

The New Eden Way Professional Indemnity Insurance (PII) Initial Enquiry Form[©]



Please 'Save As' to a Folder on your PC , Mobile or Tablet, then Complete and Email to mark@newedenway.com. Thank you

Name of Organisation			
Postcode			
Contact			
Telephone/ Mobile		SRA ID	
Email			
Year Established			
Successor Practice(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please provide details separately

5 Key Areas

1) Number of Partners/Directors/Members/Staff:

Partners Directors/Members Staff

2) Most recent annual turnover £

Areas of Business:		IP	<input type="text"/> %
Commercial Conveyancing	<input type="text"/> %	Other Litigation	<input type="text"/> %
Residential Conveyancing	<input type="text"/> %	Matrimonial & Children	<input type="text"/> %
Wills & Probate	<input type="text"/> %	Immigration	<input type="text"/> %
Personal Injury	<input type="text"/> %	Crime	<input type="text"/> %
M&A	<input type="text"/> %	All Other Work	<input type="text"/> %
Corporate	<input type="text"/> %	Total=100%	<input type="text"/> %

3) Claims History:

How many Claims and/or Notifications have you made in the last 3, 6 and 9 years?

(if **not** zero, please select a number or range)

Last 3 Years? Last 6 Years? Last 9 Years?

4) Have you had any SRA, Forensics/SDT, Law Society or other Regulator

Visits, Findings or Reports in the past 10 Years?

Yes ☐ No ☐ If Yes, please provide details

5) Who are your Current Insurers?

Insurer PII Renewal Date

New Eden Contact

Mobile Email