

# Proposal Form

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## Advice on applying for Personal Injury After-the-Event Insurance with Temple

### What cover does this insurance provide?

This insurance will indemnify your client for the costs awarded against them by a Court or other tribunal and will also indemnify your client for their own disbursements other than your own counsel's fees. This insurance does not indemnify your client in respect of your own fees.

### Why should I apply for insurance?

Since the reduction of legal aid, ATE insurance has proved itself to be an effective funding method for all types of personal injury litigation.

We only consider one-off personal injury cases where there are compelling reasons to do so. We want to encourage firms to commit to a delegated authority scheme with Temple and work with us as a partnership, rather than adversely select individual cases. If you do wish to submit an individual case to Temple, please explain clearly why this particular case is being singled out.

### When should I apply for insurance?

You should apply for insurance as soon as you are able to make a reasonable risk assessment of your client's case and you conclude that your client's case has reasonable prospects of success. Ideally you should apply before the Letter of Claim is sent. The later in the conduct of the claim that the proposal is submitted, the harder and more expensive the case will be to insure.

### How is the premium paid?

The premiums for Temple policies are all payable at the end of the case. If your client wins the case then the premium will be paid from the damages recovered. If your client loses, then the policy actually self-insures the premium in addition to the adverse costs.

### Is there any cost to apply for ATE insurance from Temple?

No, there is no charge whatsoever - our assessment of your client's case is free.

### Why might Temple decline your application?

There are a number of reasons why Temple may decline cases. Key reasons are as follows:

- If we are not satisfied that the case has reasonable prospects of success
- If you are operating adverse risk selection e.g. you have tried to settle the case before applying for insurance
- This form should be completed and signed by you (the solicitor) and then evidenced and signed by your client as true and accurate. It should then be sent, along with copies of all supporting documents either by email to [ate@temple-legal.co.uk](mailto:ate@temple-legal.co.uk) or in hard copy form to Temple Legal Protection.
- Document Checklist:  
In order to consider your application without delay, please ensure that all sections of the proposal form are fully completed where appropriate. We also require copies of the following documents, where available

- |   |                      |
|---|----------------------|
| ◆ Copy of your risk assessment and/or advice to your client | ◆ Expert reports     |
| ◆ Key relevant correspondence between the parties           | ◆ Witness statements |
| ◆ Counsel's opinion   | ◆ Medical reports    |
| ◆ Any other relevant information                            | ◆ Pleadings/orders   |

Please note that since we do not charge any assessment fee we cannot incur the costs of returning your papers (do not include any original documents with this application).

If this case is declined by Temple, the papers will be confidentially destroyed.

3. Completion of this form does not mean that insurance cover is in place.

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4. Consumers (individuals entering into this insurance contract wholly or mainly for purposes unrelated to the individual's trade, business or profession) must answer all questions fully, honestly and to the best of their knowledge. Failure to do so may result in the insurer taking any one of the following actions: rejecting a claim; only paying part of a claim; cancelling the policy; imposing additional policy terms and conditions and/or charging an additional premium.

Parties who are not consumers must answer all questions honestly and accurately and declare all material facts. A material fact is one that may influence the acceptance of this proposal, or the terms offered. If you are not a consumer and are in any doubt as to whether or not something constitutes a material fact you or your client must disclose it, as misrepresentation of any material fact may invalidate the insurance policy.

## Part A - Details of the Proposer

### 1. Full Name and Address

Name:

Date of Birth:

Address:

Details of litigation friend if appropriate:

2. Has the proposer been involved in any legal dispute or proceedings in the last 3 years? (other than minor traffic offences or family disputes)

Yes  No

If Yes, give details

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3. Is the proposer aware of any other insurances which may be relevant to this dispute?  
e.g. " Before the Event" legal expenses cover, or legal assistance through membership of a Trade Union or affinity group.

Yes  No

If Yes, give details

## Part B - Proposer's Legal Representation

If you are an existing Temple Scheme member, do not answer Question 2.  
Otherwise, please answer all parts of Questions 1 and 2.

1. Name and address of the firm

Name:

DX:

Address:

Name of fee earner:

Position:

Email:

Telephone Number:

2. About the firm:

Number of Partners:

Number of Assistant Solicitors:

Number of other fee earners:

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Volume of litigation expressed as a percentage of total fee income:

In which areas of litigation does your firm specialise?

Are any of your personal injury partners / staff currently members of any specialist panels?

Yes  No

If Yes, please provide details:

Percentage of litigation handled on a CFA basis

Last year		%
This year		%
Next year (estimate)		%

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.

What are your costs to date?	
What are your disbursements to date?	
Please estimate your firm's profit costs to the conclusion of the case (these will not be covered)	
Please estimate your Counsel's fees to the conclusion of the case (these will not be covered)	
TOTAL	

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## Part C - Details of the Opponent

1. Full name and address of the opponent

Name:

Address:

2. Legal status of the opponent, (e.g. Limited Company, individual.)

3. Do you consider that the opponent will be able to pay damages and costs?

Yes  No

4. Details of any additional parties in the dispute.

5. Details of the opponent's solicitors.

Name of firm:

Address:

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## Part D - Details of the Legal Action

1. Have you applied to any other insurer for cover in respect of this risk?

Yes  No

If Yes, has any other insurer declined this risk?

2. Category of Clinical Negligence Dispute - please tick

- Accident At Work
- Clinical Negligence
- Industrial Disease - Mesothelioma
- Industrial Disease - Other
- Public Liability
- RTA
- RTA New Claims Process
- Other, please specify

3. Date of incident giving rise to (potential) legal action.

4. Date you were instructed

5. What stage has the Legal Action reached

- Pre - letter before action
- Particulars of claim served
- Letter before action sent
- Defence received
- Pre- action protocol response provided
- Proceedings issued
- Trial Date set

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Date of trial:

6. Has liability been admitted or denied?

Yes  No

If "Yes" on which date

7. Have you complied with any pre-action Protocols?

Yes  No  Not Yet Applicable

8. Please attach a summary of the dispute including facts, liability and causation (if not already set out in the risk assessment)

9. If an Expert has been appointed, please provide relevant details.  
If an Expert has yet to be appointed, please provide a description of the expertise that will be sought.

10. Details of any settlement proposals to date from either party.

11. What is the lowest value of settlement the proposer considers acceptable?

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12. What do you think are the prospects, in percentage terms, of achieving this?

13. Is there likely to be a counterclaim?

Yes  No

If "Yes", give details

14. Have you entered into a CFA?

Yes  No

If "Yes", please provide a copy

Date of Agreement:

Percentage Up Lift:

15. Will you be instructing Counsel?

Yes  No

If "Yes", please name the Chambers and the Counsel

Chambers:

Counsel:

16. Please give brief details of the main arguments, in your opinion that might be used by the opponent



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## Part E - Cover Required

Please estimate your own disbursements up to and including trial	
Please give your best estimate of the opponent's total costs to trial (including their disbursements)	
<b>TOTAL</b>	

**NB:** This is the amount of adverse costs and disbursements protection we shall consider when assessing the premium

## Declaration to be signed by (Consumer) Proposer

I/we declare that after full enquiry I/we have answered the questions asked in the proposal form fully, honestly and to the best of my/our knowledge. I/we agree to inform Temple of any material alteration to these facts occurring before the inception of the policy.

I/we agree that the information that I/we have provided to the Solicitor is true, accurate and complete to the best of my/our knowledge and I/we understand that the Solicitor has relied on this information to complete this Proposal and Temple will rely upon the same information.

Solicitor:

Name in Capitals:

Date:

Proposer:

Name in Capitals:

Date:

## Send to Temple:

By email: [ate@temple-legal.co.uk](mailto:ate@temple-legal.co.uk) or by post:

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

Tel: 01483 577877

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