

2024/25 Professional Indemnity Insurance (PII) Proposal Form

Lawcover Insurance Pty Limited ABN 15 095 082 509 Level 13, 383 Kent Street Sydney NSW 2000

Telephone: 1800 650 748 (02) 9264 8855 Website: lawcover.com.au

Due Date:

Please read the Important Notes accompanying this proposal form, which will assist you in providing the necessary information.

Please complete every question by ticking the appropriate boxes 🖌

| Law Practice Name: | | |
|----------------------|-----------|-----------|
| Postal Address: | | |
| Law Practice Number: | | |
| Contact Details | Contact 1 | Contact 2 |
| Name | | |
| Position | | |
| Phone Number | | |
| Email Address | | |

I have read and understood the statement below

You must acknowledge this statement by ticking the box above in order for your proposal form to be processed

Lawcover will only disclose or discuss information concerning your law practice with the current principal/s or legal practitioner director/s of the law practice, unless otherwise instructed. Up to two non-principals or non-directors of your law practice can be nominated as additional contacts to whom Lawcover will disclose or with whom Lawcover will discuss private and confidential information. By ticking the box above, the authorised person completing this application agrees that Lawcover can disclose and discuss such information with the person/s nominated as contacts. Lawcover will not discuss private and confidential information with any other person on behalf of your law practice except on the specific instruction of a current principal or legal practitioner director, confirmed in writing or by email.

1. Staff Details

| Number of principals or legal practitioner directors | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------|-----------------|---------------|--------------|-----------------|---------------|-----|-------|
| Number of employed legal practitioners (excluding principals and legal practitioner directors) | | | | | | | | | |
| | Total number of staff (including principals, legal practitioner directors, legal and other staff) | | | | | | | | |
| 2. | In wh | ich state or te | erritory is you | r primary p | rofessional | indemnity insu | irance arrang | ed? | |
| N | SW | NT | АСТ | QLD | SA | TAS | VIC | WA | Other |
| 3. | In wh | ich state or te | erritory is you | r law practi | ce's princip | al place of pra | actice? | | |
| N | SW | NT | AC | т | QLD | SA | TAS | VIC | WA |
| 4. | Does | your law prac | ctice have a p | rior practice | e? (please s | ee Note 1) | | | |
| YES If you | res NO NO Figure 1.5 NO Figure 1.5 Provide the sear your law practice succeeded that practice. | | | | | | | | |

| Law Practice Name | Year of Succession |
|-------------------|--------------------|
| | |
| | |
| | |
| | |

5. What is the Gross Fee Income for your law practice for the following years? (please see Note 2)

Please read the definition of Gross Fee Income in Note 2.

Please note that if you answered YES to question 4 you must include the Gross Fee Income from any prior practice in the relevant period (please see Note 1).

Year ending 30 June 2023 (Actual)

Year ending 30 June 2024 (Estimate)

Year ending 30 June 2025 (Estimate)

- It is important that you do not leave the boxes above blank. If your Gross Fee Income is nil, please enter "0" in the \$ boxes.
- Please note that we may ask you to validate your Gross Fee Income (please see Note 2).
- Please provide an explanation of any substantial fluctuations in your Gross Fee Income detailed above.

| 6. Your Austra | lian Office Lo | ocations | | | | | |
|--------------------|-----------------|-------------------|--------------------------|--------------------------|--------|-----|----|
| a) In which Austra | alian states o | r territories do | es your law prac | tice have office | es? | | |
| NSW | NT | ACT | QLD | SA | TAS | VIC | WA |
| b) How many prir | ncipals or lega | al practitioner d | irectors are resid | dent interstate | ? | | |
| c) How many em | ployed legal p | practitioners are | e resident inters | ate? | | | |
| 7. Your Overse | eas Office Lo | cations | | | | | |
| Does your law pra | actice have a | ny offices overs | eas (outside Au s | stralia)? | | | |
| YES | NO | | | | | | |
| If you answered Y | 'ES: | | | | | | |
| a) Please confirm | where | | | | | | |
| b) How many prine | cipals or legal | practitioner dir | ectors are resider | nt outside Aust i | ralia? | | |

c) How many employed legal practitioners are resident outside Australia?

8. Gross Fee Income by Office Location (please see Note 3)

a) Please provide a percentage breakdown of the Gross Fee Income **by location of your office/s** as declared in questions 6 and 7. If your law practice does not generate any fee income and you declare at Question (6) that you are based solely in NSW or NT or ACT, then you should declare 100% for that state or territory below.

| NSW | % | OUTSIDE AUSTRALIA: | | |
|-----|---|----------------------------------|-----|---|
| NT | % | North America | | % |
| ACT | % | UK & Europe | | % |
| QLD | % | Asia | | % |
| SA | % | Oceania (excluding Australia) | | % |
| TAS | % | Middle East & Africa | | % |
| VIC | % | South America | | % |
| WA | % | TOTAL | 100 | % |

b) If you have declared any Gross Fee Income from an office outside Australia in question 8(a), please confirm the percentage of your total Gross Fee Income generated from the practice of Australian law and the percentage generated from non-Australian law.

Australian Law

%

Non-Australian Law % T

8. Gross Fee Income by Office Location (please see Note 3) *Continued.*

| c) Do you perform legal services for clients located outside Australia? | | | | | | | |
|-------------------------------------------------------------------------|---------------------------|--|--|--|--|--|--|
| YES | NO | | | | | | |
| If you answered | YES, please confirm where | | | | | | |

9. Gross Fee Income by Area of Law (please see Note 4)

Please provide a percentage breakdown of the Gross Fee Income by the areas of law in which you practiced for the year ending 30 June 2024. If you are a new law practice, please provide your best estimate of the percentage breakdown of those areas of law that you anticipate practicing in:

| | | TOTAL | 100 | % |
|--------------------------------------------|-----------------------|-------------------------------|-----|---|
| | | | | |
| Family law | % | Other (specify below) | | % |
| Entertainment law | % | Wills and estates | | % |
| Employment law | | Sale and purchase of business | | |
| Criminal law | | Revenue/taxation | | |
| Conveyancing | | Planning & environmental | | |
| Construction | | Mortgages and lending | | |
| Commercial law including corporate | Leasing | | | |
| Civil litigation including personal injury | Intellectual property | | | |
| Banking & finance | | Insolvency | | |
| Administrative law | | Immigration law | | |

10. Risk Management Certification – ISO 9001 (please see Note 5)

Will all offices of your law practice be certified to the International Standard ISO 9001 – Quality Management Systems by 30 June 2024 and retain certification for the period 1 July 2024 to 30 June 2025?

ISO 9001 – Quality Management Systems

YES NO

If you answered YES, please attach your current certificate to this application.

10. Risk Management Certification – ISO 9001 (please see Note 5)

Please note that question 10 **does not** refer to:

- Any of the courses offered under Lawcover's Risk Management Education Program (RMEP) or
- The Practice Management Course approved by the Law Society of NSW which needs to be completed prior to practising as a Principal.

For further details, please refer to Note 5.

11. Does your law practice have any representation in the USA or Canada?

| Is your law practice represented in any way in the USA or Canada, or in any of the territories or protectorates of either country? | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| If you answered YES, please identify: | | |
| a) The percentage of Gross Fee Income estimated to be earned for the year ending 30 June 2024: | | % |
| b) The number of principals or legal practitioner directors resident in the USA or Canada or in any of the territories or protectorates of either country: | | |
| 12. Has your law practice had any claims or notifications in the USA or Canada? | | |
| Has your law practice had a claim or notification of a circumstance that might give rise to a claim in, or falling under the laws of, the USA or Canada, or in any of the territories or protectorates of either country? | YES | NO |
| If you answered YES, please provide details: | | |
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13. Claims History (please see Note 6)

For the purposes of this question, the definition of law practice includes any prior practice (please see Note 1).

a) Has your law practice, at any time, arranged its professional indemnity insurance with a provider other than Lawcover? YES NO

If you answered YES, please provide details, and attach a current copy of your professional indemnity insurance **provider's claims experience.** Lawcover may not be able to provide you with PII terms until this information is received (please see Note 6).

13. Claims History (please see Note 6) *Continued.*

| 13. Claims History (please see Note 6) <i>Continued</i> . | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| b) Has your law practice, or any of its principals or legal practitioner directors, ever been refused professional indemnity insurance, had such insurance cancelled, had an application for renewal of such insurance declined or had special terms imposed? | YES | NO |
| If you answered YES, please provide details: | | |
| | | |
| c) Has your law practice, or its principals or legal practitioner directors, had ANY claim made against it or them that has NOT already been reported in writing to your professional indemnity insurance provider? | YES | NO |
| d) Is your law practice, or its principals or legal practitioner directors, aware of ANY matter, circumstance or fact that may give rise to a claim against it or them that has NOT already been notified in writing to your professional indemnity insurance provider? | YES | NO |

If you answered YES to question 13(c) or 13(d), please provide details below.

| Law Practice Name | Claimant Name | Brief summary of alleged act or omission | Date |
|-------------------|---------------|------------------------------------------|------|
| | | | |
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NSW INSURANCE STAMP DUTY EXEMPTION

The NSW Government has enacted changes to NSW stamp duty for policies of occupational liability insurance that incept on or after 1 January 2018.

Law practices that declare themselves as 'small businesses', as defined by Revenue NSW when applying for a professional indemnity insurance (PII) policy that incepts on or after 1 January 2018 will be exempt from paying NSW stamp duty on their premium.

If you have an office in NSW, you must tick one of the boxes below in order to make the declaration so that we can issue you with a quotation.

It is your responsibility to ensure that you meet the criteria for the exemption at the date on which your law practice's PII policy commences. If you are unsure about whether your law practice meets the criteria, please obtain independent tax advice.

SMALL BUSINESS DECLARATION

I declare that I am a Capital Gains Tax small business entity (within the meaning of section 152-10 (1AA) of the *Income Tax Assessment Act 1997* of the Commonwealth) for the income year in which the insurance is effected or renewed and I am eligible for the exemption to pay duty under section 259B of the *Duties Act 1997* (NSW).

YES NO

Note: You are a small business if you are an individual, partnership, company or trust that:

- Is carrying on a business, and
- The business has an aggregated turnover* of less than \$2 million.

*Aggregated turnover is your <u>Australia wide</u> annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you.

It is your responsibility to ensure that you are eligible for the exemption. If you make this declaration and are ineligible for the exemption, Lawcover will be charged stamp duty by Revenue NSW. Lawcover will recover the amount of that unpaid duty from you pursuant to section 259D of the *Duties Act 1997* (NSW).

More information regarding stamp duty exemption for small businesses can be found by visiting the NSW Government website: www.revenue.nsw.gov.au/taxes/insurance

PRIVACY STATEMENT

Lawcover respects your privacy.

This Privacy Statement is a summary of the Lawcover Privacy Policy, which you can access on our website: <u>www.lawcover.com.au</u>. Please read the Privacy Policy for a full explanation of the kinds of information that we collect, how and why we collect it and when we provide it to third parties.

In this Privacy Statement:

"Lawcover", "we", "us" and "our" mean Lawcover Insurance Pty Limited; and

"you" and "your" mean our current and prospective customers and users of our website.

Why and how we collect your personal information

We collect personal information so that we can provide our insurance products and services, our risk management education and consultation services, and our other educational publications and events. We may also use your personal information to promote products or services that may be of interest to you, and to obtain feedback on our products and services.

We collect your personal information when you are applying for, renewing or updating an insurance policy, when we are handling a claim, when we are processing a payment or registering you for a workshop, seminar or other event or forum, and where we are responding to an inquiry or contact from you.

Sometimes we receive information from third parties such as a person we believe to be authorised by you, or a Law Society or another insurer.

When we disclose your personal information

We may share your personal information with our service providers, if it helps us to provide our products and services to you. In some cases our service providers (such as brokers, insurers, reinsurers, IT providers and research consultants) may be located outside Australia (such as UK, USA, Singapore, France, Germany, Switzerland, India and New Zealand).

Your consent

You agree that we may collect, use and disclose your personal information on these terms.

Contact us

Please contact the Lawcover Privacy Officer in writing if you would like to:

- Request a copy of your personal information
- Correct or update your personal information
- Tell us that you no longer consent to our use of your personal information
- Opt out of receiving information about optional products or services we think may be of interest to you
- Report a privacy breach, or
- Make a complaint about the management of your personal information

The Privacy Officer

Lawcover Insurance Pty Limited Level 13, 383 Kent Street, Sydney NSW 2000 lawcover@lawcover.com.au

Time-critical matters may be raised by telephone on (02) 9264 8855.

Before you return your proposal form to Lawcover, please complete this checklist:
You have acknowledged the statement on page 1 by ticking the box
Your Gross Fee Income, actuals and estimates, are provided for each period requested in this proposal form
You have completed all questions in this proposal form
You have attached current claims histories from any prior professional indemnity insurance providers
You have attached a copy of your current ISO 9001 Certificate, if applicable
You have read, signed and dated the declaration on page 9
You have kept a copy of this completed proposal form for your records

DECLARATION

You must sign the declaration for your proposal form to be accepted by Lawcover

On behalf of the law practice, I declare that:

- The information provided in this proposal form is true and complete.
- I consent to Lawcover disclosing confidential information to, and discussing it with, the current principal/s or legal practitioner director/s of the law practice, and person/s nominated as contacts notwithstanding that one or both persons may not be a principal or legal practitioner director of the law practice.
- I have calculated the law practice's Gross Fee Income in accordance with the definition of Gross Fee Income in Note 2 of the Important Notes.
- I have contacted the law practice's professional indemnity insurance provider (if NOT Lawcover) and attach a **current** copy of the law practice's claims history from that provider.
- The law practice undertakes to provide Lawcover with financial evidence as requested by Lawcover to verify the information provided in this proposal form (including the financial evidence listed in Note 2) at the law practice's own cost.
- I understand that Lawcover may determine, based on prior years' experience or the financial evidence provided, that the law practice has under-estimated its Gross Fee Income. In this event, Lawcover will contact the law practice and advise the revised Gross Fee Income on which Lawcover will base its premium.
- I consent to Lawcover collecting, using and disclosing information as set out in the Privacy Statement above.
- I understand that if this law practice becomes a prior practice of another law practice, this law practice's claims history will become part of the claims history for the successor practice and I consent to it being provided to that successor practice.

| Signature: | Sign here | Date: | | | |
|----------------------------|-----------|-----------|-----|-------|------|
| | | | Day | Month | Year |
| | | | | | |
| Name of Authorised Person: | | Position: | | | |