

## CLINICAL NEGLIGENCE ATE 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. 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
6. Please give approximate total numbers of:  
 Partners: \_\_\_\_\_ Solicitors: \_\_\_\_\_ Other Fee Earners: \_\_\_\_\_ Administration: \_\_\_\_\_
7. Please give approximate numbers for your Clinical Negligence Department :  
 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.*
8. Are any of your Partners or your Employees currently members of any specialist panels?  
 If so, please provide details.
9. Does your firm have a Legal Services Commission franchise?  YES  NO
10. Please confirm if your firm is an accredited member of the Lexcel Practice Management Standard or equivalent scheme and the date of such accreditation?  
 YES  NO Date .... / .... / .....
11. Please detail the procedure in place to authorise the expenditure of disbursements in accordance with any practice standard or otherwise.

12. 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	Clinical Negligence Dept.
	£	£
	£	£
<b>Est.</b>	£	£

13. 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)	%		

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

	last year	this year	next year (estimate)
CFA %			
CLS Funding %			
BTE Funding %			
Privately Funded %			

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

15. Please complete the CFA Case History Appendix 1

16. Approximately how many clinical negligence matters 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?

17. Please tell us the approximate make up of your **clinical negligence** cases:

Misdiagnosis/delayed diagnosis	%	Cerebral palsy/birth injuries	%
Surgical errors	%	Dental	%
Other (Please specify)	%		

18. Please provide brief details of every case during the last 48 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 (£)**

19. 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) :

20. 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:

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

i)  Computer based?

ii)  Manual Diary?

22. 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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23. 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

**24. 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 )**

