

# Solicitor Application Form

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

1. Name of Firm : Date Established :  
 Address :

DX :

Contact Name and Position : e-mail :

2. How many offices do you have? : Is the scheme intended for all your offices? : Y  N   
If no, please explain why?

3. Is the firm associated with any Claims Management or Handling firm or business? Y  N   
 (If yes please provide full details separately)

4. Does the firm have any current Litigation Insurance arrangements or facilities with any other insurer? Y  N   
 (If yes please provide full details, **including claims history**, separately)

5. Please give approximate total numbers of :  
 Partners : Solicitors : Other Fee Earners : Administration :

6. Please give approximate numbers for your Litigation 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

7. Are any of your Partners or your Employees currently members of any specialist panels such as the Personal Injury Panel or the Clinical Negligence Panel? If so, please provide details.

8. Please provide your total fee income (excluding VAT and disbursements) for the last 2 years and estimated fee income for the next year.

Year	Total for Practice	Litigation Dept.
	£	£
	£	£
Est.	£	£

9. Please provide an **approximate percentage** split of your current litigation workload between the following categories:

Personal Injury	%
Clinical Negligence	%
Employment	%
Housing disrepair	%
Property	%
Professional Negligence	%
Contract	%
Intellectual Property	%
Construction	%
Other (please specify)	%

10. What percentage of your work is conducted on a **Conditional Fee** basis :

	last year	this year	next year (estimate)
Personal Injury %			
Other %			

