



### 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 (Mr, Mrs, Ms, other)	Partner/Consultant's Surname/first names	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 ...../...../.....	Estimated fees for next financial year
NZ\$	NZ\$

### 6 Overseas activities

Does the Firm's practice extend or has it ever 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 10 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

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	
Directors Fees	
Estate & Trusts	
Other (please specify nature of work)	
<b>Total must equal 100%</b>	100%

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.

- 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 and circumstances

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.

After making 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 manage 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 a Director of a client or third party?

Yes  No

Diary system with, if appropriate, manual back up?

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.

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**VII) (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**, 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 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

(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 company?

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.

Please provide details of your current insurance below:

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 4 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) \_\_\_\_\_

You should retain a copy of this proposal for your own records.

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 Austin Stone Limited and insurer(s)
- (d) The information is being collected and held by Austin Stone 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**  
**P O Box 126 Albany Village**  
**North Shore 0755**

Website [www.austinsure.co.nz](http://www.austinsure.co.nz)

Fax 09 414 7187  
Phone 0800 009 001 (Toll Free)  
Email [info@austinsure.co.nz](mailto:info@austinsure.co.nz)

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