



Solicitors Professional Liability Proposal Form

I. APPLICANT DETAILS

Name of Insured:	
Address(es):	
Web Site Address:	
Establishment Date:	

II. BUSINESS ACTIVITIES

2. Please state the following details:

Number of Partners: _____

Number of Consultants: _____

Number of Assistant Solicitors: _____

Number of Unqualified Staff: _____

3. Please give the following details of all Partners/Directors/Principals:

Name	Qualifications	Years in Industry	Years as Partner /Director/Principal
.....
.....

If a Partner/Director/Principal has been working in the relevant industry for less than 3 years, we will require a brief resume outlining career details.

4. Please state, during the past 5 years:

- (a) has the name of the Insured(s) been changed? Yes No
- (b) has any other business(es) been purchased, merged or consolidated with the Insured? Yes No

If "yes", please provide details on a separate sheet.

5. Please provide details of any major new operations undertaken during the last 12 months or planned for the next 12 months.

6. Area of Practice (Work Split)

Please provide an estimate of the percentage of total annual fees from last return for each Area of Practice below:

Criminal Law	_____ %	Financial Advice & Services	_____ %
Debt Collection	_____ %	Commercial & Corporate (Securities)	_____ %
Children	_____ %	Commercial & Corporate (Non-Securities)	_____ %
Immigration	_____ %	Intellectual Property Rights (excluding Patent)	_____ %
Employment	_____ %	Patent	_____ %
Property Selling	_____ %	Taxation	_____ %
Conveyancing – Residential	_____ %	Environmental	_____ %
Conveyancing – Commercial	_____ %	Litigious (Other than previously specified)	_____ %
Landlord & Tenant	_____ %	Non-Litigious (Other than previously specified)	_____ %
Town & Country Planning	_____ %	Matrimonial	_____ %
Trust & Probate	_____ %	Others	_____ %
Personal Injury	_____ %		

7. Please give the following fee income details:

Year	Hong Kong/China	USA/ Canada	Elsewhere
a) Previous Completed Financial Year			
b) Current Financial Year			
c) Estimate of Financial Year			

8. Please estimate the Insured's client base:

Private Client	_____ %	Entertainment & Sport	_____ %
Financial Institution/ Banking	_____ %	Privately Held Companies (Other than the above)	_____ %
Government	_____ %	Publicly Held Companies (Other than the above)	_____ %
Construction	_____ %	Insurance	_____ %

9. What is the management structure of the Practice?

Managing Partner Managing Executive Management Committee _____

Have there been any material changes in the management structure within the last three years?

10. Does the Practice designate or employ an individual with management responsibility for evaluating or dealing with complaints, actual or potential claims and other such matters? Yes No

11. (a) Does the Practice have written risk management procedures?..... Yes No
- (b) Does the practice use the following in all cases:
- Client and new business vetting YesNo
- Engagement / Non engagement letters Yes No
- Scope of service letters Yes No
- A written policy specifying the conflicts of interest procedures which include a cross check system and a back up? Yes No
- Diary system with back up Yes No
- Are periodic checks made to ensure that the diary system is being strictly followed Yes No
- Does the diary system provide for Solicitors being absent or on holiday ensuring that time deadlines are not missed? Yes No
- (c) Are the risk management procedures regularly reviewed, circulated and/or discussed within the Practice? Yes No
- (d) Have all Solicitors been made aware of them? Yes No
12. Does the Practice offer and promote Solicitors' continuing training? Yes No
13. Does the Practice use a formal review system to evaluate, at least annually, the performance of all Solicitors and legal staff within the Practice? Yes No
14. Has any Solicitor of the Practice been refused a practising certificate or granted a conditional practising certificate, or been the subject of a costs or penalty order or reprimand by any Disciplinary Tribunal? Yes No

III. FRAUD & DISHONESTY COVERAGE

15. If the Insured wishes to have coverage for Fraud/ Dishonesty, please complete the following:

(a) Has the Insured(s) sustained any loss or claim through the fraud or dishonesty of any person? Yes No

If "yes", please specify

(b) Is the Insured(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or employee? Yes No

If "yes", please give details and state precautions taken to prevent a reoccurrence.

(c) Does the Insured(s) always require satisfactory references or only when engaging senior employees? Always Senior Appointments Only

Nature of Reference Written Verbal

(d) Is any employee allowed to sign cheque on his/her signature alone for values exceeding US\$50,000? Yes No

If "yes", please give details on a separate sheet.

(e) How frequently are cheques carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements including the balance of cash and un-presented cheques, independently of employees receiving or banking monies, in respect of monies belonging to the Insured as well as in trust on behalf of others?

Weekly Monthly Quarterly Others (please specify)

(f) Are client funds kept in a properly designated client account which is separate from the bank account of the Insured? Yes No

IV. INSURANCE & LOSS HISTORY

16. Is any partner, director or principal after inquiry aware of any claims ever been made against the Insured(s) or their predecessors in business or any of the present or former partners, directors or principals? Yes No

17. Is any partner, director or principal after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Insured or their predecessors in business or any of the present or former partners, directors or principals? Yes No

If you have answered "YES" to questions 16 or 17, then full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. **FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS**, if a subsequently a claim should arise.

18. (a) Please list out details of previous Professional Liability Insurance carried during the past 3 years.

If none, then please check here

Period	Insurer	Limit	Excess	Premium
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(b) Has any proposal for Professional Liability Insurance made on behalf of the Insured(s) or any predecessors in the business, or present partners/directors or principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed?

Yes No

If "yes", please advise reason(s).

19. (a) Please specify Limit of Liability desired:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

(b) Deductible desired:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

V. DECLARATION

I/We declare that the statements and particulars in this application/ proposal are true and that no material facts have misstated, misrepresented or suppressed after enquiry. I/ We agree that this application/ proposal, together with any other information supplied by me/ us shall form the basis of any contract of insurance effected between the Insurer and me/ us. I/ We undertake to inform the Insurer of any material alteration to those facts occurring before the renewal / completion of the contract of insurance.

Signed _____

Title _____
(to be signed by Partner/ Director or Principal or equivalent)

Insured(s) _____

Date _____

VI. PLEASE ENCLOSE WITH THIS PROPOSAL FORM

- A Brochure (if available)
- Copy of Standard Contract Terms (if available)

AIG Insurance Hong Kong Limited