

SOLICITORS PROFESSIONAL INDEMNITY CLAIMS MANAGEMENT QUESTIONNAIRE



Please provide a full answer to every question. The definitions at the end of the main proposal form should be read in conjunction with the form. This form must be signed by a Principal/Member/Director of the practice.

Practice Name:

1) Has your practice or any prior practice ever accepted referrals from personal injury claims companies and/or their agents?
If yes, how many personal injury cases (from claims companies) have you undertaken in the last six years?

2) Please provide the following details in respect of the last three years:

	Last Year:	Small Claims _____ %	Fast Track _____ %	Multi Track _____
%				
	Prior Year:	Small Claims _____ %	Fast Track _____ %	Multi Track _____
%				
	Prior Year 2:	Small Claims _____ %	Fast Track _____ %	Multi Track _____
%				

2) Please advise the current number of cases of:

Clinical Negligence	<input style="width: 90%; height: 25px;" type="text"/>
Occupational Disease	<input style="width: 90%; height: 25px;" type="text"/>
All other Personal Injury (RTA, employers' public liability etc...)	<input style="width: 90%; height: 25px;" type="text"/>
How many open claimant personal injury cases does your firm currently have?	<input style="width: 90%; height: 25px;" type="text"/>
What was the average size of personal injury settlement for:	

Prior Year 2	Prior Year 1	Last Year
£	£	£

3) What percentage of claimant personal injury claims have been funded by unions? %

4) What percentage of personal injury claims have been rejected by the practice in the last 12 months? %

5) In the last six years have you been part of any referral network, claims management or promotional group? Yes/No

If yes, please provide full details including names

6) In the last six years have you vetted any personal injury cases for a third party? Yes/No

If yes, please provide full details including names

6)
cont.

7) What percentage of current cases have ATE Insurance:

Pre April 2013

%

Post April 2013

%

Please provide the names of all ATE insurance providers you have dealt with in the last six years

8) Please list all ATE insurance providers where you have placed more than 20% of your business in any year

Please provide the percentage for each insurer

9) Have your files been audited in the last six years or has an audit been proposed by any underwriters or funders?

Yes/No

If yes, please provide full details including copies of all correspondence, reports and recommendations

10) In the last six years have you ever received any commission or financial incentive from any insurer?

Yes/No

If yes, please provide full details including names

11) In any of the last six years have you used any particular provider for expert reports in more than 20% of your cases?

Yes/No

If yes, please provide full details including names and percentages

12) Have you ever been involved in miner's compensation or industrial disease claims or actions?

Yes/No

If yes, please provide full details including names

CONFIRMATION

I/We warrant and declare that I/We have made full enquiry of all professional staff and that the particulars and statements in this proposal are true and complete and any other documentation and information provided in connection with this proposal are true and complete. I/We agree and accept that this proposal and declaration and the documentation and information which are provided (or should be provided) will be the basis of contract with Insurers. I/We also warrant and declare that I/We have informed the Insurer of all facts which are likely to influence the Insurer in the assessment or acceptance of this insurance.

I/We understand that failure to inform Insurers of all material facts, including but not limited to any circumstance which might give rise to a claim, could invalidate this insurance. I/We accept that if I/We am/are in doubt whether any fact may influence the Insurer I/We should disclose it. I/We also understand that I/We have a continuing obligation to disclose all material facts until commencement of the policy.

I/We accept that all data collected by Directors & Professionals Limited ('D&P') and Indemnity Risk Solutions ('IRS') will be held in accordance with the Data Protection Act 1998 and that D&P and/or IRS may disclose this information only in order to obtain quotations for my/our practice's professional indemnity insurance.

Signing this form does not bind you to accept any quotation provided by Indemnity Risk Solutions.

THIS PROPOSAL FORM MUST BE SIGNED BY A PRINCIPAL/MEMBER/DIRECTOR OF THE FIRM

Signature (Principal/Member/Director)		Date	2013
Print Name (Principal/Member/Director)			

PLEASE RETURN THIS FORM TO:

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