

- D. Number of partners / legally qualified directors
 Number of part-time employed practitioners < 15h pw
 Number of Admin Staff
 Names of part-time practitioners

	Number of full-time employed practitioners	
	Number of Paralegals	
	Number of conveyancers	

- E. Estimated Annual Fees for 2016-2017
 Percentage of Fees relating to Criminal Law

	%

- F. Have ALL practitioners of 6 months or more with your firm had two self-audit reviews conducted between June 2015 and May 2016? If YES, please complete the attached declaration to be entitled to the self-audit discounted rate.

YES / NO

- G. Please complete shaded areas of as per your category and calculate premium payable.

Premium Calculation	Practitioner Category	(x) Number of Practitioners	(y) Total payable per practitioners	Total amount payable (= (x) multiplied by (y))
(A) Self Audits Conducted	Full-time		\$5,975.42	\$
	Part-time <15 hrs pw		\$4,704.32	\$
	TOTAL			\$
(B) Self Audits NOT Conducted	Full-time		\$8,153.42	\$
	Part-time <15 hrs pw		\$6,259.76	\$
	TOTAL			\$

Criminal Law Firms only (those firms with 50% or more of revenue earned from criminal law)

(C) Self Audits Conducted	Full-time		\$5,467.22	\$
	Part-time <15 hrs pw		\$4,323.16	\$
TOTAL				
(D) Self Audits NOT Conducted	Full-time		\$7,439.52	\$
	Part-time <15 hrs pw		\$5,802.39	\$
TOTAL				

- G. North Australian Aboriginal Justice Agency (NAAJA) / Central Australian Aboriginal Legal Aid Service (CAALAS)

(E) Self Audits Conducted			\$1,549.68	\$
(F) Self Audits NOT Conducted			\$2,072.40	\$
TOTAL				

- H. After enquiry, are any practitioners aware of any claims or circumstances which may give rise to a claim, that have not previously been reported to Marsh? If YES please advise claimant or potential claimant name below and attach full details.

YES / NO

- I. Declaration

I have read the Important Notices attached to this Declaration and am aware of my Duty of Disclosure as detailed in those notices. I confirm my agreement for Marsh to release details of my Professional Indemnity insurance placement to the Law Society Northern Territory. I declare the contents of this form to be true and correct.

Signed _____ Date: _____
 (Principal or Managing Partner)

Print Name _____ Title: _____

PAYMENT OPTIONS

Please forward your completed declaration and payment to Marsh Pty Ltd prior to Wednesday 27 May 2016. Your Certificate will then be issued.	Please select payment type Cheque (attached) <input type="checkbox"/> Please make cheque payable to Marsh Pty Ltd Premium Funding <input type="checkbox"/> Please attach premium funding application form. If you are using an alternative premium funding facility please note that settlement of monies must be made by 30 June 2016 . Credit Card <input type="checkbox"/> Please refer to the back of the invoice for this payment option.
Marsh Pty Ltd ABN 86 004 651 512 LMB 2, DARWIN NT 0801 Tel (08) 8385 3535 Fax (08) 8981 9311 Email: karen.searle@marsh.com	

SELF-AUDIT DECLARATION

Firm Name:

Contact Person at Firm:

- * Please attach if you have more than 20 practitioners
- * Please provide this signed declaration with your Professional Indemnity Insurance Renewal Declaration
- * ALL practitioners with over 6 months employment in firm as at 31 March 2016 must have **TWO** audits conducted between 30 June 2015 and 31 May 2016 in order to obtain PI Insurance premium discount i.e. the discount will not apply separately for each practitioner

Partners	Practitioners	

Declaration

I, _____ do solemnly and sincerely declare that each of the practitioners listed within this document, have had a file audit completed using the Law Society Northern Territory Self Audit Checklist v02-12. I agree to an independent review of the audit process if requested.

Signed _____ (Managing Partner, Managing Director or CEO)

Declared at the day of 2016