has the firm been the subject of a monitoring visit from the Solicitors Regulation Authority in the last three years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Has the firm been the subject of any visit or enquiry from the Forensic Investigation Unit in the past three years or has notice of any proposed visit or enquiry been given? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please provide full details on a separate sheet and include a copy of all reports & relevant correspondence issued by the SRA, LCS, former CCS or OSS, Forensic Investigation Unit, Disciplinary Tribunal and/ or any regulatory body.

Claims and Circumstances

Has your practice, or any prior practice, reported any circumstances or claims to the Assigned Risks Pool or to Qualifying Insurers in the:

Insurance Year 2003 – 2004	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Year 2004 – 2005	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Year 2005 – 2006	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Year 2006 – 2007	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Year 2007 – 2008	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Year 2008 – 2009	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, to any of the above insurance years please provide with this form claims information from other Qualifying Insurers or the Assigned Risks Pool for all circumstances or claims reported since 01/09/2003 by your practice and any practice to which you are a successor practice.

Have any circumstances or claims reported by your practice or any prior practice in the past five years arisen as a result of the dishonesty of any principal, member or employee of the practice?

Yes No If **Yes**, please provide details of all incidents including how the matter was resolved and the procedures/processes in place to avoid re-occurrence.

After making full enquiry of all principals, members and employees in your practice, are you aware of any circumstances or claims that you have **not** reported to your current or any prior insurers?

Yes No If **Yes**, please explain on a separate sheet

Please note that you have an obligation under your current professional indemnity policy to notify these matters to your current insurer and we shall ask you to confirm that you have done so before cover can be put in place.

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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 2.02 of the Code of Conduct?

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?

Yes No

If **No**, please provide full details on a separate sheet

Has there been any change to the internal management structure of the practice in the past 3 years?

Yes No

If **Yes**, please provide details on a separate sheet

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?

Yes No

If **No**, please provide full details on a separate sheet

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?

Yes No

If **No**, please provide full details on a separate sheet

Please provide the name and status of the person responsible for risk management in your firm.

Name: _____ Status: _____

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Requested Cover

Limit of Indemnity (any one claim)

Option 1 £

Option 2 £

Option 3 £

Excess (each and every claim)

Option 1 £

Option 2 £

Option 3 £

Do you require an Aggregate Excess?

Yes No

The minimum cover required is £2 million for a partnership or £3 million for LLP's and companies registered at Companies House.

Current coverage

Has your practice or any prior practice ever been in the Assigned Risk Pool?
 If **Yes**, please explain on a separate sheet

Yes No

Has any Qualifying Insurer refused to offer your practice or any prior practice terms for professional indemnity insurance? If **Yes**, please explain on a separate sheet

Yes No

Have you ever failed to meet an Indemnity premium and/or Excess?
 If **Yes**, please explain on a separate sheet

Yes No

Current insurer	Broker	Premium	Limit	Excess
		£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Significant Change

Has there been any significant change in your practice in the last year or do you expect any significant change in the coming year?

Yes

No

If **Yes**, please explain on a separate sheet

Other Material Information

Is there any other material information that may be relevant to this application?

Yes

No

If **Yes**, please explain on a separate sheet

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The Accident Group (TAG)/Claims Direct/other claims management companies – Additional Questionnaire

	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. Out of the cases that failed, how many failed at litigation?				
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.)				
12. 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 be signed by a partner/ principal or member of the firm.

Signature

Date

Print Name

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Financial Services Questionnaire

Fees from financial services work

Please specify the percentage of this income derived from the following:

	Last financial year when FSA work was carried out		Current financial year	
Investment in Unit Trusts or Investment Trusts				
• UK		%		%
• Offshore including Channel Isles and Isle of Man		%		%
Investment in Insurance Bonds				
• UK		%		%
• Offshore including Channel Isles and Isle of Man		%		%
Investment in Listed/Unlisted Securities				
• UK		%		%
• Offshore including Channel Isles and Isle of Man		%		%
Investment in Commodities		%		%
Investment in Bonds		%		%
Investment in Tangibles (eg. fine art)		%		%
Institutional Fund Management		%		%
Split Capital Investment Trusts		%		%
Endowments including Mortgage Endowments		%		%
Pensions and Free-standing AVC's		%		%
Life Assurance Products including whole of life plans		%		%
Corporate Finance		%		%
Home Income Plans/Equity Release Schemes		%		%
Other (please give full details)				
		%		%
		%		%
		%		%
Total:		100%		100%

Do you manage or have you managed any discretionary portfolios on behalf of any client? (if **yes**, please provide a detailed explanation below)

Yes No

On what categories of investment business are you or were you authorised by the FSA to provide advice?

Has your firm ever been the subject of a complaint made to the Financial Ombudsman Service or any equivalent professional organisation? (if **yes**, please provide a detailed explanation below)

Yes No

Does your firm undertake any activities which are defined in the Insurance Mediation Directive 2002/92/EC and are subject to the Directive's Professional Indemnity Insurance (PII) requirements?

Yes No

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Pension Transfers and Opt-Outs, Free-standing AVC's, Mortgage Endowments and Split Capital Investment Trusts

(a) **Has your firm at any time given advice on, or been involved in arranging Pension Transfers/Opt-Outs/Non-Joiners?** Yes No

If **Yes**, in what capacity did your firm act?

As a Financial advisor providing advice to clients? Yes No

As an introductory agent only for a permitted Third Party Yes No

Please also provide details of:

Gross fees (including commission) received from these activities £

Number of pension cases dealt with by your firm

How many cases have been reviewed by your firm?

How many cases are yet to be reviewed?

How many Review cases require redress?

What is the average redress for these cases? £

(b) **Has your firm at any time given advice on, or been involved in arranging Free-Standing Additional Voluntary Contributions (FSAVC's)?** Yes No

If **Yes**, please complete the following:

How many FSAVC's were effected in total?

What is the average contribution in respect of these FSAVC's? £

How many cases require Review within the stipulations of the FSA?

How many Review cases require redress?

What is the average redress for these cases? £

(c) **Has your firm at any time given advice on, or been involved in arranging Mortgage Endowments?** Yes No

If **Yes**, please provide the details of:

Gross fees (including commission) received from these activities £

Number of policies arranged

Any compensation paid in respect of these activities £

(d) **Has your firm at any time given advice on, or been involved in arranging Split Capital Investment trusts?** Yes No

If **Yes**, in what capacity did your firm act?

As a financial advisor providing advice to clients Yes No

As an introductory agent only for a permitted Third Party Yes No

Please also provide details of:

Gross fees (including commission) received from these activities £

Percentage relating to investment in Zero Dividend Shares? %

Percentage relating to investment in Income Shares? %

Percentage relating to investment in Capital Shares? %

(e) **Has your firm at any time given advice on, or been involved in arranging Payment Protection Insurance (PPI)?** Yes No

Number of policies pre 14 January 2005

Number of policies post 14 January 2005

This form must be signed by a partner/principal or member of the firm.

Signature

Date

Print Name

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Endowment Questionnaire

For completion if the practice writes or has in the past written any endowment policies (including low cost or low start policies) linked to mortgages.

Endowment Sales

1 Please state the number of policies sold, fees and largest and average mortgage values against which endowments were arranged in the following years:

Year	Total number Sold	Total Fees	Largest	Average	Regulator(s)
1986-1990					
1991					
1992 to present					

2 Were written records always kept including 'fact finds' and 'reasons why' letters or equivalent? Yes No

3 What proportion of endowments were written with the maturity date beyond the retirement date of the individual? %

4 Were assumed growth rates in line with the regulators guidelines? Yes No

5 Has the firm received any responses to the warning letters or annual reviews issued by the life companies? Yes No

6 Has the practice ever been a tied agent or an appointed representative? Yes No

7 Has the practice advised intending investors (and documented on file) that:

a) an endowment cannot be guaranteed to pay off any mortgage loan at maturity? Yes No

b) other forms of mortgage repayments are available which meet the client's needs? Yes No

c) an endowment policy involves an investment risk? Yes No

8 Has the firm complied with all relevant regulatory requirements in respect of each sale? Yes No

9 What is the earliest date of the endowment files that you are currently storing in closed files:

All questions require explanation where appropriate

This form must be signed by a partner/ principal or member of the firm.

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Conveyancing Questionnaire

This questionnaire must be completed if at any time in the last three financial years gross fees for your firm have been derived from ANY conveyancing work including remortgages (residential and/or commercial). Continue any explanations on a separate sheet where necessary.

In ALL three of the last three financial years, was the gross income derived from residential and/or commercial conveyancing work (including remortgages) less than 20% of the total? YES NO

1. Please state the number of fee earners in your firm who undertake or have undertaken conveyancing work.

	2009	2008	2007
Solicitors			
Other qualified fee earners			
Non qualified fee earners			

2. Please fill in the below table in relation to *residential conveyancing*:

	Annual as at last financial year end.	Annual as at prior financial year end.
Gross fees		
Number of Transactions		
Percentage of transactions relating to remortgage work		

3. Please fill in the below table in relation to *commercial conveyancing*:

	Annual as at last financial year end.	Annual as at prior financial year end.
Gross fees		
Number of Transactions		

4. In any of the last three years have more than 10% of your conveyancing instructions originated from any development or from any one client or referrer, e.g. a mortgage broker, developer, financial advisor, estate agent? If 'yes' please provide full details Yes No

5. Estimate what percentage of all your conveyancing instructions in each of the last three complete financial years relates to the purchase of buy to let properties?

6. a) What identity checks do you carry out on conveyancing clients?
 b) How do you comply with lender requirements on verification of identity?

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7. Over the last three years what safeguards have you had in place to ensure that any information indicative of mortgage fraud (eg back to back transactions, discounts, incentives) is:

- a) Identified; and
- b) Reported to lender clients

8. On approximately how many occasions in the last 12 months have you received requests for conveyancing files from lenders? Please provide full details including the name(s) of the lender(s).

9. Have you been suspended or removed from any lender panel in the last 12 month?
If 'Yes' please provide full details including the name(s) of the lender(s).

Yes No

10. How do you ensure you establish the net price paid for a property when acting on behalf of the purchaser? i.e. incentives etc.

11. Does a partner directly supervise all residential conveyancing transactions undertaken by the firm and conduct file audits on residential conveyancing files including partner to Partner?
If 'No' please provide details

Yes No

Signed (Partner/Member/Director) :

Date:

RETURN TO:
BLACKFRIARS GROUP, 6 CONGLETON ROAD, SANDBACH, CHESHIRE, CW11 1HN
Telephone 0161 932 1024 Facsimile 01270 527588 - Email solicitors@blackfriarsgroup.co.uk

Declaration

DATA PROTECTION WORDING APPLYING TO ALL FORMS COMPLETED FOR BLACKFRIARS

Your Information

Blackfriars Insurance Brokers Ltd will process your data in accordance with relevant data protection legislation. Your data will be passed to insurers so that they can assess and provide you with a quote (or cover) if applicable. To help us to continually improve our service and in the interests of security, we may monitor and/or record your telephone calls with us.

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help **insurers** to check information provided and also prevent fraudulent claims. When **insurers** deal with **your** request for insurance, they **may** search the register. When **you** tell **insurers** about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, they will pass information relating to it to the register. **You** can ask **insurers** for more information about this. **Insurers** may also pass **your** information to reinsurers and/or loss adjusters.

Under data protection legislation in the UK, you can make a written request for a copy of certain personal records held about you and have any inaccuracies corrected. A charge may be made for this service.

By signing this form **you** are confirming that **you** have read and accepted the information and terms set out above. Where the information referred to relates to other individuals (for example other people covered by a policy) **you** are also confirming that **you** are authorised by them to confirm acceptance on their behalf

IMPORTANT NOTICE CONCERNING DISCLOSURE AND DECLARATION

It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

I/We declare on behalf of the firm(s) that the statements and particulars in this declaration are true and that I/We have not mis-stated nor suppressed any material facts. I/We agree that this declaration, 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 before completion of the Contract of Insurance.

I/We accept that any deliberate misrepresentation of facts declared on this proposal form may be referred to The Legal Complaints Service or SRA.

I/We understand that if my Practice acquires, merges with or absorbs another Practice during the period of insurance, the insurer will require similar information in relation to that Practice and may charge an additional premium.

Signature of Partner/ Principal/ Member/Director

Date

Print Name

Document Checklist

Before posting please ENSURE that you have included the following documents:

- This form fully completed, signed and dated.
- A sheet of your firm's current **HEADED NOTEPAPER**, crossed 'FOR BLACKFRIARS INSURANCE BROKERS'

And, if applicable, please provide the following:

- Full details for all circumstances, incidents or claims reported to Qualifying Insurers or the Assigned Risks Pool by your firm and any firm to which you are a Successor practice.
- If you are a newly established practice, a Curriculum Vitae for every Partner of the firm and a business plan.
- A copy of all reports issued by the SRA, Legal Complaints Service or the former CCS or OSS, Solicitors Disciplinary Tribunal and/ or any regulatory body.