



Attorneys & Barristers

Proposal Form

International

2026

IMPORTANT NOTICE

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurer to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document. If you do not understand or if you have any questions regarding any matter in this document, including the Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document. Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

YOUR DUTY OF DISCLOSURE

You have a Duty of Disclosure. Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway. You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to Us or disclosures are made and the Relevant Time, You need to tell Us. Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We have indicated We do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce Our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if Your non-disclosure was fraudulent.

CLAIMS MADE POLICY

This proposal is for a Claims Made Policy. This means that the policy only responds to:

Claims first made against you and notified to the Insurer during the policy period arising from events after any retroactive date on the policy, and

Events of which you first become aware during the policy period that could give rise to a future claim provided that you notify the Insurer during the policy period of the circumstances of such events and they arose after any retroactive date on the policy.

When the policy expires, no claims can be made on the policy even though the event giving rise to the claim may have occurred during the policy period.

PRIVACY

We are committed to protecting your privacy in accordance with the Data Privacy Act, which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure. Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information. A copy of our Privacy Policy is located on our website www.aciesmgu.com [Privacy Policy](#) Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us. If you wish to access your file please ask us.

NOT A RENEWABLE CONTRACT

Most Professional Indemnity Insurances are not renewable contracts so the Policy will terminate on the expiry date indicated. If you therefore require a subsequent Policy, you will need to complete and submit a new proposal form for assessment prior to the termination of the current policy.

AGENT OF INSURERS

In arranging this insurance, Subscribe is acting under an authority given to it by insurers, and is acting as the agent of the insurer and not as your agent.

1. Please provide full trading names of all firms to be insured under this arrangement:

Name(s)	Date Established

1.1 Registered company number

1.2 SIC/ANSIC/NAICS

2. Please provide your website details:

3. Please provide addresses:

4. If cover is required for your previous business (predecessor,) please provide full details below:

Name(s)	Start Date	End Date	Reason For Leaving

5. Please provide details of all Principals:

Name	Age	Qualifications	Date qualified	Date of Engagement

6. Please supply details of total numbers of staff:

Principals	Qualified Staff	Unqualified Staff	Other
Manual Staff:		Clerical Staff:	

7. If any of the Principals require cover for any previous professional business activity not covered elsewhere, please provide details below:

Name of Principal to be covered					
Name of previous Firm					
Period at previous firm	From:		From:		From:
	To:		To:		To:
Fees for last 3 years of trading	Year	Total	Year	Total	Year
Position held at previous firm					
The Reason for leaving					

8. Do you have an association with or financial interest in any other firm? YES NO

If YES, please provide full details below of the nature of the association and the name and business of the third party:

9. Has any Principal ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences,) or been investigated/reprimanded/disqualified by their professional body? YES NO

If YES, please provide full details below:

10. Has any Principal ever been personally bankrupt or has been associated with any business which has ceased trading, either voluntary or compulsorily? YES NO

If YES, please provide full details below:

11. Please provide details of your current Professional Indemnity Insurance arrangements below:

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
If you currently have Professional Indemnity coverage in force, please advise the retroactive date if any:	
Date	

12. Please provide a breakdown of turnover/fees generated for each of the last 5 financial years and an estimate for the current/next financial year:

Year End	/ /	/ /	/ /	/ /	/ /	/ /
Domestic						
Work in US						
Work overseas						
Total						

13. Please provide details of your 3 largest clients by annual Fees:

	Largest Fee:	Second Largest Fee:	Third Largest Fee:
Last trading year:			
Current trading year			
Name of client			
Nature of clients business:			

14. Please provide a breakdown of activities and percentage of income generated for each discipline:

Arbitration, Adjudication, Affidavits, Advocacy	%
Commercial Work - Ex M & A	%
Commercial Work - M & A	%
Conveyancing commercial	%
Conveyancing residential	%
Criminal Law	%
Debt Collection	%
Defendant Litigious Work for Insurers	%
E-commerce and I.T.	%
Employment Work	%
Family	%
Financial / Service Work	%
Immigration	%
Intellectual Property / Copyright	%
Landlord / Tenant	%
Lecturing or Related Activities	%
Litigious Work - Other	%
Marine law	%
Non Litigious Work - Other	%
Personal Injury	%
Property, Selling, Valuation, Management	%
Tax Law / Planning	%
Town and Country Planning	%
Trust Probate Wills and Tax Planning	%
Total	%

26. Please select the limit of liability you require quotations for:

\$250,000	\$2,000,000
\$500,000	\$3,000,000
\$1,000,000	\$5,000,000
Other limit of liability	

27. What level of excess do you require?

28. Has any claim been made or loss suffered by you, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? YES NO

If YES, please provide details below

Date of claim/loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve

29. Are you aware of any of the following?

Any circumstances which might lead to a claim against you, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? YES NO

Any matter which might otherwise affect the consideration of this proposal? YES NO

Has any application for similar insurance made on your behalf or on behalf of any past or present Principal ever been declined, refused renewal, cancelled or accepted only on special terms? YES NO

If YES to any of the above, please provide full details below:

Declaration

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons / entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

I/We agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected. I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that the insurer is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

SIGNATURE

Signed:

Printed Name:

Date: