

## Employment Disputes Insurance

### Scheme Application Form

**Please complete this form in BLOCK CAPITALS, thank you.  
All information will be treated in the strictest of confidence by Temple.**

1. Name of firm: \_\_\_\_\_ Date Established: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 DX: \_\_\_\_\_ www: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Name and Position: \_\_\_\_\_ email: \_\_\_\_\_
2. How many offices do you have? : \_\_\_\_\_  
 Is the scheme intended for all your offices? : Y  N   
 If no please give reasons. \_\_\_\_\_
3. Does the firm have any current Employment Insurance arrangements or facilities with any other insurer? : Y  N   
 (If yes please provide details separately)
4. Please give approximate numbers for your firm:  
 Partners: \_\_\_\_\_ Solicitors: \_\_\_\_\_ Other Fee Earners: \_\_\_\_\_ Administration: \_\_\_\_\_
5. Please give approximate numbers for your Employment Team :  
 Partners: \_\_\_\_\_ Solicitors: \_\_\_\_\_ Other Fee Earners: \_\_\_\_\_ Administration: \_\_\_\_\_
- If there have been any significant changes in the structure of this team during the last 2 years, or any significant changes are envisaged during the next year, please give details separately
6. Are any of your Partners or your Employees currently members of any specialist panels? If so, please provide details. \_\_\_\_\_
7. Please provide your approximate total fee income (excluding VAT and disbursements) for the last 2 years and estimated fee income for the next year.
- | Year     | Total for Practice | Employment Dept. |
|----------|--------------------|------------------|
|          | £                  | £                |
|          | £                  | £                |
| Estimate | £                  | £                |

8. Approximately how many employment clients are you instructed by each year where you can or will wish to offer a fixed fee package that can be supported by Employment Disputes Insurance provided by Temple?

9. Please attach a brief Business Plan for the growth and development of this part of your fee income to this application.

Specifically, we require you to provide details of the allocation of resources, over and above your normal costs, for your estimated annual sales and marketing budget for the scheme you want to develop, (what extra resources are going to be made available and/or earmarked for this scheme?):

10. Please provide information about the efforts you will make to promote your scheme.

11. What is the profile of your target client?    Number of Employees:    Annual wage roll:

12. In relation to the Employment Team only, please provide details of all Professional Indemnity claims made against your firm in the last three years. This must include any circumstances that may give rise to claims which you have notified to your professional indemnity insurers.  
A copy of your latest Claims Summary will provide this information and is sufficient for our purpose.

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In relation to the Employment Team only, please provide details of any cases in the last three years;

- (a) where a professional indemnity claim or a complaint to the Office for the Supervision of Solicitors has been made arising out of any contentious business or other dispute resolution procedures conducted in your litigation department
- (b) where a personal order for costs has been made against your firm or any partner or employee
- (c) where any partner or solicitor has been investigated following any allegations of fraud or other criminal activities

**Declaration**

I declare that after full enquiry of all Partners the statements and particulars contained in this application are true and I have not suppressed or misstated any material facts.

I agree that this application together with any other information supplied by me/us shall form the basis of any contract effected thereon.

I undertake to inform Temple Legal Protection Ltd. of any material alteration to these facts occurring before the completion of the agreement or at any time thereafter. I understand that Temple Legal Protection will rely on the representations made by me/us in this application form in deciding whether to and on what terms to enter into a Temple Litigation Insurance Scheme.

**Applicant's Signature:**  
**(on behalf of firm)**

**Date:**

Name and Position (please print)