

1. Name and Address Details

Practice Name:

If your firm has Service, Nominee, Search, Trustee or Financial Planning Companies that are to be included with your firm as joint insured parties, please give full details:

Main Office Address:

Preferred Mailing Address (if different from main):

Postcode:

Postcode:

Main Office Telephone No:

Main Office Fax No:

Practice Website:

Contact Email Address:

Date Established:

Do you have any other offices, other than the main office listed above, for which you are seeking cover?

☐ Yes

☐ No

IF YES, please list the addresses on a separate sheet. If there is no resident Partner/Director at any of these offices, please identify the office concerned and explain how the office is supervised.

2. Prior Practices

List the names of all prior Practices to which this Practice is a successor Practice. Please refer to successor Practice definition. Please use a separate sheet if necessary.

Name of Practice	Date Established	Date of Succession

Have any of the listed Practices reported circumstances, incidents or claims in the last five years?

☐ Yes

☐ No

IF YES, please refer to Question 9.

3. Partner/Consultant's Details

Please provide all information requested for every Partner and Consultant who will be employed by your Practice as at the inception date of the Policy.

Title	Partner/Consultant's Surname/First Name(s)	Date of Birth	Qualifications	Year Admitted

4. Staff

Total number of Principals and staff permanently located at:

	Principal Office	Branch Office
Partners or Sole Practice		
Qualified Staff		
Other Staff		

5. Practice Fees

Total amount of gross fees for the last financial year ended Date: / /	Estimated fees for next financial year
NZ\$	NZ\$

6. Overseas Activities

Does the Firm's practice extend or has it extended to activities outside New Zealand?

☐ Yes ☐ No

IF YES, on a separate sheet please state which countries were involved and what proportion of total fees were obtained from each country.

7. Practicing Certificate

In the last ten years has any fee-earner in the Practice:

- Ever been refused a practicing certificate? ☐ Yes ☐ No
- Ever been granted a conditional practicing certificate? ☐ Yes ☐ No
- Been the subject of a costs or penalty order? ☐ Yes ☐ No
- Been reprimanded by the Disciplinary Tribunal? ☐ Yes ☐ No
- Ever had a civil or criminal judgement against him or her? ☐ Yes ☐ No

IF YES, please provide full details on a separate sheet.

8. Area of Practice

Please provide the percentage of gross fees allocated to each area of Practice or, if you are a new Practice, estimated percentages for the coming year.

Area of practice (rounded to the nearest whole percent)	%
Conveyancing	
Real Estate activities under the New Zealand Lawyers & Conveyancers Act 2006*	
Probate	
Common Law	
Commercial	
Criminal Law	
Other Litigation	
Matrimonial	
Director's Fees	
Estate & Trust Funds	
Other (please specify nature of work)	
Total must equal 100%	100%

*Cover for Real Estate activities under the New Zealand Lawyers & Conveyancers Act 2006 requires the specific agreement of the insurance underwriter. Please provide full details of such activities as an addendum attachment to this proposal form. Please ensure you also sign and date this addendum.

9. Claims, circumstances and complaints

Have any circumstances, incidents or claims been reported by you or any prior Practice in the last five years? ☐ Yes ☐ No

IF YES, please provide details of all incidents on a separate sheet including how the matter was resolved and the procedures/processes in place to avoid re-occurrence.

Have you been the subject of any complaint(s) to the New Zealand Law Society in the last five years? ☐ Yes ☐ No

IF YES, please provide details of all incidents on a separate sheet including details of the final finding.

After making a full enquiry of all Principals and employees of your Practice, are you aware of any circumstances, incidents or claims that you have not reported to your current or any prior Insurer? ☐ Yes ☐ No

IF YES, please explain on a separate sheet.

10. Risk Management

I) What is the management structure of the Practice?

- ☐ Managing Partner
 ☐ Managing Executive
 ☐ Management Committee
 ☐ Executive Committee
 ☐ Other (please specify) _____

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

II) If the Practice is managed by either a Management Committee or Executive Committee or the like, do they meet?

- ☐ Weekly
 ☐ Monthly
 ☐ Other (please specify) _____

III) Does the Practice employ a full time non-legal administrator? ☐ Yes ☐ No

- IV)** 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
- V)** Does the Practice have written risk management procedures? ☐ Yes ☐ No
- VI)** Does the Practice use or have:
- Client and new business vetting procedures which prohibits any individual Solicitor from accepting a new client or matter without the approval of the Practice's management? ☐ Yes ☐ No
 - Engagement letters? ☐ Yes ☐ No
 - Non-engagement letters? ☐ Yes ☐ No
 - Disengagement letter? ☐ Yes ☐ No
 - Scope of service letters? ☐ Yes ☐ No
 - A written policy specifying the conflicts of interest procedures, which include a cross check system and back up? ☐ Yes ☐ No
 - A policy which requires prior approval in writing for a Solicitor to serve as an Officer and/or Director of a client or third party? ☐ Yes ☐ No
 - Diary system with manual backup, if appropriate? ☐ 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
 - A file review system, which requires randomly selected files to be audited by a Solicitor other than the Solicitor handling the file? ☐ Yes ☐ No
 - Does the file review system include Partner-to-Partner auditing? ☐ Yes ☐ No

Please provide any additional narrative in respect of your file review system to the above two questions which will assist our understanding of the file review system currently being used.

- VII)** 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, please give details of any precautions taken to prevent recurrence on a separate sheet.**
- (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
- VIII)** Are 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 supply the method of instruction (ie. written, electronic, computer, telephone etc) _____
- (iii) Can payment instructions be made to any account which has not been pre-agreed? ☐ Yes ☐ No
- (iv) Is the financial institution required to authenticate the instruction before payment is released? ☐ Yes ☐ No

- IX)** Are the risk management procedures outlined above regularly reviewed, circulated and/or discussed within the Practice and have all Solicitors been made aware of them? ☐ Yes ☐ No
- X)** Do you lend money on behalf of clients or operate a Solicitors Nominee account? ☐ Yes ☐ No

IF YES, what was the result of the last Nominee Company Audit?

11. Current Coverage

Has any Insurer refused to offer your Practice terms for Professional Indemnity Insurance?

☐ Yes ☐ No

IF YES, please explain on a separate sheet.

Current Insurer	Limit	Excess
	NZ\$	NZ\$

12. Requested Cover

LIMIT OF INDEMNITY (please limit to a maximum of 4 choices)

☐ NZ\$1 Million ☐ NZ\$2 Million ☐ NZ\$3 Million ☐ NZ\$5 Million ☐ NZ\$10 Million

Other (please specify)

EXCESS (please limit to a maximum of 2 choices)

☐ NZ\$5,000 ☐ NZ\$7,500 ☐ NZ\$10,000 ☐ NZ\$20,000

Other (please specify)

13. Significant Change

Do you expect there to be any significant change to or in your Practice in the coming year?

☐ Yes ☐ No

IF YES, please explain on a separate sheet.

Declaration

I declare that to the best of my knowledge or belief, the particulars and statements given in this application, and any other documentation and information provided in connection with this application, are true and complete, and this application, declaration, documentation and information will be the basis of the contract between the Insured and the Insurer. I declare that I have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of this insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer, I should disclose it.

Dated this _____ day of _____ 20____

Signature of Partner/Director

Name of Partner/Director (capitals)

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 Austinsure Limited and Insurer(s)
- (d) The information is being collected and held by Austinsure Limited 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.

PLEASE RETURN THE COMPLETED FORM TO

Austinsure Limited
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Fax: +64 9 414 7187
info@austinsure.co.nz

We look forward to providing you with our report and quotation.