

LAW SOCIETY NORTHERN TERRITORY SOLICITOR PROFESSIONAL INDEMNITY

2016 – 2017 TOP-UP INSURANCE APPLICATION FORM

(Complete for limits required over \$2,000,000)

Please read the Important Notices attached, prior to completion.

1. Name of Firm or Sole Practitioner, Practicing Company, Prescribed Organisation or Incorporated Legal Practice (include names of any Trust, Service or Nominee Company)

2. Address: _____

3. Please advise the number of:

Partners / Directors _____

Employed Practitioners _____

Administrative Staff _____

3. Please advise gross income as follows:

2014 / 2015 \$ _____

2015 / 2016 (forecast) \$ _____

2016 / 2017 (estimate) \$ _____

4. Please advise main areas of work you are involved in and state percentage of income derived:

Commercial	%	Taxation	%	Construction	%
Banking & Finance	%	Intellectual Property	%	Environmental	%
Employment	%	Pensions	%	Criminal	%
Civil Litigation	%	Estate Trust & Probate	%	Insurance	%
Company	%	Conveyancing	%	Other (please specify)	%
Family	%	Merger & Acquisitions	%		%

5. Are you currently insured for Top-up insurance **YES / NO**.

If yes please advise current limit insured \$ _____

6. Please advise the Limit of Liability you require a quote for **in addition** to the primary limit of \$2 million:

\$1 million \$2 million \$3 million \$5 million \$7 million \$10 million Other _____

7. Claims/Notifications:

a. Have any claims been made against the Firm or its present or former partners, practitioners or consultants during the previous 7 years? **YES / NO** *If yes, please provide details*

b. After enquiry, are any of the partners, practitioners, consultants or staff aware of any circumstances which may give rise to a claim against the Firm, its past or present Partners, practitioners or consultants? **YES / NO** *If yes, please provide details*

8. Declaration:

I have read the Important Notices attached to this Declaration and I am aware of my Duty of Disclosure as detailed in those notices. I declare the contents of this form to be true and correct.

Signed _____ Date: _____
 (Principal or Managing Partner)

Print Name _____ Title: _____

Please forward your completed declaration to Marsh Pty Ltd: karen.searle@marsh.com or fax 08 8981 9311.