

PROPOSAL FORM

PROFESSIONAL INDEMNITY INSURANCE LAWYERS & LEGAL PRACTITIONERS

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid)

1. Information given herein will be treated in strict Confidence.
2. Put a (✓) mark wherever applicable.
3. If space is not sufficient in any column, please give details on a separate sheet of paper.
4. Kindly answer all questions truthfully and completely in order to help us to serve you better.
5. All information provided forms the basis of the contract of insurance. Failure to disclose material facts may result in refusal of indemnity or avoidance of the policy.

SECTION 1: DETAILS OF THE PROPOSER

Name of Legal Practice	
Trading Name (if any)	
Business Registration Number	
Law Society of PNG Membership No(s)	
Physical Business Address	
Postal Address (if different)	
Telephone	
Email	
Website	
Date Practice Established	

SECTION 2: OWNERSHIP, PARTNERS & PRINCIPALS

Please list all Partners, Directors, Principals, or Sole Practitioners:

Name	Position	Date Admitted	Years in Practice

Any changes in ownership in the last 5 years? ☐ Yes ☐ No

Details: _____

SECTION 3: STAFFING & PRACTICE RESOURCES

Category	Number
Partners / Principals	
Qualified Lawyers	
Graduate Lawyers	
Paralegals / Legal Clerks	
Administrative / Support Staff	

Do you engage consultants, locums, or contract lawyers? ☐ Yes ☐ No

Details: _____

SECTION 4: AREAS OF PRACTICE & TURNOVER

Please provide percentage breakdown of gross professional fees (Total must equal 100%):

Area of Practice	%
Corporate / Commercial Law	
Conveyancing & Property	
Litigation & Dispute Resolution	
Family Law	
Criminal Law	
Employment / Labour Law	
Banking, Finance & Securities	
Mining, Oil & Gas	
Probate / Estate Planning	
Other (specify)	

Gross Fee Income (last 12 months): PGK _____

Estimated Gross Fee Income (next 12 months): PGK _____

SECTION 5: TRUST ACCOUNTS & REGULATORY COMPLIANCE

Do you operate a client trust account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are trust accounts audited annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any adverse audit findings in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide complete details	

SECTION 6: RISK MANAGEMENT & PROFESSIONAL CONTROLS

Control Measure	Yes	No
Written client engagement / retainer letters	<input type="checkbox"/>	<input type="checkbox"/>
Conflict of interest checks	<input type="checkbox"/>	<input type="checkbox"/>
File supervision and peer review	<input type="checkbox"/>	<input type="checkbox"/>
Diary and deadline management systems	<input type="checkbox"/>	<input type="checkbox"/>
Complaints handling procedure	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7: INSURANCE HISTORY

Previous / Current Insurer	
Policy Period	From _____ To _____
Limit of Indemnity	PGK _____
Excess / Deductible	PGK _____
Have you in the past 5 years had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer?	

SECTION 8: CLAIMS, COMPLAINTS & CIRCUMSTANCES

Any claims, complaints or allegations in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any known circumstances that may give rise to a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any above, please provide full details:	

<p>Have you or any partners of the firm ever been declared bankrupt or involved in a company which became insolvent or placed in receivership.</p> <p>If YES, please provide details</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you or any partner, or director been convicted of a criminal offence during the past 5 years or been liable for a civil offence</p> <p>If YES, please provide details</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 9: COVER REQUIRED

Limit of Indemnity Required:

☐ PGK 1,000,000 ☐ PGK 2,000,000 ☐ PGK 5,000,000 ☐ Other: PGK _____

Preferred Excess / Deductible: PGK _____

SECTION 10: DECLARATION

I / We do hereby declare that the above statements and answers are true and what I / We have not withheld any information whatsoever regarding the proposal. I / We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I / We agree that this proposal and declarations shall be the basis of the contract between me/us and Liberty Assurance Limited whose policy for the insurance proposed is acceptable to me/us. I / We under take to exercise all ordinary and reasonable precautions as if we were uninsured.

Date:

Place:

Name of Proposer & Position:

Signature of Proposer

IMPORTANT NOTE

- 1. Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.*
- 2. Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.*
- 3. The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion*