

# Management Risks Insurance for Law Firms

**Note to the Applicant:** Signing or completing this proposal does not bind the proposer, or any individual or entity he or she is representing to complete this insurance. Please provide by addendum any supplementary information which is material to the response of the questions herein. All answers should be given as a group response i.e. if any subsidiary company has different responses these should be provided separately.

## Policyholder Details

**1. Policyholder:**

**Address:**

**2. Please list all offices, other than the address above, which you are seeking cover for:**

Address	Is there a Resident Partner?
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

If there is **no** Resident Partner in a branch office, please explain how that office is supervised:

## Partners, Members, Directors & Officers Insurance and Partnership Insurance

**3. a.** Are there any proposals of which the policyholder is aware relating to its acquisition by any other company?  Yes  No

**b.** Is the policyholder currently planning any succession, merger or acquisition of or with another policyholder within the next 12 months?  Yes  No

*If Yes to any of the above, please give details under separate attachment.*



**Employment Practices Insurance (continued)**

**8. During the last 24 months has the policyholder or any of its subsidiaries made any redundancies, staff reductions or facility closures or do any of them anticipate or contemplate doing so in the next 12 months?**       Yes       No

*If Yes, please give details under separate attachment.*

**9. Please provide details of all employment lawsuits and proceedings (e.g. tribunal proceedings, etc.) commenced during the past 3 years. Describe the type of allegation and defence costs or settlement for each:**

**Employee Crime, Crime using Computers and Social Engineering Crime (only complete if this cover is required).**

**10. Do the policyholder and its subsidiaries all:**

- a. Have an established policy for checking the background of job candidates prior to their being offered employment?       Yes       No
- b. Operate the principle of dual control regarding all payments, including the drawing and signing of cheques and use of electronic funds transfer?       Yes       No
- c. Have a process in place where unusual payment instructions purporting to come from the senior management are followed up by call backs to senior management at a previously known and pre-designated phone number to confirm payment instructions and check authenticity?       Yes       No
- d. Have a process in place where instructions to change bank account details, or to pay into a different bank account, purporting to come from vendors and suppliers are followed up by call backs to vendors and suppliers at a previously known and pre-designated phone number to confirm instructions to change bank account details and check authenticity?       Yes       No
- e. Vet new suppliers?       Yes       No
- f. Have multi-factor authentication for your email system (to protect against Business Email Compromise (BEC))?       Yes       No

**General Information**

**11. In the last 5 years, has any person or organisation to be insured by the policy given notice to an insurer of any claim (or circumstance which could give rise to a liability claim) or any other insured situation under any policy affording cover of the following type:**

- Partners, Members, Directors & Officers Insurance and Corporate Insurance  **Yes**  **No**
- Employment Practices Insurance  **Yes**  **No**
- Employee Crime, Crime using Computers and Social Engineering Crime  **Yes**  **No**

*If Yes, has been answered to 10 above, please attach a statement of full details.*

**12. After enquiry, is any person or organisation proposed for cover aware of any facts or circumstances which might lead to a valid claim by any insured under any part of the Policy which is sought or indicate the probability of such claim?**  **Yes**  **No**

**It is agreed that if known facts or circumstances exist any matter arising from them is excluded from the proposed cover.**

<b>Signature:</b>	
<b>Date:</b>	
<b>Name of Signatory:</b>	
<b>Title of Signatory:</b>	

**Warning** It is important that, when applying for the Policy, the applicants tell the insurers all facts which are material to the insurance. A material fact is one which might influence the insurers in deciding whether to accept the application or on what terms to insure. If in any doubt as to whether a fact is material, then the applicants should disclose it. They should keep a record (including copies of all letters and forms) of all information supplied to the insurers.