



**HONG KONG SOLICITORS
TOP-UP PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM**

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. Name of Firm : _____

2. Address : _____ Tel no. _____
_____ Fax no. _____

3. When was the Firm established?

4. Have any mergers or acquisition taken place over the past 12 months? If so, please provide details.

5. Staff : Number of Partners: _____
Number of Qualified Staff: _____
Number of Others Employees: _____

6. What are the gross fees for : Current Year Estimated _____
Last Year Actual _____

7. Name of all Partners, Consultants, Assistant Solicitors (Refer to schedule 1, II & III)

8. Do you undertake overseas projects and/or practice foreign law other than Hong Kong law? if so, please provide details.

9. Have **any claims been made in the last ten (10) years against, or negligence alleged against, the firm** or their predecessors in business or any of the present or former partners or principals?

Yes (*if yes, please give full details on an attachment if necessary*)

No

10. Are any partners or principals, after enquiry, aware of **any circumstances which may result in any claim being made against the firm**, its predecessors in business or any of its present or former partners or principals?

Yes (*if yes, please give full details on an attachment if necessary*)

No

11. Please indicate an approximate split in income from the following sources for:

Conveyancing	_____%	Family, probate, pension, trusts	_____%
Commercial, company, corporate	_____%	Common Law	_____%
Litigation	_____%	Criminal Law	_____%
Tax	_____%	Work involved Overseas projects (<i>if applicably, please split by Geographical spread in particular for China, USA, Canada etc.</i>)	_____%
Initial Public Offering	_____%		
Mergers & Acquisitions	_____%	Others (<i>please specify details with split in income</i>)	_____%

12. Please advise the Basic Contribution of Law Society of HK Compulsory Professional Indemnity Scheme HK\$10,000,000 coverage:

Last Year HK\$ _____ Current Year HK\$ _____

13. Please advise the receipt number of the Indemnity Scheme for the current year and provide a copy of debit note for the Indemnity Scheme for the current year.

14. Please state the Limit(s) of Indemnity required in excess of HK\$10,000,000:

NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

Signature of Partner or Principal _____

Name of Partner or Principal _____

Date of Signature _____

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.

Applicable to insurance placement via a registered insurance broker in Hong Kong:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Syndicate 3000 at Lloyd's, the syndicate will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Syndicate 3000 that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Syndicate 3000 to proceed with the application.

SCHEDULE I - LIST OF PARTNERS

Name	Date Qualified	Date Joined Firm	Date Appointed as Partners	Previous Firm

SCHEDULE II - LIST OF CONSULTANTS

Name	Date Qualified	Date Joined Firm	Previous Firm

SCHEDULE III - LIST OF ASSISTANT SOLICITORS

Name	Date Qualified	Date Joined Firm	Previous Firm