

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

Contact Information	
1. Name of Firm:	Date established:
Address and DX:	
Contact Name:	Position:
Email:	
2. Please confirm the products you are applying for: (que	estions 23 - 27 only apply to disbursement funding)
☐ ATE Insurance ☐ Disbursement Funding	
3. What is your firm's status:	
□ Partnership □ LTD/LLP	
If LLP or Limited Company please provide registration nun	nber / Companies House Ref No:





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4. What is your firm's SRA number:					
	ne appear on the Exe firm regulated by the			on of the Financial Con?	duct Authority
☐ Exempt Profession	nal Firm 🗆 Fina	ncial Conduct A	authority		
6. Does the firm have a	any previous or currer	nt litigation fund	ding arrangen	nents or facilities with	any other provider?
If yes, please provide o	details, including clain	ms history, sepa	rately.		
 Please provide your total fee income for your personal injury department (excluding VAT and disbursements) for the last 2 years and estimated fee income for the next year. 					
	Year			Fee income	
Year before last					
Last Year					
Est.					
8. How many cases w	ere you instructed on	in the last 3 ye	ars?		
Total Number of Cases	Won	Discontinu	ued / Lost	Live	
9. Approximately how	many cases does the	firm run each y	ear where Al	TE Insurance / funding	is required?





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10. What do you estimate is the average value of the damages in your cases?
11. What do you estimate is the average value of own costs (including counsel) in your cases?
12. What do you estimate is the average cost of disbursements in your cases?
13. What risk assessment procedures do you follow before agreeing to accept instructions?
*Please provide a copy of your Risk Assessment document
14. Please provide details of the procedures you have in place to conduct all necessary and appropriate 'know your customer', identification and money laundering checks required by the Solicitors Regulation Authority.
15. Are all files reviewed by a Partner or solicitor who is not immediately involved in the case: i) prior to issuing proceedings?
C Yes C No
ii) prior to making or rejecting Part 36 offers?
C Yes C No
If No in either case, please explain your usual practice:





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16. Who authorises disbursements and to what level?			
17. Please give approximate numbers for your	personal injury department:		
Partners:	Solicitors:		
Other Fee Earners:	Administration:		
18. If there have been any significant changes i changes are envisaged during the next year	in the structure of this team during the last 2 years, or any significant , please give details separately:		
19. Please provide the following details of your Professional Indemnity Insurer:			
Name of Insurer	Policy Number:		
Limit of Indemnity:	Applicable excess amounts:		



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20.	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.
21.	. Please provide details separately of any cases in the last three years:
a)	where 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/solicitor/director or other employee.



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22. Are there any cases where any partner/solicitor/director:		
(a) has ever been investigated following any allegations of fraud, dishonesty or other criminal activities.	C Yes	O No
(b) has ever been subject to any bankruptcy proceedings.	C Yes	O No
(c) has ever been, the subject of any civil proceedings, arbitration or litigation, including proceedings that may lead to a County Court Judgement (CCJ) or other judgement debts, in the UK or elsewhere?	• Yes	O No
(d) has any outstanding financial obligations arising from regulated activities, which you have conducted in the past, whether in the UK or overseas?	C Yes	O No
(e) has ever been found guilty of conducting any unauthorised regulated activities or been investigated for possible conduct of unauthorised activities?	C Yes	O No
(f) has ever been the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?	C Yes	O No
(g) has ever, either in the UK or elsewhere, been refused entry to, or been dismissed or requested to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust, whether or not remunerated?	C Yes	C No
(h) has ever, either in the UK or elsewhere, been disqualified by a court from acting as a director of a company or from acting as a director of a company or from acting in a management capacity or conducting affairs of any company, partnership or unincorporated association?	C Yes	C No
(i) has ever, either in the UK or elsewhere, been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order, under sections 56 of the Financial Services and Markets Act 2000, or received a warning notice to make such a direction order?	C Yes	C No
(j) in respect of activities regulated by the FCA or any other regulatory body has, or any company, partnership or unincorporated association of which are or they have been a controller, director, senior manager, partner or company secretary, during the individual's association with that entity and for a period of three years after you ceased to be associated with it, ever:		
a. been refused, had revoked, restricted or terminated, any licence, authorisation, registration, notification, membership or other permission granted by any such body?	C Yes	O No
 been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary or intervention action by any such body? 	C Yes	○ No
c. resigned whilst under investigation by, or been required to resign from, any such body?	C Yes	○ No





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d.	decided, after making an application for any licence, authorisation, registration, notification, membership or other permission granted by any such body, not to proceed with it?	C Yes	○ No
e.	been the subject of any civil action which has resulted in a finding against you by a court?	C Yes	○ No
have be in the l	company, partnership, or unincorporated association of which they are or een a controller, director, senior manager, partner, or company secretary, JK or elsewhere, at any time during the individual's involvement or within ar of such involvement;		
a.	been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors?	C Yes	○ No
b.	been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?	Yes	○ No
C.	been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation?	• Yes	○ No
d.	been convicted of any criminal offence, censured, disciplined or publicly criticised, by any inquiry, by the Takeover Panel or any governmental or statutory authority or any other regulatory body above)?	C Yes	○ No

If you have answered "Yes" to any of the above, please provide details separately.





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DISBURSEMENT FUNDING OUESTIONS ONLY





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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 of any material alteration to these facts occurring before the completion of the agreement or at any time thereafter. I understand that Temple will rely on the representations made by me / us in deciding whether to and on what terms to enter into a Temple ATE Funding Scheme.

Applicant's Signature: (on benait of firm)	Date:
Name and Position (please print)	
Bank Reference Authority	
Please complete, sign and return this authority to Temp Application Form. Failure to do so may affect the outco	
To: The Manager	Date:
Name of Bank:	
Bank Address:	





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Client Account Sort Code:	Client Account Number(s):		
I / We hereby authorise you to provide such information as requested by Temple Funding Limited in connection with my / our accounts with you. I/We understand as a result of Temple Funding Limited requesting such information that a charge may be applicable and therefore further authorise you to debit our account the amount of charge you may make for providing such reference.			
Authorised Signature(s):			
Name in Capitals:			
Position:			

Send to Temple:

By email: ate@temple-legal.co.uk or by post:

Temple Legal Protection Ltd, Portsmouth House, 1 Portsmouth Road, Guildford, Surrey GU2 4BL

Tel: 01483 577877

PI ATE and Funding Solicitor Application Form - 07/2018

