





CILEX Professional Indemnity Insurance Application Form 2024

Area of practice

Agency advocacy

Defined as all advocacy work, including attendance at a Courtor Tribunalforthepurposeofsuchadvocacy, done on behalf of another insured practice.

Commercial/Corporate work – excluding work related to public companies

This is a broad category covering all commercial work, whether for sole traders, partnerships or companies. It includes but is not limited to mergers and acquisitions, corporate trusts, corporate insolvency and taxation.

Commercial/Corporate work for public companies This covers all work relating to public limited companies, including mergers and acquisitions, corporate trusts, corporate insolvency and taxation.

Conveyancing - commercial

Acting on the acquisition, sale or financing of freehold or leasehold property where the client is acting in the course of a business. This includes the drafting of leases and related documentation.

Conveyancing - residential

Acting on the acquisition, sale or financing of freehold or leasehold property where the client is not acting in the course of a business.

Debt collection

Collection of undisputed or undefended debts. Debt recovery work that involves a dispute, including the defence of a debt action, should be classified as Litigious work other.

Employment – contentious

Advising and acting on disputes between employer and employee which arise from statute and/or contracts of employment.

Employment – non-contentious

Generalemploymentadvicetoemployers and employees, including corporate support on transfer of businesses, employee benefits and drafting of contracts of employment and staff handbooks.

Financial advice and services where your entity has opted into regulation by the Financial Conduct Authority

This covers financial advice and services directly regulated by the Financial Conduct Authority under the Financial Services and Markets Act 2000. If you have indicated a percentage in this area, please provide full details on our separate financial services questionnaire.

Landlord and tenant

Dealing with the exercise of contractual rights under a leasewhether acting for a landlord or a tenant, including rights of enfranchisement, Landlord and Tenant Act 1954 claims, rent reviews, rights to manage, possession and dilapidations. Does not include the creation/drafting of contractual rights.

Lecturing and related activities and expert witness work

This includes work involving the preparation for, and the presentation of, lectures, seminars, training and tuition whether for the purposes of professional skills training, continuing education or otherwise, and includes the provision of written material for publication.

Offices and appointments

This does not include appointment as an Officer or Director of a company but does include acting as a clerk to City Livery Companies, Dean and Chapters, Drainage Boards, Local Councils, Charities or School Governing Bodies; Diocesan Registrars, Archdeacon's Registrars or Provincial Registrars of the Provinces of the Church of England in respect of work covered by an Ecclesiastical Fees Order, provided that any such offices and appointments are undertaken in the course of private legal practice.

Parliamentary agency

Defined as all work done in the promotion of or opposition to primary or subordinate legislation.

Property management, valuations and real estate agency

This covers property management, valuations and realest at eagency carried out by the practice but does not include any separate business providing these services that is outside the regulation of CILEx Regulation.

But please note that the aggregate must not be greater than an amount equal to £20,000 multiplied by the number of Principals.

Successor practice/Prior practice

The definition of successor practice in the Minimum Terms and Conditions is complicated. You may be a successor practice even though you did not intend to take on the liabilities of another practice when taking it overor merging with it and even if you specifically agreed that those liabilities would remain elsewhere.

Whenever a practice ceases 'being carried on as a discrete business', there is potential for the successor practice clause to take effect.

Youmay become a successorpractice byholding out your practice 'expressly or by implication' as beingthesuccessoroforbyincorporatingtheother practice(s), by taking on a majority of the Principals in theotherpractice as Principals inyourfirm, bytaking on at least one such Principalas a Principal when the majority have not become Principals in another practice, by taking a sole practitioner or Recognised Body into your firm as a Principal, or by taking on a sole practitioner as an employee.

If your firmhasdone any of these things, at any time or is planning to do so, you may be a successor practice and should provide full details.

If you have previously been in Private Practice please ensure you make Insurers fully aware.

Application Form

Please provide a full answer to every question. A Principal or Authorised Person of the Entity must sign and date this form along with any separate sheets. If applicable please include with this form your financial accounts for the last two accounting periods and a sheet of your current headed notepaper.

Please note that the following questions are designed to provide us with the information necessary to decide whether, and if so, on what terms, to offer to provide insurance to your entity. Filling theform in fully and with adequate detail will ensure that we are in the best position to provide you with a quotation.

Youshould be aware that your answers to these questions do not amount to a notification to your current insurers of any claim against the entity or any circumstance that may give rise to a claim. If you have received a claimorareaware of any circumstances that may give rise to a claimyour current insurer separately before the expiry of your current policy.

1. Your details

Authorised Entity name:		
Please include all other names under which you practice and any other encover including Trustee and/or nominee companies and/or incorporated B		you are seeking
CILEx Regulation Registration Number:		
Previousoranyother Regulator Registration Number(SRA, CLC, ICA):		
Dateestablished:		
Main officeaddress:		
Town:		
County: Postcode:		
Main office telephone number:		
Main office fax number:		
Entity website:		
Primary contact and email address:		
Is your entity a Limited Liability Partnership or a Companyregistered at Companies House?	Yes 🔘	No O
Do you have any branch offices for which you are seeking cover?	Yes O	No 🔘

If yes, please provide details below. Use a separate sheet if necessary.

Address	Postcode		sident Principal or d Person¶f no, see pelow
If there is no resident Principal or Authorised Person in aboffice is supervised.	oranch office, ple	ase explain	howthat
2. Prior practices (if applicable)			
List the names of all prior practices to which this entity lifteen years. Please refer to the Prior Practice definition			
Practice name	Date esta	ıblished	Date of succession
Have any of the listed practices reported any circumstance Yes No	es or claims in the I	ast five years	Ś
If yes, please provide copies of claims information from oth reported.	ner Insurers for all c	ircumstance	s and claims

3. Other mergers and acquisitions

Yes	O No O					
	ease provide full details inc run-off cover.	cluding the nar	me of the firm or er	ntity, their las	t completed pro	posal form and
4. (a) T	he Authorised Entity	1				
Please st	rate total number of:					
Equity F	Principals or Authorised	Persons	Salaried/Fixed Sho	are Principals	sor Authorised Pe	ersons
Other Au	uthorised Persons (includin	g consultants)				
Other n	on-authorised fee earn	ners	All other staff, incl.	secretarial		
Please s	state if none.					
employe enclose Cash Flo	orovide all information requed by your entity as at the information or eventity as at the information of the comporate of the relevant in the	nception date ery Principal or eentities that c	of the Policy. If you Authorised Person are Principals shou	u are a newly n in your en	y established pro tity, your Busines	ctice, please ss Plan and a
Title (Mr/Mrs etc.)	Authorised Person's full name	Dateof birth (DD/MM/YYYY)	Person's status	Full or parttime (Ifparttime state average hours worked per week)	CILEX Membership /Roll number (As shown on practising certificate)	Number of years practising since authorised in Englandand Wales (Excluding career breaks)

Have you merged with or acquired any firm or entity that purchased run-off cover prior to the merger or acquisition with the result that you do not have a prior practice?

4. (b) Office Holders and Accreditation

i)	Please provide the name and status of the person non Practice Management for the Authorised Entity.	ninated as the Compliance Manager for Legal
	Name:	
	Status:	
ii)	Please provide the name and status of the person non Administration Management for the Authorised	· · · · · · · · · · · · · · · · · · ·
	Name:	Status:
	ves, please providedetails:	
4.	(c) Work for other firms or entities	
	e any Principals or other Authorised Persons also Princ ns/entities or any other businesses?	ipals, Authorised Persons or employees of other law
	Yes No	
If y	ves, please provide details:	

5. Outsourcing arrang	ements				
Does your entity outsource of	any legal, secretarial	or other wor	ķ?		
Yes No					
If yes, please provide details	s:				
Are your outsourcing arrang Yes No No O If yes, please provide details		nt with the C	CILEX Code of Conduct	÷Ś	
6. Practice fees					
Where applicable, please please please of gross fee income	_		-	•	
	Year End Date (DD/MM/YYYY)	UK	USA/Canada	Elsewhere	Total
Estimated currentyear					
Last completed year					
Prior completed year (-1)					
Prior completed year (-2)					
If your entity has any fees clients, the work undertak law (please specify).			·	•	

		ny one client, group of clients or any referral source generate 20% or greater of your I fees?
	,	Yes No No
		lease provide full details of these clients or referrers, the work undertaken and the fees earned/tage g e ne r a t e d .
7.	Pra	ctising certificate and regulatory issues
a)	In t i)	he last ten years has any Principal or Authorised Person in the entity: ever been refused a practising certificate?
	٠,	Yes No
	ii)	ever been granted a conditional practising certificate?
		Yes No No
	iii)	been reprimanded, fined or otherwise sanctioned by the Disciplinary Tribunal? Yes \square No \square
	iv)	practised in a firm or entity subject to an investigation or an intervention by a Legal Services Regulator? Yes No
	v)	had an award made against him or her by the Legal Ombudsman or by the former LCS, CCS or OSS or entered into any regulatory settlement with a Regulator? Yes No
	vi)	had a civil or criminal judgment against him or her?
		Yes No No
	vii)	been investigated by any regulatory body other than a Legal Services Regulator?
		Yes No No
	∨iii)	been (or is currently) the subject of an Independent Voluntary Arrangement (IVA) or other arrangement? Yes No
	ix)	been (or is currently) the subject of a bankruptcy order?
		Yes No No
b)	Has	s the entity been the subject of any visit from CILEx Regulation in the last 12 months? Yes No D

C)	•	•	•		m the Forensic investigation unit in the enquiry been given?
d)	Has the entity	engaged in dis		•	with CILEx Regulation at any time within the ability of the entity?
e)	Has the entity directors, con i) been conv dishonest	or any prior pronsultants, Authorized of (or chary)	orised Perso	ons or employees	ner Principals, partners, members, thereof: ny criminal offence involving fraud or
	•	uested, including	•	·	um or excess contribution in full or in part um finance companies in respect of such
f)	Has the Comp	liance Manager No 🗌	reported ar	ny material breach	es to CILEx Regulation in the last 12 months?
	and include a	copy of all report, the former LCS	rts and relev	ant corresponden	se provide full details on a separate sheet ce issued by the CILEx Regulation, Legal n Unit, Disciplinary Tribunal and/or any
g)	Do you agree t Insurers?	to CILEx Regulati	on providin	g information or co	nfirmation on any of the above issues to your
	Yes	No 🗌			
8. (Claims and o	circumstance	es .		
a)	Has your entit	y, or any prior p	ractice, rep	oorted any circum	nstances or claims to any Insurer in the:
	Insurance Yea		Yes O	No O	Note If, you answered yes to any of the insurance years, please
	Insurance Year	r 2021	Yes O	No O	provide with this form claims
	Insurance Year	r 2022	Yes O	No O	information from Insurers for all circumstances or claims
	Insurance Year	2023	Yes O	No O	reported since 01/01/2019.
b)	•		•		any prior practice in the last five years arisen Person or employee of the practice?
		rovide full details ocesses in place	•	_	how each matter was resolved and the

c)	After making full enquiry of all Principals, Authorised Persons and employees in your entity, are you aware of any circumstances or claims that you have not reported to your current or any prior insurers? Yes No I
to i	ase note that you have an obligation under your current professional indemnity insurance policy notify these matters to your insurer and we shall ask you to confirm that you have done so fore cover can be put in place.
9. /	Areas of practice
thre	ere applicable, please provide the percentage of gross fees allocated to each area of practice in the last see completed accounting periods. If you are a new practice, estimate percentages for the coming year nded to the nearest whole percent. For guidance please refer to definitions.

		Estimated for nextyear	Prior completed year (-1)	Prior completed year (-2)
1.	Administering oaths, taking affidavits and notary public	%	%	%
2.	Agency advocacy	%	%	%
3.	Acting as an arbitrator, adjudicator or mediator	%	%	%
4.	Children, mental health tribunal and welfare	%	%	%
5.	Commercial litigation	%	%	%
6.	Commercial/corporate work (excluding work related to public companies)(please complete section 10)	%	%	%
7.	Commercial/corporate work for public companies (please complete section 10)	%	%	%
8.	Conveyancing – commercial (please complete section11)	%	%	%
9.	Conveyancing – residential (please complete section 11)	%	%	%
10.	Criminal law	%	%	%
11.	Debt collection	%	%	%
12.	Defendant litigious work for insurers, including defendant personal injury work	%	%	%
13.	Employment – contentious	%	%	%
14.	Employment – non-contentious	%	%	%
15.	Financial advice and services where your practice is regulated by the FCA (please complete our Financial Services Questionnaire)	%	%	%
16.	Intellectual property including patent, trademark and copyright (please complete section 9 (c))	%	%	%
17.	. Immigration	%	%	%
18.	Landlord and tenant	%	%	%

19. Lecturing and related activities and expert witness work	%	%	%
20. Litigious work other than given in any other category (please complete section 9 (a))	%	%	%
<u> </u>			
21. Matrimonial/Family	%	%	%
22. Non-litigious work other than given in any other category (please complete section 9 (b))	%	%	%
23. Offices and appointments	%	%	%
24. Parliamentary agency	%	%	%
25. Personal injury(claimant)(please complete section 12)	%	%	%
26. Probate and estate administration	%	%	%
27. Property management, valuations and real estate agency	%	%	%
28. Town and country planning	%	%	%
29. Wills, trusts and tax planning	%	%	%
Total must equal 100%	%	%	%
a) Details of litigious work other (see 20 above)			
b) Details of non-litigious work other (see 22 above)			
c) Details of intellectual property work (see 16 above)			

Any other details of your areas of practice that you consider to be relevant (e.g. specific client base, specialist or niche field)?
Yes No No
If yes, please provide full details.
Has your entity ever accepted instructions for any class actions or other group litigation within the last 10 years? Yes No If yes, please provide full details.

10. (a) Commercial

In respect of commercial work, please provide estimated gross fee income for the next accounting period from:

Area	Gross fees non-public companies	Gross fees public companies
Mergers and acquisitions		
Debt issuance/securitisation		
Project financing		
Pension schemes		
Tax		
Regulation/compliance		
Other (please specify)		
Other (please specify)		
Other (please specify)		

10. (b) If applicable, please list the five largest matters over the last three years and fees earned in each case. If you are a new practice please list the likely five largest matters.

Public or non-public company (please state)	Contract value	Fees earned	Year completed
		· ·	! I

11. Conveyancing

Authorised Persons (excluding Principals)

Non-qualified fee earners

		completed year	year (-1)	your (2)
		Estimated or last completed year	Prior completed year (-1)	Prior completed year (-2)
b)	Please state the number of fee earners in yo work.	ur practice who underto	ake or have undertal	ken conveyancing
	If no, please go to section 13.			
	Yes No			
	amounting to more than 5% of gross fe	es in any one years		

Has your entity undertaken or is likely to undertake any residential and/or commercial conveyancing

c) Please fill in the below table Estimates in relation to residential conveyancing.

	Estimated or last completed year	Prior completed year (-1)	Prior completed year (-2)
Gross fees			
Number of transactions			
Highest capital value			
Average typical capital value			
Percentage of total relating to remortgage work			

d) Please fill in the below table Estimates in relation to commercial conveyancing.

Last completed year	Prior completed year (-1)	Prior completed year (-2)
	•	

A۱	verage typical capital value			
e)	In any year in the last six, have more than 5% of yelient or referrer, e.g. mortgage broker, deverse No If yes, please provide full details.	-	_	
f)	Has your entity acted or is likely to act for multipl building? If yes, please provide details on a	•	rchasers in the same	development or
g)	Where applicable, estimate what percentage of complete financial years relates to the purcl	, ,	•	ich of the last three
	Last completed % Prior complete year	ed year (-1) 7	6 Prior completed	d year (-2)%
h)	What identity checks do you carry out on cor	nveyancing clients	² 5	
i)	How do you comply with lender requiremen	nts on verification	of identity?	

j)	If you do not meet a client prior to a transaction, how do you establish identity?
k)	What safeguards do you have in place to ensure that any information indicative of mortgage fraud (e.g. back-to-back transactions, discounts, incentives) is: i) Identified?
	ii) Reported to lender clients?
I)	Does anyone other than a Principal or Authorised Person sign reports and/or certificates of title addressed to lenders?
	Yes No L
	If yes, please provide full details.
m)	Where applicable have you received any request for conveyancing files from lenders in the last 12 months?
	Yes No No
	If so, please state the total number of individual files requested and the name/s of the lender/s

n) Has the entity or any prior practice in the last twelve months:

		Yes/No	Number
i)	Undertaken residential or commercial surveys/valuations for lending purposes?		
ii)	Advised on Equity Release Plans?		
0)	Does the practice plan to do any of the above in the next twelve months? Yes No If yes, please provide full details.		
p)	Has your entity or any prior practice received referrals from a broker or marketing Right to Buy purchases? Yes No	g professiona	l in relation to
	If yes, please estimate the number of referrals.		
d)	Where applicable, in the last 24 months have any clients for whom you conduct purchase: i) Requested their file? Yes No ii) Made printimated a complaint or claim against your practice?	ed a Right to	Buy
	ii) Made or intimated a complaint or claim against your practice? Yes No		
	If yes, please provide full details.		

12. Personal injury

a)	Please advise your current personal injury work	by percentage.		
	Clinical negligence			%
	Occupational disease			<u></u> %
	All other personal injury (e.g. RTA, employers'/p	public liability, etc.)		
	How many open claimant personal injury case:	s does your practice	currently have?	
	What was your average personal injury settlem	ent over the last twe	elve months?	£
	What was your highest personal injury settleme	ent over the last twe	ve months?	£
b)	Please estimate the percentage of personal in following categories:	jury work (claimant)	you currently have in	each of the
	Small claims % Fasttrack %	Multi track	%	
	Please estimate the number of personal injury where the expected settlement exceeds £250		have	
	Please state the number of Authorised Persons work.	s in your entity who u	indertake or have ur	ndertaken personal injury
		Last completed year	Prior completed year (-1)	Prior completed year (-2)
Pr	incipals		•	
	incipals uthorised Persons (excluding Principals)		•	
Αι	· · · · · · · · · · · · · · · · · · ·		•	
Ai No	uthorised Persons (excluding Principals)	year	year (-1)	year (-2)
Ai No	uthorised Persons (excluding Principals) on-authorised fee earners Have your files been audited or has an audit b	year een proposed by ar	year (-1) ny underwriters or fur	year (-2)
Ai No	uthorised Persons (excluding Principals) on-authorised fee earners Have your files been audited or has an audit b Yes No If yes, please provide details, including copies	year een proposed by ar	year (-1) ny underwriters or fur	year (-2)
Ai No	uthorised Persons (excluding Principals) on-authorised fee earners Have your files been audited or has an audit b Yes No If yes, please provide details, including copies	year een proposed by ar	year (-1) ny underwriters or fur	year (-2)
Αι	uthorised Persons (excluding Principals) on-authorised fee earners Have your files been audited or has an audit b Yes No If yes, please provide details, including copies	year een proposed by ar	year (-1) ny underwriters or fur	year (-2)
Ai No	uthorised Persons (excluding Principals) on-authorised fee earners Have your files been audited or has an audit b Yes No If yes, please provide details, including copies	year een proposed by ar	year (-1) ny underwriters or fur	year (-2)
At No	uthorised Persons (excluding Principals) on-authorised fee earners Have your files been audited or has an audit b Yes No If yes, please provide details, including copies	year een proposed by ar	year (-1) ny underwriters or fur	year (-2)

d)	Do you receive, or have you received, any time in the last three years, any commission or other financial incentive from any insurer?
	Yes No No
	If yes, please provide details.
e)	Please provide a copy of the standard letter that you have advising clients about the choice of funding options available and the impact of these options.
f)	Do you use any particular provider for expert reports in more than 20% of your
	cases? Yes No
	If yes, please provide full details, including identity of provider, percentage of cases and background to the level of instructions.
g)	What changes have you made in the way you source your work in response to the Jackson reforms?
h)	What other changes has your entity made in response to the Jackson reforms?

13. Risk management

a)	Do you currently provide or intend to provide 'unbundled legal advice'? Yes No
	If yes, please provide details of the areas of practice and how you manage or intend to manage the client engagement process with regard to the scope of the retainer in these cases.
b)	Are regular file audits undertaken in each department including Principals' and Authorised Persons' files Yes No
	If yes, how many files are audited, how often and by whom?
c)	Who is authorised to give undertakings on behalf of the entity?
d)	Who is entitled to authorise payment from the client account?
e)	At what threshold are two signatures required to authorise payment from the client account?

f)	Does the entity provide professional services for any client in which any Principal or Authorised Person holds a partnership/directorship or has any other financial interest? Yes No If yes, are these services always carried out by a Principal or Authorised Person other than the Principal or Authorised Person connected with the client?				
	Yes No No				
	If no, please provide details.				
g)	In response to the Mitchell case please explain how you ensure that all critical dates in the course of litigation are complied with, including full details as to how your diary system operates and what audits or checks are undertaken to ensure it is being used effectively?				
h)	Is there any further information relating to the risk management procedures or tools within your entity that you consider would be of interest to underwriters? (e.g. Riliance (for regulatory management), Completion Monitor (for conveyancing), Certainty (for wills))?				
14	. Financial Accounts				
	nere applicable, please provide a copy of the annual accounts for the practice for the last two complete annual years.				
a)	Please confirm the total fees outstanding to your practice as at the date of this application. \pounds				
b)	What percentage of this amount was billed more than 90 days ago?				
c)	$\hbox{\it What is the total unbilled work in progress as at the date of this application?} \qquad \hbox{\it \pounds} \qquad \\$				
d)	Does the entity currently have an overdraft facility? Yes No				
	If yes, what is the balance owing as at the date of this application? \pounds				

e)	Yes No If yes, what is the amount owing and for what purpose were the funds raised?							
f)	Have Principals or Authorised Persons been required to provide personal guarantees in relation to any entity related loans/or debts? Yes No							
	If yes, please provide full de	Talisé						
g)	Has the entity given any und					al practice lo	oans to P	rincipals or
	Authorised Persons acquiring an interest in the entity? Yes No							
	If yes, please provide full details.							
h)	Please name the highest 3 fee earners in the entity for the last 2 years, the fees billed by each, and area of practice (aop).							
	Last Completed Year				Last Completed	Year -1		T
	Name	Fees	AOP		Name		Fees	AOP
1					ı			
2					2			
3				_] [;	3			

15. Current coverage

a)	a) Has any Insurer refused to offer your entity, or any prior practice, terms for professional indemnity insurance?				
	Yes	No 🗌			
	If yes, please	e provide full detai	S.		
16	. Requeste	d cover			
	e minimum co lion.	over required is £	2		
Lin	nit of indemn	ity – please limit	to a maximum of	four choices	
	£2 million	☐ £3 million	☐ £4 million	☐ £5 million	£6 million £7 million
	£8 million	£9 million	£10 million		
Ex	cess – pleas Nil	e limit to a maxim	num of four choice	es £5,000	☐ £10,000 ☐ £25,000
	£50,000	£75,000		Other – please s	specify £
_	you require o	quotation for Agg	definitions for deta gregate Excess? ude both options)
		t the aggregate (> e number of Prind	•	ot be greater thar	n an amount equal to £20,000
17	. Significan	nt change			
a)	Is the entity p	planning any succ	ession or merger wi	th another practic	ce within the next 12 months?
	If yes, please	e provide full detail	S.		

b)	Has there been any significant change in your entity in the last year or do you expect any significant change in the coming year? For example, changes to areas of practice, number of fee earners, gross fees, opening or closure of branch offices, a merger or closure of your practice? Yes No
	If yes, please provide full details.
18	. Other material information
You fene fair which a pa nav	portant notice must, at all times, act with utmost good faith towards your insurer. Before your policy is placed, at ewal, and when varying or extending the policy, you have a duty under the Insurance Act 2015 to make a presentation" of the risk and you must disclose to your insurer all information, facts, and circumstances the are, or ought to be, known to you and which are material to the risk. In addition, if your policy contains articular clause stating that any change in circumstances must be advised to your insurer, you will also be to disclose certain information during the policy period. The discharge the duty with respect to your professional indemnity policy may result in underwriters are action for reimbursoment, or adjustment of terms against firms or individuals as provided for in the
CIL	ng action for reimbursement, or adjustment of terms against firms or individuals as provided for in the EX Minimum Wording. If you have any queries in relation to your duty, we suggest you appoint a broker ther competent professional to advise you.
ls th	nere any other material information that may be relevant to this application?
	Yes No No
	If yes, please provide full details.

19. Declaration

All personal data

TO BE GENERALISED

Number of additional sheets included with this application

This form must be signed by a Principal or Authorised Person of the entity.

Signature	Print name
	Date

Information, including sensitive data as defined in the Data Protection 2018 which you provide (including information already received) may be held on a database and may be shared with other entities within any Insurer or broker to whom this Proposal form is provided. This information will be used for general insurance administration purposes, for offering renewal, for research and statistical purposes and for crime prevention. In the course of any Insurer or Broker performing their obligations to you, this information may be disclosed to agents and service providers appointed by the Insurer or Broker. From time to time industry regulators and auditors may require the Insurer or Broker to disclose some or all of the information for legal or regulatory purposes in the UK and abroad. This information may be transferred to any country including countries outside the European Economic Area for any of these purposes and for systems administration. Where you provide information relating to other individuals, you may only do so with their express consent. Information is only accepted on this understanding.

20. Document checklist

Before posting, please ensure that you have included the following documents:	And, if applicable, please provide the following:		
 This form; fully completed, signed and dated. Copies of the entity's accounts for the last two financial years. A sheet of your entity's current headed notepaper. 	Claims information for all claims and circumstances reported to Insurers, by your entity and any prior practice. If you are a newly established entity, a Curriculum Vitae for every Principal and Authorised Person of the practice and your Business Plan and Cash Flow Statement.		
	A copy of all reports issued by CILEx Regulation, the former LCS/CSS, Forensic Investigation Unit, Legal Ombudsman, Disciplinary Tribunal and/or any regulatory body.		
	Any information provided on separate sheets.		

CILEx Regulation Limited

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