



Proposal Form

Solicitors' Professional Indemnity Insurance

Important Notes

(i) You are advised to take particular care when answering the questions in the Proposal and it is recommended that enquires are made of all staff, solicitors and other qualified staff. *FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHT TO INDEMNITY* if a claim should arise.

(ii) Please check that all questions have been fully answered.

(iii) Please ensure all material changes during the period of the policy are fully and immediately reported to Brokers.

1. Name of Firm:

Date Established:

Name of any other entity to be Insured:

Street Address of principal office:

Street Address of other offices:

2.	Details of Partners/ Sole Practitioner Surname/First Names	Age	Qualifications	Year Admitted	Details of last Employment if a New Sole Practitioner or if Joined since last proposal

3. Period of Insurance from 4 pm on ___/___/___ to 4 pm on ___/___/___

4. Limit of Indemnity required: _____

Excess/Deductible required: _____

5. Total number of principals and staff permanently located at:

(1) Principal Office and (2) Branch Office

- (a) Partners / Sole Practice
- (b) Qualified staff (by examination)
- (c) Other staff



6. (a) Total amount of gross fees for last financial year ended ____/____/____. \$
(b) Total amount of gross fees estimated for next financial year ____/____/____. \$

7. Approximate Division of Gross Fees (as percentage of total)

- | | | |
|------------------|---|-------|
| (a) Conveyancing | (e) Criminal law | ____% |
| (i) Domestic | (f) Other Litigation | ____% |
| (ii) Industrial | (g) Matrimonial | ____% |
| (iii) Rural | (h) Directors Fees | ____% |
| (b) Probate | (i) Estate & Trusts | ____% |
| (c) Common Law | (i) Other (please specify nature of work) | ____% |
| (d) Commercial | | ____% |

8. Does the Firm's practice extend or has it ever extended to activities outside New Zealand? YES/NO

IF YES, please state which countries were involved, what work was undertaken and what proportion of total fees were obtained from each country?

9. Has any application for any of the indemnities requested in this proposal form and on behalf of the firm or its predecessors in business, cover ever:

- (a) been declined or has such insurance ever been cancelled or renewal refused? YES/NO

IF YES, please give details.

- (b) Had any special terms imposed? YES/NO

IF YES, please give details

10. **AFTER ENQUIRY** of all present Partners and employees; is the firm aware of any losses sustained or claims made against any firm, its predecessors in business or any present or former partners in respect of any of the indemnities requested in this proposal?

YES/NO

IF YES, please supply all particulars including any claims lodged with previous insurers (append full details if the space provided is insufficient).

11. **AFTER ENQUIRY** of all Partners and employees, is the firm aware of any circumstance which may give rise to a claim or allegation of professional liability or negligence being made against the firm, its predecessors in business or any present or former partners? YES/NO

IF YES, please supply full particulars



12. Has the firm changed its name, merged with, or taken over any other practice? If so, please specify details.

YES/NO

IF YES, please supply full particulars (including proposal forms and claims history)

Is cover required for the liabilities of this acquired or merged firm?

YES/NO

13. Other than as answered in Question 12 above, does the firm wish to indemnify partners for past liabilities for professional Services provided by firms they were previous partners in?

YES/NO

IF YES, please supply full particulars

14. Do you require to be indemnified for Dishonesty/Fidelity of Employees?

YES/NO

IF YES,

- (a) Does the firm or any partners of the firm, know of any fraud or dishonesty at any time of any present or former employee or partner?

YES/NO

IF YES, give details including precautions taken to prevent recurrence.

- (b) Are any employees allowed to sign cheques on their signature alone in respect of:

(i) the firm's general account

YES/NO

(ii) the firm's trust account

YES/NO

- (c) Does the firm always require and obtain satisfactory references when engaging employees?

YES/NO

15. 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? \$

(ii) Please specify the method of instruction (i.e. written, electronic, computer, telephone etc)

(iii) Can payment instructions be made to any account which has not been pre-agreed?

YES/NO

IF YES, please provide details:



16. (a) Do you require to be indemnified for Dishonesty of Partners
(only applicable for 3 or more partner firms)? YES/NO
- (b) Does the firm or any partner of the firm, know of any fraud or dishonesty at
any time of any present or former partner? YES/NO
- (c) Do any of the partners have sole signing authority on any of the firms accounts
i.e. general/trust? YES/NO
- IF YES**, please give details of Accounts etc.
- _____
- _____
- _____
17. (a) Do you lend money on behalf of clients or operate a Solicitor's Nominee Company? YES/NO
- (b) What is the total amount of moneys invested at the date of completing this proposal?
\$
- (c) (i) How many mortgages or other loans are in default (either interest or principal) at the
time of completing this proposal? _____
- (ii) Total value of mortgages on properties in default \$
- (iii) What was the result of the last nominee company audit? _____
18. When conveying property, do you specifically exclude, in writing, advice in relation to the quality of the
investment from your scope of service? YES/NO
- IF NO**, please provide details below:
- _____
- _____
- _____
19. Do you have a system for monitoring Time Limitations? YES/NO
- IF YES**, Please state the nature of these systems:
- _____
- _____
- _____
20. Does the firm have a system for monitoring and controlling Conflicts of Interest? YES/NO
- IF YES:**
- (i) Please give details of your method of identifying potential conflicts:
- _____
- _____
- _____



- (ii) Please give details of the steps taken to handle these potential conflicts:

21. In respect to Trustee appointments held (i.e. on behalf of clients), please answer the following:

- (i) Total number of Trusteeship Appointments held by Partners or Employees of the firm or via the firms Corporate Trust Company: _____
- (ii) If you utilise a Corporate Trust Company, please provide name: _____
- (iii) Have any claims ever been made against the firm or have any circumstances ever occurred which would have resulted in a claim under proposed insurance? YES/NO

IF YES, please provide details:

- (iv) Has any representative of the Firm ever been investigated, fined or disciplined while holding an appointment as a Trustee? YES/NO

IF YES, please provide details:

Please provide the following details for all outside Trusteeship appointments (i.e. appointments you hold on behalf of clients), using the following headings and continuing on a separate sheet of paper if required

Name of Lawyer	Name of Organisation	Nature of Business



22. In respect to Directorship appointments held (i.e. on behalf of clients), please answer the following:

(i) Total number of Directorship Appointments held by Partners or Employees of the firm: _____

(iii) Have any claims ever been made against the firm or have any circumstances ever occurred which would have resulted in a claim under proposed insurance? YES/NO

IF YES, please provide details:

(iv) Has any representative of the Firm ever been investigated, fined or disciplined while holding an appointment as a Directorship? YES/NO

IF YES, please provide details:

Please provide the following details for all outside Trusteeship appointments (i.e. appointments you hold on behalf of clients), using the following headings and continuing on a separate sheet of paper if required

Name of Lawyer	Name of Organisation	Nature of Business

(v) Do any the organisations/companies referred to in question 21(iv) have their own Directors and Officers Liability Insurance? YES/NO

IF YES, please provide details:

23. Is there any other information in your possession material to an estimation of the risk to be insured and/or information of any nature which the underwriters should be made aware of, e.g. REAL, etc?



Declaration

I/WE hereby warrant that the above statements are true, that I/We have not suppressed mis-stated any facts and that should any of the information given by me/us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I/We will give immediate notice thereof. I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided if (amongst other things) any statement in this declaration is "substantially incorrect" and "material" as both those terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform AIG of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- * I/We am/are obliged to advise AIG of any information which may be material to its consideration of this application. This information includes all information I/we know (or could reasonably be expected to know) which could influence the judgment of AIG whether or not to accept this application and (if it is accepted) on what terms, including cost and otherwise.
- * Failure to provide any of this information may result in AIG refusing to provide the insurance.
- * I/We have certain rights of access to and correction of this information.

Name of Firm

Signed by:

(Partner)

Date:

SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

- (a) This form collects personal information about the employees and partners of your firm
- (b) The information is collected to evaluate the submission to insurers
- (c) The intended recipient of the information is AIG and insurer(s)
- (d) The information is being collected and held by AIG and insurer(s)
- (e) The collection of this information is required pursuant to providing terms of your insurance cover.
- (f) You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.



Bring on tomorrow

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