

Scheme Application Form

1. Contact Information

Name of firm:

Date Established:

Address:

DX:

Email:

Contact Name

Position:

2. How many offices do you have? :

Is the scheme intended for all your offices? :

Yes No

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

Premier Facility

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

5. Please give approximate numbers for your firm:

Partners:

Solicitors:

Other Fee Earners:

Administration:

6. Please give names of all Solicitors within your Commercial Litigation Team :

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

Commercial Litigation	%	Professional Negligence	%
Clinical Negligence	%	Contract	%
Employment	%	Intellectual Property	%
Property Litigation	%	Construction	%
Other (please specify)			%

8. Approximately how many legal disputes are you instructed on each year which could be supported by After the Event insurance provided by Temple?

Premier Facility

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

Declaration

I declare that 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)