

Employment Disputes Insurance

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All Information will be treated in strictest confidence by Temple.

Insurance protection against Tribunal Costs and Awards, Criminal Prosecution and Data Protection

Claim Form

Please note that you must send us copies of ALL attendance notes and ALL advice given from the first date when the Insured took advice. Copies of any correspondence between the Professional Representative and the Insured, between the Insured and the Claimant and all other parties regarding this claim also need to be sent. Failure to do so will delay the Insurer's decision as to whether the claim is covered.

Any detailed answers to questions should be on a separate sheet and attached to this document.
All material facts must be disclosed. A material fact is one that may influence the acceptance of this claim. If you are in any doubt as to whether something constitutes a material fact you should disclose it. Non-disclosure of a material fact will invalidate any insurance policy.

Please note; you should proceed with preparing the ET3 whilst an Employment Defence claim is being assessed by the Insurers.

Please send this document and any supporting information to:-
Temple Legal Protection Limited
E-mail: info@temple-legal.co.uk
Post: Temple Legal Protection, One Bell Court, Leapale Lane, Guildford GU1 4LY

Date:

Part A – Coverholder Details

Appointed Representative:

Solicitors Reference:

Contact Name:

Email Address

Direct Dial:

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Part B - Policy Details

Name of Insured:

Limit of indemnity:

Excess:

Inception date / Renewal date of cover:
(Please indicate if renewal or new risk)

Part C - Claim Details

Please tick the area which this claim relates to:

- ☐ Employment Defence (*continue to section D*)
- ☐ Criminal Prosecution (*continue to section E*)
- ☐ Data Protection (*continue to section E*)

Part D - Employment Defence

Name of claimant:

Details of the claim:
(Please attach ET1, ET3 and any supporting notes).

Date when circumstances relating to this claim first arose:
(Please provide full details if the above circumstances are relatively close to the inception date. Please also note that if the Insured was aware of the circumstances prior to the inception date, then the claim will not be covered)

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Date when the Appointed Representative was first consulted in respect of the circumstances relating to this claim:

(Please explain the reasons for delay, if any)

In the opinion of the Appointed Representative, did the Insured seek advice at the earliest opportunity as to any procedures to be adopted?:

(Please note; the Insurer will need to be satisfied that the Insured has acted reasonably at all times to mitigate the risk of claims and that they contacted the Appointed Representative at the earliest possible opportunity to determine any procedures to be adopted - Insurers do recognise that in some cases it will have been difficult to consult prior to any claim).

In the opinion of the Appointed Representative, did the Insured act upon your advice with due diligence?

In the opinion of the Appointed Representative, what are the Insured's prospects of success, in percentage terms, of successfully defending this claim?

Proposed action by Appointed Representative

In the opinion of the Appointed Representative, what action(s) is required to defend this claim:

(Please note; the Appointed Representative is under a duty to assess what action(s) is reasonable and proportionate to incur professional expenses in the circumstances)

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In the opinion of the Appointed Representative, would a commercial settlement be a suitable option for the Insurer to consider:

(If yes, please make full representation on the value and reason of such settlement)

Details of Costs

Estimate of professional fees to the conclusion of the case (at £150 per hour):

(Please refer to claims process guidance document)

Estimate of Awards of Compensation:

(If a schedule of loss has not yet been provided, please provide the best estimate and update us when in receipt of further details)

Part E - Criminal Prosecution and Data Protection

Name of the person or company you are in dispute with:

Address:

Date and means by which the Insured first became aware of the circumstances giving rise to the claim:

(Please provide comment if the inception date and this date are relatively close, please also note that if you were aware of the circumstances prior to the inception date then the claim will not be covered)

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Date and means by which you first became aware of possible legal action:

Are you defending or making a claim against your Opponent?

Brief details of the dispute:

What is the date that you first notified us of the claim?
(Please explain the reasons for delay, if there has been any)

What do you hope to achieve using legal action?
(Remedy sought / amount claimed)

Declaration

You are reminded of your legal duty to inform us immediately of any matter that might influence us in deciding if your claim is valid. If you are unsure whether a matter might influence us, you must inform us immediately in writing. Failure to do so may result in your claim being invalidated.

I was/we were not aware at the date of inception or renewal of the policy that this claim, the details of which are set out above, could arise.

Insured's Signature:

Print Name:

Date:

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Checklist of documents that must be enclosed:

Employment Defence

- ☐ Copies of all attendance notes
- ☐ Copies of all advice given
- ☐ Copies of correspondence between the Insured and the Claimant, Opponent or other parties
- ☐ Copies of correspondence between the Professional Representative and the Insured
- ☐ Copy of the ET1
- ☐ Copy of the ET3 (If this has been prepared)
- ☐ Copy of the Certificate of Insurance that was issued - the full wording and schedule
- ☐ Copy of Proposal and Referral Form (PRF)
- ☐ Any other relevant documents (including background notes, tribunal correspondence and orders if applicable)

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