



Please complete the sections relevant to your application. Please note that it is vital that all relevant questions on this form are answered accurately and that all relevant information is disclosed.

Practice Details

Practice Name			
Address			
Year Established		DX Number	
Telephone		Fax	
E-mail		Website	
Law Society Reference		FSA or EPF Number	
Name of FSA Authorised Company		(if relevant)	
Constitution	Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Ltd <input type="checkbox"/>	Year Converted from Partnership	(if applicable)

Practice Personnel

Number of Partners		Number of Solicitors	
Number of Legal Executives/Paralegals		Number of Support Staff	

Personal Injury Personnel

Name of Person in Charge of Personal Injury Department			
Number of Partners		Number of Solicitors	
Number of Legal Executives/Paralegals		Number of Support Staff	
Personal Injury Staff Caseload per Fee Earner			

Clinical Negligence Personnel

Name of Person in Charge of Clinical Negligence Department			
Number of Partners		Number of Solicitors	
Number of Legal Executives/Paralegals		Number of Support Staff	
Clinical Negligence Staff Caseload per Fee Earner			

Is Practice -

ISO Registered	YES <input type="checkbox"/> NO <input type="checkbox"/>	Investors in People Registered	YES <input type="checkbox"/> NO <input type="checkbox"/>
Holder of Lexcel	YES <input type="checkbox"/> NO <input type="checkbox"/>	Holder of Legal Services Commission Contract	YES <input type="checkbox"/> NO <input type="checkbox"/>

Are any Partners or Fee Earners -

Members of Association of Personal Injury Lawyers	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Members of Motor Accident Solicitors Society	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Members of Law Society Personal Injury Panel	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Members of Law Society Clinical Negligence Panel	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Members of AVMA Clinical Negligence Panel	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Members of Professional Negligence Lawyers Association	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any Other Organisations		

What Case Management Systems do you use ? Specify by department if different.

At what stage do you enter into a Conditional Fee Agreement for Clinical Negligence cases (eg before/after initial investigation, before/after Pre-Action Protocol period) ?

How do you risk assess cases you intend to pursue under a Conditional Fee Agreement ?

What library and Information facilities do you utilise ?

What arrangements for Continuing Professional Education for partners and fee earners do you have ?

What resources do you have for staff training ?

What Barristers Chambers do you use and how are they selected ?

What medical experts do you use and how are they selected ?

What active steps do you take to consider Alternative Dispute Resolution in every case ?

Has a complaint ever been upheld against any partners or fee earners in relation to litigation matters by the Law Society /Office for Supervision of Solicitors ? Please give details.

Are any partners or fee earners subject to restrictions on their Practising Certificate ? Please give details.

How many successful claims for professional negligence have there been against the practice in the last five years ? Please give details.

What arrangements do you have in place for premium and/or disbursement funding ?

Please give details of your internal audit systems and processes.

Do you have internet access ?

YES NO

How many cases have you pursued in the last three years on a Conditional Fee Agreement ?

	WON	LOST	ABANDONED OR UNWOUND	OUTSTANDING	INSURANCE CLAIMS COST
RTA					
EL					
PL					
IND DIS					
CLIN NEG					
OTHER					

What is the main reason for abandoning cases ?

If cases are abandoned, how are the disbursements paid ?

Are any cases run under a Conditional Fee Agreement not insured ? If so, what is the reason ?

What other legal expenses insurers have you used in the past ?

Do you pursue cases with the following Alternative Funding ?

Before the Event LEI	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What case types ?	
Public Funding	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What case types ?	
Trade Union Funding	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What case types ?	

Expected number of cases to be insured next year ?

RTA		EL		PL		IND DIS		CLIN NEG		OTHER	
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What percentage of your work will come from the following sources ?

Direct	%	Broker	%	Canvassers	%	CMCs	%
Own Advertising - Press	%	Own Advertising - Radio	%	Own Advertising - TV	%		
Other	%	Please specify					

What is the name and address of your Accountant ?

Please confirm that you are willing for us to approach your Accountant ?

YES NO

What is the name and address of your Bankers ?

Please confirm that you are willing for us to approach your Bankers ?

YES NO

I declare that the information set out above is true to the best of my knowledge and belief.

Signed	<input type="text"/>
Partners Name	<input type="text"/>
Date	<input type="text"/>

Please return this questionnaire to:

Head Office
18A, High Street
Heckmondwike, West Yorkshire WF16 0AR
Phone: 01924 405 001
Fax: 01924 400 239

Email: info@idealinsuranceservices.co.uk

Leeds Office
107, Roundhay Road
Leeds, West Yorkshire LS8 5AJ
Phone: 0113 249 2669
Fax: 0113 249 2217

Email: info@idealinsuranceservices.co.uk

Items to be included when form returned:

Professional Indemnity Insurance
Organisation Chart
Last Three Years Audited Accounts
Case Risk Assessment Procedure
Business Plan (Only applicable if entering a new business line)

