

PERSONAL INJURY 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: _____ Position: _____
 e-mail: _____
2. How many offices do you have? _____ Is the scheme intended for all your offices?
 YES
 NO - If no, please explain why?
3. Does your firms name appear on the Exempt Professional Firms section of the Financial Conduct Authority Register, to enable you to transact insurance business? YES
 NO
4. Is your firm registered with the Financial Conduct Authority? YES
 NO
5. Is the firm associated with any Claims Management or Handling firm or business? YES
 (If yes please provide full details separately) NO
6. Does the firm have any current Litigation Insurance arrangements or facilities with any other insurer?
 YES - (If yes please provide full details, **including claims history**, separately)
 NO
7. Please give approximate total numbers of:
 Partners: _____ Solicitors: _____ Other Fee Earners: _____ Administration: _____
8. 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.*
9. Are any of your Partners or your Employees currently members of any specialist panels?
 If so, please provide details.
10. Please detail the procedure in place to authorise the expenditure of disbursements in accordance with any practice standard or otherwise.
11. 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.	£	£

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

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

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

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

If there is insufficient room, please provide full details for any of the following separately.

14. Approximately **how many legal disputes** are you instructed on each year where you can work on a CFA basis and which could be supported by After the Event insurance provided by Temple?

15. Please tell us the approximate make up of your **personal injury** cases:

	Total %	% F/Track	% M/Track		Total %	% F/Track	% M/Track
RTA				Public Liability			
Accidents at Work				Industrial Disease			
Other (Please specify)							

16. Please complete the CFA Case History Appendix 1

17. Please provide brief details of every case during the last 12 months in which your client has been ordered or has agreed as a term of settlement to pay costs to the Opponent.

Type of Action

Amount of Opponents costs (£)

18. What procedures do you follow before agreeing to accept Legal Actions on a Conditional Fee basis? (please provide a copy of your **Risk Assessment** document) :

19. Are all files reviewed by a Partner or solicitor who is not immediately involved in the case:

i) prior to issuing proceedings?

Yes

No

ii) prior to making or rejecting Part 36 offers?

Yes

No

If No in either case, please explain what is your normal practice:

20. What type of case management system does your Litigation team use:

i) Computer based?

ii) Manual Diary?

21. Please provide details of all Professional Indemnity Claims made against your firm in the last three years. This must include any circumstances which 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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22. Please provide details of any cases in the last three years

- (a) where a professional indemnity claim or a complaint to the Solicitors Regulation Authority 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

23. 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)

Appendix 1 – CFA Case History for Personal Injury Cases

Year of Instruction	Case Type, eg RTA, Employer’s Liability, Public Liability, Industrial Disease	Number of Cases					Costs Incurred on Lost Cases	
		Won	Lost	Discontinued With Claim	Discontinued Without Claim	Live	Own Disbursements	Opponents Costs