



# Professional Indemnity Insurance For Notaries

Application form

Insurance for your reputation



## Important Notice To The Proposer

### 1. Disclosure

You have a legal duty to disclose to insurers all material information which may affect their judgement in determining whether to provide you with insurance and if so on what terms.

A 'material fact' is any fact which the Insurer may reasonably wish to know in relation to their assessment of the risk, the exposure and the calculation of any appropriate premium.

If you are in any doubt as to whether or not information is material, you should disclose it, even if there is no specific relevant question in the proposal form.

It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current underwriters of such matters as appropriate.

### 2. Consequences of Non-Disclosure

In the event of a failure by you to make full disclosure of all material facts Insurers may be entitled to avoid cover and decline to pay claims in relation to any insurance.

### 3. Method Of Completion

This proposal form may be completed in ink or electronically, provided you print out an original and sign and date the declaration.

ALL questions must be answered (if necessary comment as "not applicable" or "none").

Please review the complete document before signing and dating the declaration.

Please post the original form to us after taking a copy for your records. A faxed or electronic copy will enable work to commence on your behalf straight away.

### 4. Presentation

Insurers see many proposals during the course of a working day and it is therefore important that your proposal form is completed fully, clearly and accurately. First impressions really do count here.

If there is insufficient space in the proposal form or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

### 5. Guidance

If you have any queries about the contents of this notice, the remainder of this Application Form or any documents which you need to provide you should seek advice from one of our experienced members of staff.

Contact telephone number: 0161 236 2532

Return postal address: MFL Professional  
Barlow House  
Minshull Street  
Manchester  
M1 3DZ

Return email address: [quote@m-f-l.co.uk](mailto:quote@m-f-l.co.uk)

Website: [www.m-f-l.co.uk](http://www.m-f-l.co.uk)

## Contact And Proposer Details

1. Name(s) of Firm(s) - (Please include any predecessors or acquisitions for which cover is required. Continue on separate sheet if necessary)

Firm Name:

Date Commenced:

Date Ceased:




2. Address of the principal office:

Postcode: <input type="text"/>

Principal Contact:

Telephone No:

Email:

Fax No:

Website:

Please list all other offices by Town (or Country if overseas) and identify the supervising Partner/Director at each location. (Please continue on separate sheet if necessary)

Town:

Country:

Partner/Director In Charge:




3. a) Are you expecting any significant change to the profile, activities or ownership of your Practice during the next 12 months? Yes  No
- b) Are there any other organisation(s)/person(s) that have a financial interest in your Practice? Yes  No
- c) Does the Firm(s) or any other Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest? Yes  No

If answered 'Yes', please provide full details on a separate addendum to the proposal form.

4. If cover is required for any Partner/Director for Past Liability prior to joining the Firm(s) Please advise:

a) Name of Partner/Director:

b) Name of Previous Firm(s):

c) Period to be covered:

5. Is the Firm a member of The Notaries Society? Yes  No

6. In which country are you registered as a Notary Public

a) Please advise the current number of:

Number

Professionally qualified:

Other technical staff:

Administrative & Secretarial Staff:

**Total No. of Staff:**

b) Has any principal, partner, member, director or employee ever:

Been the subject of disciplinary proceedings by any professional body

Yes  No

Been involved in any instance of fraud or dishonesty

Yes  No

Been subject to any civil or criminal judgment

Yes  No

If 'YES', please provide details below, continuing on a separate sheet if necessary:

7. If you use sub-consultants - Please advise:

a) Approximate percentage of work sub-consulted:

b) For which work are they used?

c) Do they hold their own PI insurance?

8. a) Do you specialise in any particular area of notarial work or any particular jurisdictions? Yes  No

If 'YES', please provide details below, continuing on a separate sheet if necessary:

## Fee Income And Division Of Work

9. a) Please state the date of your Financial Year end:

b) Please provide your gross fee income for the following periods:

	United Kingdom	USA/Canada	Rest of the World
Estimate for the next Financial Year	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
Current Financial Year (Estimate)	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
Last Completed Financial Year	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>

c) Provide the following breakdown in respect of your gross fees for the last complete financial year:

Clients producing a fee of:	Number of Clients:	Estimated total fees:
Less than £10,000 per client	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
Greater than £10,000	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>

d) Advise work split

Notarial Acts for Commercial Clients	<input style="width: 100%;" type="text"/> %
Notarial Acts for Private Clients	<input style="width: 100%;" type="text"/> %
Conveyancing	<input style="width: 100%;" type="text"/> %
Probate	<input style="width: 100%;" type="text"/> %
Other – please specify	<input style="width: 100%;" type="text"/> %

Total100%

e) Please advise your five largest contracts in the last three years:

	Name:	Value:
1.	<input style="width: 95%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
4.	<input style="width: 95%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
5.	<input style="width: 95%;" type="text"/>	£ <input style="width: 80%;" type="text"/>

## Claim Information

**PLEASE NOTE: IT IS IMPERATIVE THAT THE FOLLOWING QUESTION IS ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.**

**10. Claims &/or Circumstances**

- a) During the last ten years, in respect of any of the risks to which this proposal relates, have any claims been made (whether successfully or not) against the Firm(s) listed in Question 1 of this proposal form above or any past or present Partner or Director? Yes  No

If "YES", please give full details including amounts involved and settlement dates where appropriate below:

**Claims Paid:**

**Claims Outstanding:**

- b) Are any of the Partners/Directors AFTER ENQUIRY aware of any circumstances which may give rise to a claim against the Firm(s) listed in Question 1 of this proposal form or any present or former Partners or Directors? Yes  No

If "YES", please give full details including amounts involved below:-

## Insurance Requirements

**11. a) Please advise your current insurance arrangements:**

Limit of Indemnity	Excess	Premium	Insurer	Renewal Date	Period Continuously Insured
£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

- b) Has any similar insurance for the Firm(s) or any Partner/Director been declined, cancelled or renewal refused? Yes  No

If 'YES', please give details below:

**c) Select Limit of Indemnity required:**

- |            |                          |  |
|------------|--------------------------|--|
| £1,000,000 | <input type="checkbox"/> | <input style="width: 95%;" type="text"/> |
| £2,000,000 | <input type="checkbox"/> | <input style="width: 95%;" type="text"/> |
| £5,000,000 | <input type="checkbox"/> | <input style="width: 95%;" type="text"/> |

## Additional Products And Services

**12. Other Commercial Insurance** *Preferential terms and cover to provide additional protection for your business.*

We would like to take this opportunity of making you aware of some of the other classes of insurance that we can arrange on your behalf. We would be grateful if you would take a moment to review the following products and services, some of which we appreciate you may already have in place.

If you would like to discuss any of the information in more detail please indicate accordingly or contact one of the team on **0161 236 2532** or email [info@m-f-l.co.uk](mailto:info@m-f-l.co.uk)

<b>Office &amp; Home Office Insurance (Clerical Based Activities Only)</b>	<b>Please Contact Me</b>
Depending on your particular circumstances, Office or Home Office Insurance can provide protection in respect of Assets, Business Interruption, Employers' Liability, Public/Products Liability, Money, Employment Practices Liability and Fidelity Guarantee.	<input type="checkbox"/>
<b>Directors' &amp; Officers' Liability Insurance</b>	<b>Please Contact Me</b>
There are now over 200 statutes in UK Law that impose a personal liability on the directors of a business. Directors' and Officers' Liability Insurance provides appropriate protection. (Particularly pertinent for those businesses with external finance.) Cover is now available for LLP's, and partnerships	<input type="checkbox"/>
<b>Legal Expenses Insurance</b>	<b>Please Contact Me</b>
Legal Expenses Insurance provides cover for the cost of employing legal or other professional advisers in connection with such matters as Employment Disputes and Awards, Contract Disputes, Criminal Prosecution Defence and Tax Protection.	<input type="checkbox"/>
<b>Motor Fleet</b>	<b>Please Contact Me</b>
Motor Insurance for company fleets of 5 or more vehicles	<input type="checkbox"/>
<b>Business Travel Insurance</b>	<b>Please Contact Me</b>
For directors and employees of a business who undertake overseas business trips Business Travel Insurance provides peace of mind in relation to Medical Expenses, Repatriation Costs, Public Liability, Cancellation Costs and Loss of Baggage/Money whilst you are away.	<input type="checkbox"/>
<b>Crime &amp; Fidelity Insurance</b>	<b>Please Contact Me</b>
These covers provide protection in relation to fraudulent or dishonest actions of your employees or a third party which result in a financial loss to your business	<input type="checkbox"/>
<b>Financial Services</b>	<b>Please Contact Me</b>
In addition our sister company McParland & Partners Ltd (Financial Management) can arrange Keyman Protection and other Life Insurance related products together with advice on pensions and investments.	<input type="checkbox"/>

**Email:** [info@m-f-l.co.uk](mailto:info@m-f-l.co.uk)

**Telephone:** 0161 236 2532

## Declaration And Data Protection

13. By signing this proposal form you consent to McParland Finn Limited using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to Insurers' consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any subsequent contract of insurance between me/us and Insurers.

I understand that if my Firm acquires, merges with or absorbs another Firm during the period of insurance, insurers will require similar information in relation to that Firm and may charge an additional premium.

Print Name:

Signature:

On behalf of:

Date:

**Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.**

**Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.**

**From time to time, we may disclose personal information (other than sensitive personal data) to other members of the MFL Group. We or they may use that information to advise you of our services which may be of interest to you. If you would prefer not to receive information, please 'tick' the box.**



## Additional Information

Please use this page to provide any additional information that may be required in response to previous questions on the form.