

**PROFESSIONAL INDEMNITY INSURANCE
LAW FIRMS
PROPOSAL FORM**

IMPORTANT NOTICE

1. All questions must be answered to enable a quotation to be given.
2. All information provided is confidential.

I. GENERAL DATA

Company Name:			
Address:		Website:	
Tel:	Fax:	Email:	
T.R.N /Tax Office:		Year Established:	

II. DETAILS OF ALL PRACTICING PRINCIPALS – PARTNERS

Full Name	Qualifications	Yrs of Experience	Position in Firm – Years

Total Number of Principals – Partners & Staff:

Principals, Partners:	...
Lawyers and Legal Assistants:	...
Other qualified staff (specify):	...
Administration staff:	...

III. GENERAL QUESTIONS ABOUT ACTIVITY

1. Does the Firm any Partner or Principal manage, own or have financial control of any bank, trust company, mortgage or loan association, title guarantee or real estate company or undertake work as Executor, Trustee, Director or Company Secretary? YES NO

If YES, provide details:

2. Is a “critical date” diary system in operation? YES NO

3. Are all telephone conversations the subject of a note on a file? YES NO

4. Is the Firm accredited or in the process of becoming accredited? YES NO

5. Is the Firm engaged in activities abroad? Do you operate in countries where sanctions are imposed? YES NO

If YES, specify

a) Countries & % of total Fees:

b) Mode of handling business:

IV. NATURE AND VOLUME OF PRESENT & FORESEEABLE ACTIVITIES

Firm's activities – percentage of gross fees received during the last fiscal year:

	%		%
<input type="checkbox"/> Common Law, Litigation:	...	<input type="checkbox"/> IT issues & Electronic commerce:	...
<input type="checkbox"/> Real Estate conveyance (Real Estate):	...	<input type="checkbox"/> Criminal issues:	...
<input type="checkbox"/> Cadastral issues:	...	<input type="checkbox"/> Defendant Litigation for Insurers:	...
<input type="checkbox"/> Finance (Banking / Securities):	...	<input type="checkbox"/> Arbitration:	...
<input type="checkbox"/> Corporate – Commercial:	...	<input type="checkbox"/> Shipping – Marine:	...
<input type="checkbox"/> Mergers – Acquisitions:	...	<input type="checkbox"/> International Law:	...
<input type="checkbox"/> Patents – Intellectual Property:	...	<input type="checkbox"/> Other:

V. FINANCIAL DATA

Please indicate your Total Fees:

Total Fees € / Year	201...	201...	201...
< 30,000€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30,000€ - 70,000€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70,000€ - 150,000€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150,000€-300,000€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 300,000€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. PREVIOUS INSURANCE – CLAIMS

 Have you previously been insured? YES NO

Insurance Company	Policy period	Limit of indemnity

 Have any claims been made against your Firm or are you aware of any circumstances, which may result in a claim? YES NO

If YES, provide details:

VII. INDEMNITY REQUIRED

 Any one Claim: 500,000€ 1,000,000€ 2,000,000€ 3,000,000€ Other €
 Aggregate per Year: 1,000,000€ 2,000,000€ 4,000,000€ 6,000,000€ Other €
 Deductible per Claim: 1,000€ 2,000€ 5,000€ 10,000€ Other €

Extensions Required
 Retroactive Cover of liability (If YES, specify Date, Specific Activity – Contract)

 Cover liability of incoming Partners (If YES, specify name)

I declare on behalf of the Firm that the statements in this Proposal are true and that I have not misstated or suppressed any material facts. I agree that this proposal, together with any other information supplied by me, shall form the basis of the contract of insurance effected thereon. I/We undertake to inform the Insurer of any material alteration to these facts occurring before completion of the insurance contact.

Date: / /

Company's Stamp

Signature / Full Name