

APPLICATION FORM

***After-The-Event Insurance Proposal Form***

**Please complete all sections of this Proposal Form and return to Thomas Miller Legal.**

**All material facts must be disclosed.**

**Section 1 Proposer’s Details**

|  |  |
| --- | --- |
| **Client name** |  |
| **Address** |  |
| **Legal Status (individual, company, executor etc.)** |  |
| **Date of birth (if applicable)** |  |
| **Is the client the claimant or defendant in the legal action?** |  |

**Section 2 Firm Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Firm name** |  | | |
| **Address** |  | | |
| **Firm EPF registration number** |  | | |
| **Solicitor name** |  | | |
| **Solicitor email** |  | **Telephone No.** |  |
| **Supervisor name (if applicable)** |  | | |
| **Supervisor email** |  | | |
| **Date firm instructed** |  | | |
| **Firm case reference** |  | | |
| **Name of Counsel (if instructed)** |  | | |

**Section 3 Case Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of case** |  | | |
| **Claims Track** |  | | |
| **Jurisdiction (NB. If jurisdiction is disputed, please provide details)** |  | | |
| **Forum (court, tribunal etc.)** |  | | |
| **Incident date** |  | | |
| **Percentage prospects of a successful outcome** |  | | |
| **Full value of claim (excluding costs)** |  | | |
| **Minimum acceptable figure (NB. If the client would consider a non-monetary settlement, please outline the terms on which such a settlement may be agreed)** |  | | |
| **Any non-financial remedy sought?** |  | | |
| **Has a Letter of Claim been sent?** |  | **Date sent:** |  |
| **Has liability been admitted?** | **YES/NO** | | |
| **Have any Part 36 offers or any other offers been made or received?** |  | **Details of offers made or received:** |  |
| **Have proceedings been issued?** |  | **Date issued:** |  |
| **Has a Defence been filed?** |  | **Date filed:** |  |
| **Has a trial date or window been set?** |  | **Date/window set:** |  |
| **If proceedings have not been issued, when will the claim become statute-barred for limitation?** |  | | |
| **Are there any other legal proceedings between the parties (past or present)? If so, please provide details** |  | | |
| **Is a counterclaim to be expected? If so, on what basis?** |  | | |

**Section 4 Opponent Details**

|  |  |
| --- | --- |
| **Opponent name** |  |
| **Opponent solicitors** |  |
| **Opponent insurers** |  |
| **Can the opponent satisfy any judgment obtained? If so, on what basis?** |  |

**Section 5 Pre-Existing Insurance Details**

|  |  |
| --- | --- |
| **Does the client have the benefit of any pre-existing legal expenses insurance which will cover this dispute?** | **YES/NO** |
| **If yes, please confirm the limit of indemnity and the status of any claim submitted to the insurer** |  |
| **Has your client approached any other ATE insurance broker/insurer/funder in respect of this case?** | **YES/NO** |
| **If yes, please provide details including outcome of any application** |  |

**Section 6 Retainer Details**

|  |  |
| --- | --- |
| **Please confirm the type of retainer you will be acting under (e.g. CFA, DBA, private fee paying), the proposed success fee and the proportion of your fees which will be at risk under the retainer.** |  |
| **Please confirm the type of retainer Counsel will be acting under (e.g. CFA, DBA, private fee paying), the proposed success fee and the proportion of Counsel’s fees which will be at risk under the retainer.** |  |

**Section 7 Litigation Insurance Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **To Date** | **Cover required?** | **From now to Trial** | **Cover required?** |
| **Own solicitors’ fees** |  | **YES/NO**  (NB. Cover for own solicitors’ fees is only available in limited circumstances. Please contact us for more details) |  | **YES/NO**  (NB. Cover for own solicitors’ fees is only available in limited circumstances. Please contact us for more details) |
| **Own disbursements (excluding Counsel)** |  | **YES/NO** |  | **YES/NO** |
| **Own Counsel’s fees** |  | **YES/NO** |  | **YES/NO** |
| **Opponent’s costs and disbursements** |  | **YES/NO** |  | **YES/NO** |
| **Taking the above into account, please confirm the total amount of cover required under the ATE insurance policy:** | | | **£** | |

**Security for Costs**

|  |  |
| --- | --- |
| **Is your client facing or likely to face an application for Security for Costs?** | **YES/NO** |
| **If yes, please confirm the likely amount of security required** | **£** |

**Section 8 Supporting Documents**

Please enclose all relevant documentation you think underwriters will need to consider the case. If further information is required, completion of the assessment is likely to be delayed.

* CFA or DBA including risk assessment
* Correspondance with the opponent(s)
* Witness statements
* Counsel’s advice
* Pleadings
* Expert reports
* Cost estimates filed and served in action

**Section 9 Declaration**

To be signed by Proposer and Solicitor. I declare that the information submitted in this form and accompanying enclosures is true to the best of my knowledge and belief. I agree that this proposal will form the basis of the contract between the Insured and:

|  |  |
| --- | --- |
| **Signed (Proposer)** | **Date** |
| **Print name** | |
| **Signed (solicitor)** | **Date** |
| **Print name** | |

Please return documents preferably electronically to:

Email: [Redvers.Cunningham@thomasmiller.com](mailto:Redvers.Cunningham@thomasmiller.com) or

Contact number: 020 7204 2531 or

Thomas Miller Legal, 90 Fenchurch Street, London. EC3M 4ST