

Application for Membership and Insurance

Please refer to the Bar Mutual Rules and to the Bar Mutual Terms of Cover at www.barmutual.co.uk. Your attention is drawn in particular to clauses 4.2, 4.3, 4.7 and 10 of the Terms of Cover, which may put the Insured in a worse position than he, she or it would be under the Insurance Act 2015.

Bar Mutual Indemnity Fund Ltd is a mutual insurance company. It does not give personal recommendations in respect of the insurance product it provides. The insurance cover it provides is based on information you give us. Premiums are calculated by reference to your gross fee income received (or, for new applicants for cover, projections of gross fee income) and the areas of practice in which that gross fee income was earned. A Rating Schedule (which sets out the rates applied to each area of practice for premium calculation purposes) is published each year. A basic premium is calculated and automatically generates a limit of cover of between £500,000 and £2,500,000. This premium and limit of cover cannot be reduced. The limit of cover can be increased, however, by the payment of an increased premium. Thomas Miller Professional Indemnity Ltd is remunerated by way of a fixed annual management fee. Further information regarding this fee is disclosed in Bar Mutual's annual financial statements, which can be found at www.barmutual.co.uk. Thomas Miller Professional Indemnity Ltd has no employees. All those involved in its day to day operations are employees of Thomas Miller & Co Ltd, which (like Thomas Miller Professional Indemnity Ltd) is a wholly-owned subsidiary of Thomas Miller Holdings Ltd.

**Please complete the form
overleaf and return to:**

Bar Mutual Indemnity Fund Limited
90 Fenchurch Street
London EC3M 4ST

DX: CDE621
info@barmutual.co.uk

This application form relates to your membership of Bar Mutual Indemnity Fund Limited and your professional indemnity cover for the current policy year, which ends 31st March.

A deductible of £350 will be applied in the event of a successful application for wasted costs.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------|
| Bar Council Membership Number If unknown, please contact the Records Office on 020 7242 0934. | | (5 digits) |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | |
| Surname | | |
| First names(s) <small>(as registered at the Bar Council)</small> | | |
| Name & Address of Chambers | | |
| Head of Chambers | | |
| Your contact details | Mobile Number | |
| | Work Email | |
| | Personal Email | |
| Inn | | |
| Year of Call | | |
| Date of practice to commence <small>Please give the date you started practice in the chambers whether as a tenant or as a squatter, i.e. when you lost the protection of your pupil master's policy.</small> | (dd/mm/yyyy) | |

If you intend to practise from Chambers at which there is no other practising barrister, please tick here:

If you predict your fee receipts between now and 31st March will exceed £50,000 please tick here:

Total cover required

Members will automatically receive basic cover of £500,000 as provided in the BSB Handbook. If you need a higher limit of cover, please tick the appropriate box below. The extra cost will be shown on your debit note and you may then decide whether to accept the quotation at a higher limit.

£500,000 £1,000,000 £1,500,000 £2,000,000 £2,500,000
automatically given

Please contact TLO for cover above £2,500,000.

I apply to become a member and agree to abide by the Rules of the Bar Mutual Indemnity Fund Limited. I declare that the information contained on this form is correct to the best of my knowledge and belief. I have notified the Managers or enclose notice herewith of any claims made against me or any intimation received from any person of any intention to make a claim against me.

Signed:

Dated:

Please now save this document and email it to info@barmutual.co.uk or print it off and post to Bar Mutual Indemnity Fund Ltd, 90 Fenchurch Street, London EC3M 4ST.