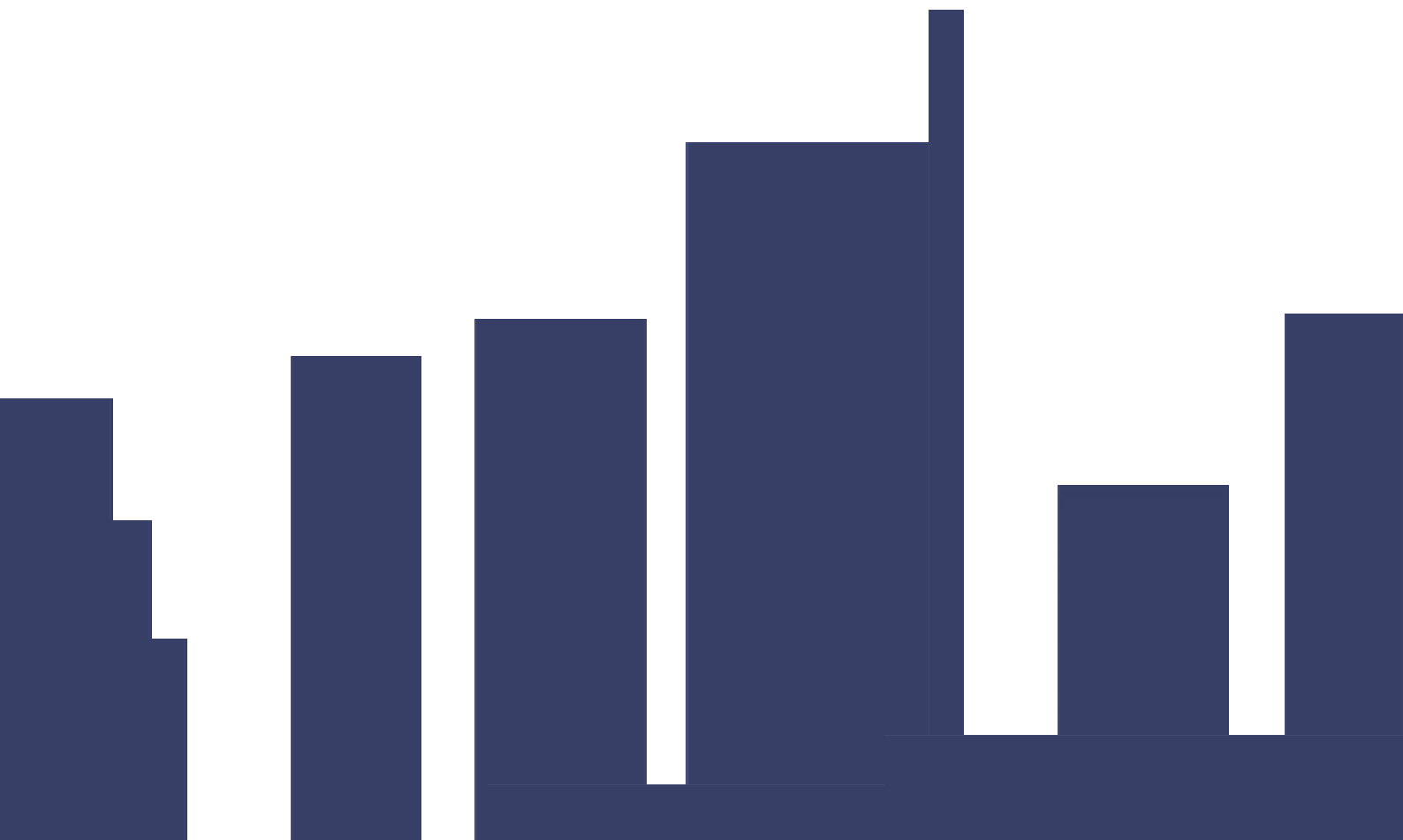


# Management Liability for Solicitor Partnerships

Proposal form



# Management Risks Insurance for Partnerships – Solicitors

**Note to the Applicant:** Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing to complete this insurance. Please provide by addendum any supplementary information which is material to the response of the questions herein. All answers should be given as a group response i.e. if any subsidiary company has different responses these should be provided separately.

## Policyholder Details

1. Policyholder : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Website address : \_\_\_\_\_  
 Date policyholder established : \_\_\_\_\_  
 Business activities of policyholder and its subsidiaries : \_\_\_\_\_

2. Please list all offices, other than the address above, which you are seeking cover for:

Address:

Is there a Resident Partner?


If there is no Resident Partner in a branch office please explain how that office is supervised:

## Partners, Members, Directors & Officers Insurance and Partnership Insurance

3. During the last five years has:
- (a) The name of the policyholder been changed? – Yes/No
  - (b) Any acquisition, merger or divestitures taken place? Yes/No
  - (c) The capital structure of the policyholder changed? Yes/No

**If Yes to any of the above, please give details under separate attachment.**

4. (a) Has the policyholder publicly revealed that it has under consideration any acquisitions, offers or mergers? Yes/No
- (b) Are there any proposals of which the policyholder is aware relating to its acquisition by any other company? Yes/No
- (c) Is the Firm currently planning any succession, merger or acquisition of or with another Firm within the next 12 months? Yes/No

**If Yes to any of the above, please give details under separate attachment.**

# Management Risks Insurance for Partnerships – Solicitors

5.	Please state the numbers of staff below:	
	Equity Principals:	
	Salaried/ Fixed Share Principals:	
	Other Solicitors:	
	Legal Executives:	
	Other Non-Solicitor Fee Earners:	
	All other staff (including secretarial):	

6. Please state income for the last 3 years and an estimate for the forthcoming year:

	20____	20____	20____	(Estimated) 20____
UK (inc ROI)	£	£	£	£
Europe	£	£	£	£
USA	£	£	£	£
Elsewhere	£	£	£	£
<b>Total</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>

7. Has the policyholder and/or any of its subsidiaries (and/or any partner, member, director, officer or other insured person of the policyholder or of such subsidiary) been involved in any claims or investigations that might have been covered by this policy had it been in force? Yes/No

**If Yes to any of the above, please give details under separate attachment.**

### Employment Practices Insurance (only complete if this cover is required)

8. During the last 24 months has the policyholder or any of its subsidiaries made any redundancies, staff reductions or office closures or do any of them anticipate or contemplate doing so in the next 12 months? Yes/No

**If Yes, please give details under separate attachment.**

9. Do the policyholder and its subsidiaries all have written procedures in place regarding:

- (a) Discipline and termination of employment? Yes/No
- (b) Preventing discrimination and harassment? Yes/No
- (c) Handling complaints of harassment, including sexual harassment and discrimination? Yes/

**If No to any of the above, please give details of how this function is handled:**

10. Please provide details of all employment lawsuits and proceedings (e.g. tribunal proceedings, etc.) commenced during the past 3 years. Describe the type of allegation and defence costs or settlement for each:

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# Management Risks Insurance for Partnerships – Solicitors

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## **Employee Crime, Crime using Computers & Social Engineering Crime (only complete if this cover is required)**

11. Do the policyholder and its subsidiaries all:
- (a) Have an established policy for checking the background of job candidates prior to their being offered employment? Yes/No
  - (b) Operate the principle of dual control regarding all payments, including the drawing and signing of cheques and use of electronic funds transfer? Yes/No
  - (c) Have a process in place where unusual payment instructions purporting to come from the senior management are followed up by call backs to senior management at a previously known and pre-designated phone number to confirm payment instructions and check authenticity? Yes/No
  - (d) Have a process in place where instructions to change bank account details, or to pay into a different bank account, purporting to come from vendors and suppliers are followed up by call backs to vendors and suppliers at a previously known and pre-designated phone number to confirm instructions to change bank account details and check authenticity? Yes/No
  - (e) Vet new suppliers? Yes/No

## **Cyber Security**

12. Does the policyholder and its subsidiaries collect, store or process personally identifiable or other confidential information? Yes/No
- If 'yes' how many records are held, including but not limited to, prospective, current and former customers, business partners and employees?
13. Has the policyholder and its subsidiaries implemented a written information security policy? Yes/No

# Management Risks Insurance for Partnerships – Solicitors

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## General Information

14. In the last 5 years, has any person or organisation to be insured by the policy given notice to an insurer of any claim (or circumstance which could give rise to a liability claim) or any other insured situation under any policy affording cover of the following type:

Members, Directors & Officers Insurance and Corporate Insurance Yes/No  
Employment Practices Insurance Yes/No  
Employee Crime, Crime using Computers and Social Engineering Crime Yes/No  
Cyber Security Yes/No

**If Yes, has been answered to 14 above, please attach a statement of full details.**

15. After enquiry, is any person or organisation proposed for cover aware of any facts or circumstances which might lead to a valid claim by any insured under any part of the Policy which is sought or indicate the probability of such claim? Yes/No

**It is agreed that if known facts or circumstances exist any matter arising from them is excluded from the proposed cover.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Signatory:** \_\_\_\_\_

**Title of Signatory:** \_\_\_\_\_

**Warning** It is important that, when applying for the Policy, the applicants tell the insurers all facts which are material to the insurance. A material fact is one which might influence the insurers in deciding whether to accept the application or on what terms to insure. If in any doubt as to whether a fact is material, then the applicants should disclose it. They should keep a record (including copies of all letters and forms) of all information supplied to the insurers.



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