

Application for Membership and Insurance

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

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

DX: CDE621

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 finding of professional misconduct and also in the case of successful wasted costs applications.

1. Chambers Membership Number

Bar Mutual will complete these boxes

Grid of boxes for Chambers Membership Number with a slash in the 6th box.

2. Bar Council Membership Number

If unknown, please contact the Records Office on 020 7242 0934

Grid of boxes for Bar Council Membership Number.

3. Surname (Mr/Mrs/Miss/Ms)

Text box for Surname.

4. First Name(s)

Text box for First Name(s).

5. Address of Chambers

Large text box for Address of Chambers.

6. Head of Chambers

Text box for Head of Chambers.

7. Inn

Text box for Inn.

8. Year of Call

Text box for Year of Call.

9. Date practice to commence

Grid of boxes for Date practice to commence with slashes in the 3rd and 5th boxes.

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

10. If you intend to practice from Chambers at which there is no other practising barrister, please tick here.

Tick box for question 10.

11. Total cover required.

Members will automatically receive basic cover of £500,000 as provided in the Code of Conduct. 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.

Form for selecting total cover required with checkboxes for £500,000, £1,000,000, £1,500,000, £2,000,000, £2,500,000, and Additional cover £2,500,000 in excess of £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: _____ Date: _____