

DECLARATION

This Statement of Fact is a record of information advised to Zurich Insurance PLC and facts communicated to us about your risk. These facts have been considered when calculating the premium and applying terms and conditions to your Policy. This Document should be read in conjunction with the Insurance Policy and Certificate.

Name Aon Ref

Address

Bar Status/Date Joined (*if less than 7 years standing*) Year(s)

Work in USA / Canada

Criminal Work Discount Applicable? Based on Percentage of Practice %

**Criminal Work Discount is only available to members of 6 or more years standing, doing 25% or more Criminal Work.*

Policy in Run Off

**Please note that if you have recently returned to Practice, you are not adequately Insured if you are in Run Off.*

Limit of Indemnity € Any One Claim (costs in addition).

Current Excess € Minimum - €1,000

By increasing your excess, you can avail of the following discount (**only available to practicing members of 6 or more years standing*).

€5,000 - €100 reduction in premium

€10,000 - €150 reduction in premium

Please advise on this declaration & amend your premium accordingly. If you are already in receipt of this discount, please do not adjust your premium.

THE POLICY OF INSURANCE WILL BE WRITTEN ON THE BASIS THAT THE FOLLOWING STATEMENTS OF FACT ARE TRUE.

Please note that failure to disclose all material facts could invalidate your insurance and/or result in a claim being repudiated. Material facts are those facts an Insurer would regard likely to influence the assessment and acceptance of your insurance.

If you are in any doubt whether a fact is material, you should disclose it.

DECLARATION

- I declare to the best of my knowledge and belief that the information contained in this Statement of Fact is true and correct in every respect and shall form the basis of the contract between me and the company.
- I understand that if anything was written/typed on this form by another person that they acted as my agent for the purpose of this insurance.
- During the past 5 years no claim has been made against me (other than previously notified) for:
 - Negligence, error or omission relating to professional duties.
 - Injury to general public or damage to their property in the course of my duties.
- No insurer has ever declined renewal, terminated insurance or imposed special conditions in respect of the risks proposed in this insurance.
- After full enquiry, I have not been subject to, in the last 5 years:
 - Costs or penalty or reprimand by a Disciplinary Tribunal on behalf of the Bar Council of Ireland?
 - Investigation or intervention by a Disciplinary Tribunal on behalf of the Bar Council of Ireland?
- I am not aware after full enquiry of any circumstances, which may give rise to a claim against me in respect of the risks proposed by this insurance.

Are there any amendments to the above Declaration? Yes No
If Yes, please specify below (use separate sheet if necessary):

I hereby agree to notify the insurer of any change of any material fact.

I give my permission for the information provided in this form to be used for the purpose set out in the data protection section set out below.

Signed: _____ **Dated:** _____

DATA PROTECTION

The information that you provide about yourself and third parties will remain confidential and may be used for the provision and administration of insurance products and related services. Such information may be disclosed in confidence for these purposes to agents or service providers appointed by Aon or Zurich Insurance PLC, regulatory bodies, other insurance companies, (directly or via a central register). This information shall be processed and held on our computers and manual systems.

IMPORTANT NOTICE: In the absence of the amended and signed form being returned in 14 days the information contained herein will be deemed to be correct and shall form the basis of the contract.

The insurance shall not be in place until the Company has accepted the submission. The Company reserves the right to decline any proposal. A copy of this form shall be available on request. A specimen of the Policy normally issued is lodged with the Bar Council, and a copy is available on request.

Zurich Insurance PLC is Registered in Ireland under No. 13460. Registered office: Zurich House, Ballsbridge Park, Dublin 4. Zurich Insurance PLC is regulated by The Central Bank of Ireland.

USA and Canada Exclusion Waiver Form

USA and Canada Exclusion Wording

The Company shall not be liable in respect of

Damages or other monetary awards judgements or negotiated settlements claimants costs and expenses and other costs and expenses connected with or arising out of any claim made or suit brought against the Insured before any arbitrator tribunal or court of the United States of America its territories possessions or Canada

The enforcement or upholding or registration against the Insured by any arbitrator tribunal or court outside the United States of America its territories and possessions and Canada of any damages or other monetary awards judgements or negotiated settlements claimant's costs and expenses and other costs and expenses connected with or arising out of any claim made or suit brought against the Insured before any arbitrator tribunal or court of the United States of America its territories or possessions or Canada

The operations of the Insured in the United States of America its territories and possessions or Canada

Insurers may agree to waive the exclusion in certain circumstances and subject to the payment of an additional premium. If you wish to request this waiver, please complete and return this form for submission to insurers.

INSURED

ADDRESS

Please complete the following questions for submissions to insurers

Is the practice represented in any way in the USA or its territories or possessions or Canada?

YES

NO

For the 12 month period ending 30.04.19 what percentage of your income was generated from the following areas:

Work undertaken in the USA or its territories and possessions or Canada and/or

In the Republic of Ireland and United Kingdom or elsewhere (excluding USA and Canada), for clients domiciled in the USA its territories and possessions or Canada, including work for USA companies, subsidiaries of USA companies or USA subsidiaries of companies based elsewhere

Please provide total percentage for (a) and (b)

Signed

Dated
