# Professional Indemnity Insurance Disclosure Form

**Professional Indemnity Insurance Disclosure Guidelines**

Please consider the information contained in the Professional Indemnity Insurance Disclosure Guidelines to help you fill this form in.

If you have any questions, or need our help to fill in this form, please call our Contact Centre on 0370 606 2555 between 08.00 and 17.00.

## Section 1 – Your Contact Details

| | |
|---|---|
| Title | |
| First Name | |
| Surname | |
| Address | |
| Postcode | |
| Email | |
| Preferred contact number | |

| | |
|---|---|
| Name of the insured firm ("the firm") whose insurance details you are requesting | |
| SRA ID of the firm (if known) | |
| Postal address of the firm | |
| Is the firm still in operation | ☐ Yes, complete sections 2 & 4<br>☐ No, complete sections 3 & 4 |

## Section 2 - Open Firm

A firm has an obligation to disclose the identity of their professional indemnity insurer to a claimant. Before completing this form, you **must** have contacted the firm, in writing, with the full details of the claim, and requested the firm's insurance details. Please refer to 2(b) of the Professional Indemnity Insurance Disclosure Guidelines.

Unless you provide us with copies of this correspondence with the form, we cannot process your request.

Please tick the boxes below to confirm you have provided all the necessary correspondence.

- ☐ First letter to the firm setting out the claim
- ☐ Request for the firm's insurer details
- ☐ Any other correspondence relevant to the claim

## Section 3 - Closed Firm

As the disclosure of the identity of a firm's professional indemnity insurer is discretionary, we need to understand why you are seeking insurance details.

If the claim was set out to the firm prior to the firm closing please provide a copy of this correspondence.

What was the firm instructed to do?

How do you believe the firm failed to carry out the instructions?

What are the consequences of their failure to carry out the instructions? Please provide details of any financial loss suffered.

## Section 4 - Declaration

Please read the following information then sign to confirm that you agree with the information.

- As far as I know, the information I have given is accurate and complete.
- I give permission for the SRA to contact the firm regarding my request and share my contact details if needed.
- I understand that the disclosure of the identity of a firm's professional indemnity insurer is discretionary.
- If I am signing this form as the representative of another person, I confirm that they have authorised me to sign it.

| | |
|---|---|
| Signature | |
| Date | |

## Section 5 - Returning the Form

Please send your completed request form and evidence either

**by email**
to insurerdisclosure@sra.org.uk.

or

**by post**
PII Team
Client Protection
Solicitors Regulation Authority
The Cube
199 Wharfside Street
Birmingham
B1 1RN

DX 720293
Birmingham 47

If you have any queries about whether a firm is still in operation, or for a copy of this form in another format, you may call our Contact Centre on 0370 606 2555 or email contactcentre@sra.org.uk

**Checklist**
You might find this checklist helpful to make sure that you have everything that you need to send to us.

- A correctly filled in document request form
- Evidence in support of your request

We aim to respond within **30 working days** of receipt of your request form. At this time, we may request further information if needed or we may provide a decision as to whether you are entitled to the details in line with the SRA Indemnity Rules.

Please note, submitting an incomplete form may result in a delayed outcome.