



Solicitors Professional Indemnity Proposal Form

Terms of Business

1. What must you do?

You must make a fair representation of the risk to us.

You must disclose all material facts and circumstances which you know, or ought to know. Failing this, you must give sufficient information to put a prudent underwriter on notice that they should make further enquiries in order to reveal material circumstances. A material fact is anything that would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance. **If you are uncertain as to whether any information or circumstance is material or not, you should disclose it.**

You must make the disclosure in a reasonably clear and accessible way.

You must ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

2. What are you expected to know?

- a) If you are an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
- b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance (this will include any Principal, Partner, Director, Consultant, Employee or LLP Member of the Firm or Prior Practice).
- c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If you are insuring subsidiaries, affiliates or other parties, we expect that you will have included them in your enquiries, and that you will inform us if you have not done so. The reasonable search may be conducted by making enquiries or by any other means.

3. Claims and Circumstances

Insurers require full disclosure of all Claims and Circumstances that might give rise to Claims. These are defined in the Policy as follows:

'Claim' – a demand for, or an assertion of a right to, civil compensation or civil damages or an intimation of an intention to seek such compensation or damages.

'Circumstance' – an incident, occurrence, fact, matter, act or omission which may give rise to a Claim in respect of civil liability.

You should disclose a Claim or Circumstance even if you believed the matter was not justified or was resolved without cost.

4. Minimum Terms and Conditions

The Minimum Terms and Conditions (MTC) are contained within the Solicitors' Indemnity Insurance Rules (SIIR) and may be viewed on the Solicitors Regulation Authority's website at www.sra.org.uk

In the 2013 SIIR the minimum Limit of Indemnity required under the MTC is as follows:

- a) All Firms (except as in (b) below) – £2,000,000 any one claim
- b) Limited Liability Partnerships and other 'Relevant Recognised Bodies' – £3,000,000 any one claim

It is your responsibility to ensure compliance with the SRA's Solicitors' Indemnity Insurance Rules. If you require a higher Limit of Indemnity please state the limit required.

5. Excess

The Excess is the first part of any Claim which you will pay. Our minimum Excess is set at 1% of gross fees or £1,000, whichever is the higher amount. You may select a higher Excess if you wish in order to achieve premium savings and we will provide quotes for the range of Excesses you request.

If you wish to limit your potential financial exposure you may request an aggregate Excess. This means that your maximum liability for Excess payments is capped at a multiple of three times the standard Excess irrespective of the number of claims made in the year. Aggregate Excesses are available to most Firms for an additional premium.

6. Report and Accounts

If your Firm is an LLP or a Limited Company, Travelers will require you to submit your most recent statutory accounts, or, if such has not yet been returned, management accounts (or similar) which represent a true account of the financial position of the LLP or Limited Company. These documents will be requested separately by Travelers.

Please note that we may request a copy of the latest annual accounts for other Firms and any quotation that we may offer may be subject to sight of these and revision based on the information revealed. Please attach electronic copies in the return email when submitting this form back to Travelers or your broker.

7. Prior Practice/Successor Practice Liability

It is important that full disclosure is made of all Prior Practices for which your Firm may have a liability as Successor. The MTC define Successor and Prior Practices and you are urged to read those definitions carefully.

Experience has shown that many Firms misunderstand the effect of the Successor Practice rules when taking on staff, merging businesses or simply taking on clients of a ceased practice. Consequently, it is possible for a firm to be deemed a Successor Practice contrary to their intentions.

If your firm is a Successor Practice to another Firm or is planning a change during the next insurance year that could create issues of successor liability, please provide details in Question 54 Additional Information.

8. New Practices

In order to obtain a quotation for a new practice you must submit a CV for each Principal, Partner, Director or LLP Member of the Firm together with your business plan. Please attach electronic copies in the return email when submitting this form back to Travelers or your broker.

9. Solicitors Regulation Authority

For the purposes of this proposal form, references to SRA shall mean the Solicitors Regulation Authority.

Is this proposal in relation to an established firm currently insured by a Participating Insurer? YES NO

If this proposal is in relation to a New Business Start-up application for professional indemnity insurance you will also be required to provide an up to date CV for all partners and a business plan with this proposal.

Please provide your proposed commencement date:

General Details

1. Name of Firm and all other entities requiring cover including nominee and trustee companies

Address of Firm

Postcode

Telephone

Website

2. Please provide the personal contact details of all partners or directors or, if there are more than 5 partners or directors, please provide the personal contact details of the members of the Executive Committee including the Managing Partner:

Name	Address	Private Phone Number	Mobile Number	Personal Email Address
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3. Please provide details of the individuals who hold the following responsibilities in your Firm:

Responsibility	Name	Email
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PI Insurance Contact

Compliance Officer for Legal Practice

Compliance Officer for Finance and Administration

4. **a** In which year was the above Firm established?

b If you are a new start up practice, please provide your proposed commencement date.

5. Please provide the Firm's SRA identification number:

- | | | | |
|------|---|-----|----|
| 6. a | Is the Firm a Limited Liability Partnership or a Limited Company? | YES | NO |
| b | Is the Firm a Legal Disciplinary Practice? | YES | NO |
| c | Is the firm: | | |
| | i an Alternative Business Structure? | YES | NO |
| | ii a Multi-Disciplinary Practice? | YES | NO |
| d | Are you intending to become an ABS or MDP in the next 12 months? | YES | NO |

If "YES", please provide details

7. a Names of any Prior Practices for which cover is required or to which the above Firm is a Successor Practice:

Prior Practice Name	Year Established	Year of Cessation
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- | | | | |
|---|---|-----|----|
| b | Have you taken over or merged with any other business where the above firm is not a successor practice? | YES | NO |
|---|---|-----|----|

If "YES", please provide details

8. a From how many offices does the Firm carry out private legal practice?
- b Of these, how many offices are outside the UK, Channel Islands and The Isle of Man?
- c Please list all addresses, including postcodes, from which the Firm carries out its private legal practice:

Address	Postcode	Supervising Partner	Is the Supervising Partner Full Time at This Location?
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Staff Details

9. Please advise the current number of:

Solicitor Principal/Partners/Directors/LLP Members

Other part time fee earners

Non-Solicitor Partners/Directors/LLP Members

Registered Foreign Lawyers

Other full time solicitors

Registered European Lawyers

Other part time solicitors

Other staff

Other full time fee earners

Total number of staff

10. a Please provide details of all Principals, Partners, Directors, LLP Members and all lawyer Employees and Consultants, Registered European Lawyers and Registered Foreign Lawyers (including non-lawyer managers). If any are QLTT qualified, please provide a C.V for each.

Name	Year of Birth	Position	Year Qualified	Roll No.	Years as Partners	Full Time
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- b Do any of the above Principals, Partners, Directors, LLP Members, Employees or Consultants, Registered European lawyers or Registered Foreign Lawyers hold a financial interest in or work for any other law firm(s) or any other business? YES NO

If "YES", please provide details below:

Name	Firm / Company	SRA Number	Nature of Business	Nature of Interest
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11. How many people have left the practice in the last 12 months?

Work Details

12. Please provide gross fee income for the last three completed accounting periods and an estimate of gross fee income for the current accounting period, from your offices in the following territories:

Financial Year Ending	UK	USA/Canada	Elsewhere	Total
Prior Year 2	£	£	£	£
Prior Year 1	£	£	£	£
Last Completed Year	£	£	£	£
Current Year	£	£	£	£

- 13. a** Please give (ROUNDED TO THE NEAREST WHOLE NUMBER) the percentage of your fees for each of the last three completed accounting periods arising from the following categories:

Last Completed Year (%)	Prior Completed Year 1 (%)	Prior Completed Year 2 (%)
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Children/Residence & Contact

Commercial/Corporate

Commercial Litigation

Commercial Pensions

Conveyancing Commercial

Conveyancing Residential

Criminal Law

Defendant Insurer Litigation

Employment - Litigious

Employment - Non Litigious

Financial Advice

Immigration

Intellectual Property

Landlord/Tenant- Litigious

Landlord Tenant – Non Litigious

Litigation Other

Matrimonial Family

Personal Injury

Town & Country Planning

Trust & Probate

Wills

Other (Welfare, Mental Health etc)

- b** If you have made an entry in 'Other' or 'Litigation Other' please provide details:

c Do you intend to perform any professional services that are not regulated by the SRA? YES NO
If "YES", please provide details

d Have you acted as, or do you plan within the next 18 months to act as, a Data Protection Officer for clients? YES NO
If "YES", please provide details

14. Have you ever provided legal advice in respect of foreign law, foreign jurisdictions or contracts not subject to English law? YES NO
If yes, please provide details below, including details of the Firm's experience in such foreign jurisdiction(s):

15. Please provide details of the top five clients by fees billed in the last three years.

Nature of Client's Business	Activities Undertaken	Gross Fees
		£
		£
		£
		£
		£

Commercial Section

16. In respect of Commercial Work, please provide gross fee income for the last accounting period from:

	Public Companies Total Fees	Privately Held Companies Total Fees
Debt Issuance / Securitisation	£	£
Mergers and Acquisitions where transaction value exceeded £10,000,000	£	£

17. In respect of mergers and acquisitions exceeding £10,000,000 transaction value, please provide details of the three largest transactions undertaken in the last three accounting periods:

Client Name	Description of Work	Value
		£
		£
		£

Conveyancing Section

18. Has the Firm or any prior practice undertaken residential or commercial conveyancing in the last six years? YES NO

If Yes, please answer the following conveyancing questions

19. Are you CQS accredited? YES NO

20. Over the last three years have you acted for multiple buyers of property in the same development or in the same building? YES NO

If Yes, please provide details:

21. a Over the last five years have you worked on any 'back to back' sales or purchases where you have not reported the nature of the transaction to the lender? YES NO

If Yes, please provide details:

b Is it your practice for a senior member of staff other than the conveyancer who completed the transaction to check completion statements? YES NO

If no, please provide details:

c Can you confirm that less than 10% of conveyancing transactions were for sub-prime or secondary mortgage lenders in the last five years? YES NO

If no, please provide details of the top three sub-prime lenders and secondary mortgage lenders, together with the number of transactions for each:

Lender	Last Completed Year	Prior Completed Year 1	Prior Completed Year 2	Prior Completed Year 3	Prior Completed Year 4
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d How do you ensure that any potential mortgage fraud is identified?

22. Can you confirm that less than 10% of your transactions are for any one property developer or property club? YES NO

If No, please provide details:

23. Please provide details of the number and size of transactions you have worked on in the last four years:

Commercial	Last Completed Year	Prior Completed Year 1	Prior Completed Year 2	Prior Completed Year 3
Approximate number of instructions in the last four years				
Highest capital values	£	£	£	£
Average capital value	£	£	£	£
Highest loan value	£	£	£	£

Residential	Last Completed Year	Prior Completed Year 1	Prior Completed Year 2	Prior Completed Year 3
Approximate number of instructions in the last four years				
Highest capital values	£	£	£	£
Average capital value	£	£	£	£
Highest loan value	£	£	£	£

24. a Have you reviewed all residential conveyancing transactions for any onerous ground rent or leasehold terms? YES NO
- b Where any onerous terms were identified in 24(a) did you in all cases:
- i alert lenders to these onerous terms in compliance with the CMC handbook? YES NO
- ii notify your insurers of these? YES NO
- c Please state the number of residential conveyancing transactions conducted in the past four years where you were referred or recommended by the builder, developer or their agent?

Name of Builder, Developer or Agent	Last Completed Year	Prior Year 1	Prior Year 2	Prior Year 3
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Personal Injury and Litigation Section

25. In the past three years, have you worked on any litigation where the damages claimed exceeded £2,000,000? *If Yes, please provide details:* YES NO

Case	Amount of damages claimed	Year	Settled? Y/N
	£		YES NO
	£		YES NO
	£		YES NO

26. Has the Firm received any instructions over the last three accounting periods for any class actions or group litigation orders?

If Yes, please provide details:

Case	Number of claimants	Total amount of damages claimed	Outcome
		£	
		£	
		£	

27. How many settlements over £50,000 have you had in the last three years?

a Claimant:

b Defendant:

28. Over the last three accounting periods what was the average size of settlement achieved? £

29. What was the largest settlement achieved in the last three accounting periods? £

30.a Please break down your claimant personal injury work by percentage as:

	%		%
Class Action		Occupational Disease	
Clinical Negligence		Road Traffic Act	
Employers / Public Liability		Other Claims	

If you have made an entry in 'Other Claims' please provide details:

b What percentage of claimant personal injury work is Trade Union funded? %

31. How many fee earners undertaking personal injury work are members of APIL?

32. Have you ever undertaken work emanating from personal injury claims companies or their agents? YES NO
If yes, please complete Travelers Personal Injury Claims Management Questionnaire.

Risk Management

33. Has any Principal, Partner, Director, Consultant, Employee or LLP Member of the Firm or any Prior Practice ever:

- | | | | |
|----------|--|-----|----|
| a | been refused a practising certificate or been granted a conditional certificate? | YES | NO |
| b | been investigated, charged, tried or convicted for any criminal offence involving fraud or dishonesty or had a civil judgement made against them? | YES | NO |
| c | failed to meet any professional indemnity insurance premium payment or excess contribution? | YES | NO |
| d | been subject to, or have pending, any disciplinary proceedings or investigation by the Law Society, the SRA, the Office for the Supervision of Solicitors, Consumer Complaint Service, Solicitors Disciplinary Tribunal, Legal Ombudsman or Consumer Complaints Board, Legal Complaint Service, the Office for Legal Complaints or any other regulatory body or ombudsman or a successor body to any of the above? | YES | NO |
| e | had an award made against them or entered into any regulatory settlement with the SRA arising from Private Legal Practice? | YES | NO |
| f | been insured by the Assigned Risks Pool or any equivalent body set up or managed by any other regulatory body? | YES | NO |
| g | been subject to an Individual Voluntary Arrangement, been made bankrupt, or come to an arrangement with creditors? | YES | NO |
| h | been banned from being a director of a company? | YES | NO |
| i | been responsible for any business which in the past six years has ceased? | YES | NO |

*If you have answered yes to any of the questions above, please provide details.
You may be asked to supply relevant correspondence, including reports and/or findings:*

- | | | | |
|-------------|---|-----|----|
| 34.a | Has the COLP or COFA reported any material breaches to the SRA? | YES | NO |
| b | In the last 3 years has the practice been the subject of a monitoring visit or enquiry from the SRA or Forensic Investigation unit or has notice of any proposed visit or enquiry been given? | YES | NO |

*If you have answered yes to any of the questions above, please provide details
and attach any relevant correspondence:*

35. a How many service complaints have you received in the last 12 months?

b How many of those have been referred to the ombudsman?

36. Has any Principal, Partner, Director, Consultant, Employee or LLP Member of the Firm or any Prior Practice ever:

a been subject to an intervention by the Law Society or SRA? YES NO

b acted as an intervening agent appointed by the Law Society or the SRA? YES NO

c taken over an intervened Firm? YES NO

If you have answered yes to any of the questions above, please provide details and attach any relevant correspondence:

37. Please select any Legal Services Commission franchises or other accreditations (e.g. ISO) that you hold:

Franchise/Accreditation	Date awarded
Investors In People	
ISO 9001	
Lexcel	

38. Are all employees who are responsible for authorising and executing payments or fund transfer requests provided with anti-fraud training? YES NO

39. Are all staff trained never to disclose PIN/security/account numbers for client accounts to unverified third parties? YES NO

40. When a payment or fund transfer request is made, are the following checks always made and documented?:

i Confirmation of the reason for the payment? YES NO

ii Confirmation of the authenticity of the payment? YES NO

iii All payee names and addresses match those held on your company's records, which have been validated by the client? YES NO

iv All account numbers, names and sort codes match those held on your company's records, which have been validated by the client? YES NO

v Written or verbal confirmation from the client that the payment is genuine and correct? YES NO

vi A direct call to the client using the telephone number provided before the payments or funds transfer instruction was received? YES NO

Claims Information

Important Notice

You must provide the fullest claims information that you can to enable us to make the best assessment of your claims record. As such please supply claims details for each of the last 10 insurance years.

Your insurer will supply your claims history for the period you were insured with them upon request.

41. Please provide details of all claims made against the Firm or any Principal, Partner, Director, LLP Member, Employee or Consultant of the Firm or any Prior Practice whilst working for the Firm or any previous organisation in the last 10 years.

Date of Claim	Claimant	Details of Claim	Amount Paid	Amount Outstanding	Total
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£

42. Please provide details of any circumstances that may give rise to a claim against the Firm or any present or previous Principal, Partner, Director, LLP Member, Employee or Consultant of the Firm or any Prior Practice whilst working for the Firm or any previous organisation

A notifiable circumstance is any incident, occurrence, fact, matter, act or omission which may give rise to a claim in respect of civil liability

Date of Circumstance	Potential Claimant	Details of Circumstance
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43. Have any claims or circumstances disclosed herein arisen from the alleged or actual dishonesty of any Principal, Partner, Director, Consultant, Employee or LLP Member of the Firm or a Prior Practice? YES NO

Additional Information

44. Has any Participating Insurer refused to offer the Firm, or any Principal, Partner, Director, Consultant, Employee, LLP Member or Prior Practice, terms for professional indemnity insurance?

If yes, please provide details:

45. Please provide details of your current insurance arrangements if not presently insured with Travelers:

If yes, please provide details:

Name of Insurer	Limit of Indemnity	Excess	Aggregated Excess
	£	£	£

46. If you require quotes for a limit of indemnity greater than the required minimum limit, please indicate the limit required below:

Limit of Indemnity	Excess	Aggregated Excess
£	£	£
£	£	£
£	£	£

47. Would you like your quote to include cover for defence costs for regulatory action by the SRA against the COLP, COFA and all other insureds? YES NO

48. For the last three accounting periods, please provide the following information from your annual accounts:

	Last Completed Year	Prior Completed Year 1	Prior Completed Year 2
Net Profit / (Loss) after tax and before drawings	£	£	£
Total Principal/Partner drawings or Director/Member Remuneration	£	£	£
Net Worth of the Firm (Total Assets less Total Liabilities)	£	£	£

49. Have the SRA had cause to

- | | | | | |
|----|---|--|-----|----|
| i | inspect the Firm's financials, or | | YES | NO |
| ii | undertake a monitoring visit around the Firm's financial stability? | | YES | NO |

If yes, please provide details:

50. As at the date of this application:

- | | | | |
|-----|--|---|---|
| i | Please confirm the fees outstanding to your practice: | £ | |
| ii | What percentage of this amount was billed more than 90 days ago? | | % |
| iii | What is the total estimate of unbilled work in progress? | £ | |

51. Does the firm have an overdraft facility? YES NO

If yes, please state the balance as at the date of application: £

52. Does the firm have, or expect to have in the next 18 months, any loans or borrowings from a third party? YES NO

If yes, please provide details

53. Are there plans for the firm to cease trading due to retirement, merger or any other reason within the next 18 months? YES NO

If yes, please provide further details below including any plans for succession:

54. Are there any other details or material facts in respect of this proposal that you think we may wish to take into account (e.g. intended mergers or acquisitions, changes in staff profile, retirement, cessation of practice or changing the regulator of the Firm, etc)? YES NO

If yes, please provide details:

Declaration

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal form are true and complete and that any other material facts likely to influence the acceptance and assessment of any insurance offered have been provided. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/We agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/We also declare that if any information on this application form has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We also declare that no other insurer has ever declined a proposal, declined to pay a claim in full or in part, cancelled or declined to renew my/our insurance or invited renewal at special terms.

I/We declare that no partner or director has ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence or "spent" conviction as allowed for under the Rehabilitation of Offenders Act 1974, been declared bankrupt whilst being a director of a company that went into liquidation, receivership or administration or been disqualified from being a director.

I/We declare that I/We have not suffered any loss/damage or incurred any liability (whether insured or not) as a result of the risk(s) for which cover is now required, or know of any incident which is likely to give rise to a loss that has not already been declared to Travelers Insurance Company Limited.

I/we have read the above and declare that to the best of my/our knowledge and belief the statements are true and complete.

Important Note – Reporting Obligations of Participating Insurers to the Solicitors Regulation Authority (SRA)

Participating Insurers (PIs) are obliged under the Participating Insurer's Agreement (PIA) with the SRA to bring to the attention of the SRA certain matters which the PI may become aware of or suspect in relation to a Firm in the course of dealing with that Firm.

By making an application for Participating Insurance you and/or your Firm authorise Travelers Insurance Company Ltd (TIC) to report to the SRA in accordance with its obligations under the PIA and by submitting this proposal form you accept you will have no claim against TIC in consequence of TIC reporting any matter to the SRA in accordance with its obligations as a PI.

The reporting obligations under the PIA applicable for the current indemnity year may be viewed on the Solicitors Regulation Authority's web site at www.sra.org.uk

I/We confirm that I/we have read, and that I/we agree to, this declaration YES NO

Where the Firm has two or more Partners, Members or Directors then two signatures are required below. By signing this document you undertake and confirm that you have properly disclosed all partners, members or directors of any kind in the practice and that if there are two partners, members or directors in the firm or more, both partners have read and signed this form.

Does the Firm have two or more Partners, Members or Directors? YES NO

Signatory 1:

I am an authorised signatory, and by submitting this Proposal in electronic form acknowledge such as if having signed it.

Date: Name:

For and on behalf of
(Insert name of firm/business):

NOTE: This form should be saved, attached to an email, and forwarded to the second signatory for completion of the questions below.

Signatory 2:

I am an authorised signatory, and by submitting this Proposal in electronic form acknowledge such as if having signed it.

Date: Name:

For and on behalf of
(Insert name of firm/business):

NO COVER IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY AN OFFICIAL COVERING NOTE ISSUED BY THE COMPANY.

Occasionally we or selected parties may wish to contact you about products and services, offers and promotions, news and events. If you're happy for us to do this please check any of the contact preferences below.

Email YES NO

Phone YES NO

Using Personal Information

How we treat information about you and your rights under data protection legislation

In order to provide our insurance services, we (Travelers Insurance Company Limited acting as a Data Controller) will collect certain personal information about you. The type of information that we collect will depend on our relationship with you. For example, you may be a Travelers policyholder, prospective policyholder or a third party making a claim under a Travelers insurance policy.

If you provide us with personal information about a third party, you should share this notice with them.

We will also collect different types of information depending upon the kind of insurance cover we are being asked to provide or the kind of claim we are being asked to assess or pay.

Some of the information we collect may be classified as 'special category data', which is data that may contain information about physical or mental health, religious beliefs and criminal and disciplinary offences (including convictions).

Your personal information may be used in a number of ways including:

- considering an application for insurance,
- providing and administering an insurance policy,
- handling claims including claims validation,
- preventing and detecting fraud, including providing information to the relevant authorities.

Where relevant, we will share your information with other companies in the Travelers group, third parties such as claims handlers, loss adjusters, other insurers and reinsurers, fraud prevention agencies, service companies associated with our products, or as required by law (including providing the information to government or regulatory authorities). This may involve the transfer of your information to countries inside and outside the European Economic Area.

If your policy includes motor cover, your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC).

We may also use your personal information for marketing purposes, but only in accordance with your marketing preferences.

For more information about how we process your data and the rights you have, please click <https://www.travelers.co.uk/privacy-policy>.