

Solicitors Professional Indemnity

Proposal



Important notice

Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

Non-disclosure/misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and therefore decline to pay any claim.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company	Individual
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A. Applicant details

1. Name of all entities requiring cover, including any subsidiary or newly created companies.

For any entity established in the past 12 months, please state the services provided.

2. Address of Head Office or principal office

3. Phone

4. Email address

5. Web address

6. Date on which firm was established (dd/mm/yyyy)

7. Is the firm currently trading?

Yes No

8. Details of all partners/principals/directors and/or sole practitioners

First name and surname	Age	Qualifications	Details of last employment if a new addition since the last Proposal

A. Applicant details

9. Number of permanent staff by location

Location	Partners/ sole practitioners	Qualified Lawyers (by examination)	Qualified Legal Executives (by examination)	Other staff
Principal officer				
Branch office(s)				

B. Business details

1. When is the firm's financial year end?

Date (dd/mm/yyyy)

2. Gross fee income

(a) Gross fee income last financial year

NZD

(b) Estimated gross fee income for next financial year

NZD

3. Fee income by activity

(a) Approximate breakdown of fee income by activity

Conveyancing - domestic	%	Representatives of juveniles - family court	%
Conveyancing - industry/ commercial	%	Representatives of juveniles - criminal court	%
Conveyancing rural	%	Criminal Law	%
Commercial Law	%	Other litigation	%
Common Law	%	Class Actions	%
Matrimonial	%	Directors Fees	%
Estates and Trusts	%	Other (insurance commissions etc)**	%
Probate	%	Total	100%

(b) **Please specify the nature of 'Other' above

4. Is more than 50% of the firm's annual gross fee income derived from either a single contract or a single client?

Yes No

If 'Yes', please provide full details.

5. What percentage of the firm's fee income is earned from overseas clients?

%

6. Does the firm give advice other than on New Zealand law?

Yes No

If 'Yes', what jurisdictions are advised on, what advice/services are provided and what proportion of gross fees relates to each jurisdiction?

Jurisdiction	Advice/service provided	% of gross fees
		%
		%
		%
		%
		%

B. Business details

7. Are you a 'Reporting Entity' under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (and amendments thereto)?				Yes	No
If 'Yes', do you comply with the requirements of this legislation?				Yes	No
8. Does the firm require cover for real estate activities as outlined in the Lawyers and Conveyancing Act 2006?				Yes	No
If 'Yes', please outline the activities the firm proposes to undertake.					
9. Has the firm ever changed its name, merged with, or taken over any other practice?				Yes	No
If 'Yes', please provide details, including dates.					
10. Does the firm wish to indemnify partnership/principals/directors for past liabilities relating to professional services provided while working for a previous business?				Yes	No
If 'Yes', please provide details below. Continue on a separate sheet if necessary and tick to indicate enclosure.				Enclosed	
(a) Name of partner					
(b) Name of previous business					
(c) Number of partners in previous firm		(d) Number of years the partner was in the previous firm			
(e) Annual fee income for the previous firm's trading year prior to the partner leaving			NZD		
(f) On a separate sheet of paper, please provide the details of the previous firm's claims experience and tick to indicate enclosure				Enclosed	
(g) Was the partner responsible for any claims being made against the previous firm?				Yes	No
(h) Is the previous firm still trading?				Yes	No
If 'No',					
(i) When did it stop trading?		(ii) Has separate run-off insurance been arranged for the firm?		Yes	No
(i) What was the main focus of work undertaken by the previous firm? (Refer to categories in B3 above.)				Yes	No
(j) What Limit of Indemnity is required? (A sub-limit may be applied.)			NZD		
11. Do you require to be indemnified for dishonesty of employees?				Yes	No
If 'Yes':					
(a) Is the firm or any partner of the firm aware of any fraud or dishonesty, at any time, by any present or former employee?				Yes	No
If 'Yes', please provide full details, including precautions taken to prevent any recurrence.					
(b) Are employees allowed to sign cheques on their signature alone in respect of:					
(i) the firm's general accounts?				Yes	No
(ii) the firm's trust accounts?				Yes	No
(c) Are any employees allowed to transact a fund transfer with their signature alone?				Yes	No
If 'Yes':					
(i) What is the approximate annual value of fund transfers?			NZD		
(ii) What is the method of instruction (eg electronic, telephone, written)?					
(iii) Can payment be made to any account which has not been pre-agreed?				Yes	No

B. Business details			
(iv) Is the financial institution required to authenticate the instruction before payment is released?	Yes	No	
(v) Provide a brief description of the methods used to secure fund transfers (eg passwords, encryption, code words, call-back)			
(d) Does the firm always require and obtain satisfactory references when engaging employees?	Yes	No	
12. Do you require to be indemnified for dishonesty of partners? (Only applicable for firms with three or more partners) If 'Yes':	Yes	No	
(a) Is the firm, or any partner of the firm, aware of any fraud or dishonesty, at any time, by any present or former partner? If 'Yes': please provide full details, including precautions taken to prevent any recurrence.	Yes	No	
(b) Do any of the partners have sole signing authority on the firm's:			
(i) general accounts?	Yes	No	
(ii) trust accounts?	Yes	No	
13. Do you lend money on behalf of clients or separate a Solicitor's Nominee Company? If 'Yes':	Yes	No	
(a) What is the total amount of money invested at the date of completing this Proposal?		NZD	
(b) How many mortgages or other loans are in default (either interest or principal) at the date of completing this Proposal?			
(c) What is the total value of mortgages on property in default?		NZD	
(d) What action is being taken by your firm in respect of these defaults?			
(e) What was the result of the last nominee company audit?			

C. Outside trusteeships	
1. Total number of trusteeship appointments held by the firm's partners or employees and/or via the firm's corporate trust company.	
2. If applicable, which corporate trust company do you use?	

D. Risk management			
1. If you are a sole practitioner, do you have any arrangements in place in the event of sickness or holidays to ensure continuation of the business? If 'Yes', please provide full details.	Yes	No	Not a sole practitioner
2. Does the firm have a system for monitoring and controlling conflicts of interest? If 'Yes', please explain how potential conflicts are identified and managed.	Yes	No	

D. Risk management

3. Does the firm's risk management procedures include:

- | | | |
|--|-----|----|
| (a) letters of engagement, detailing the firm's scope of services? | Yes | No |
| (b) letters of non-engagement/disengagement? | Yes | No |
| (c) diary system with daily back-up? | Yes | No |

If 'No', to any of 3(a) to 3(b) above, please explain why not.

E. Claims experience

1. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct?

Yes No

If 'Yes', please provide full details.

2. After enquiry, have any claims for negligence or breach of professional duty been made in the past five years against the firm, its predecessors, or any prior practice of any of the present or former partners, principals or directors, or have any circumstances been notified to insurers that might give rise to a claim?

Yes No

If 'Yes', please provide details.

Date of loss (dd/mm/yyyy)	Description of loss	Amount of loss/claim
		NZD
		NZD
		NZD
		NZD
		NZD

3. After enquiry, are any partners, principals, directors or senior staff aware of any claim or circumstance that might give rise to a claim?

Yes No

If 'Yes', please provide full details.

F. Prior insurance

1. In this Proposal is not in respect of a renewal, please provide details of your current insurance.

Insurer		Expiry date	
Limit of Indemnity	NZD	Excess	NZD
Terms and conditions of cover			

2. In respect of the cover now being applied for, has any insurer ever:

- | | | |
|--|-----|----|
| (a) declined to insure you? | Yes | No |
| (b) cancelled or refused to renew your insurance? | Yes | No |
| (c) imposed special terms or conditions in respect of ANY insurance for you? | Yes | No |

If 'Yes', to any of 2(a) to 2(c) above, please provide full details including the name(s) of the insurer(s).

Declaration

I/We declare, on behalf of all proposed insureds, that:

- (a) All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- (b) If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- (c) I/We warrant that I/We will notify QBE of any material alteration to these facts whether occurring before or after the completion of this proposal.
- (d) If any personal information is provided, I/We understand that:
 - (i) This information will be collected, held, used and disclosed by QBE (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in QBE's privacy policy available at <https://www.qbe.com/nz/about-qbe/privacy-and-your-personal-information>
 - (ii) If I/We do not provide the information requested, then QBE may be unable to provide products or services.
 - (iii) Where I/We have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so.
- (e) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal.
- (f) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			