

# Commercial ATE Proposal Form

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

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## Important Notice

This application form and the documents accompanying it, once submitted, will commence the assessment process by which Temple will review the case and ultimately decide whether or not to offer to insure the risks applied for and if so on what terms. Submission of this application form does not obligate Temple to offer insurance nor offer terms of insurance.

Any contract of insurance entered into between you and the insurer will:

- (a) if you are a “consumer”, be subject to the provisions of The Consumer Insurance (Disclosure and Representations) Act 2012 (“CIDRA”); and
- (b) if you are a “non-consumer”, be subject to the provisions of the Insurance Act 2015 (“IA”).

A “consumer” is an individual who enters into the contract “wholly or mainly for purposes unrelated to the individual’s trade, business or profession”.

### Pre-contract information

#### (a) Consumer

If you are a “consumer” then under section 2 of the CIDRA you have a **duty to take reasonable care not to make a misrepresentation**. A representation that is inaccurate or misleadingly incomplete would constitute a misrepresentation. Please ensure that all the information you provide us is correct to the best of your knowledge, information and belief.

#### (b) Non-consumer

If you are a “non-consumer” then under IA you are under **an obligation to give us a “fair presentation” of the risk**. You must disclose to us (a) every material fact and circumstance which you know, or ought to know, that you think would influence us in deciding whether to insure the risk and on what terms and (b) sufficient information to put us on notice that we need to make further enquiries about potentially material facts or circumstances.

The above is of necessity a very brief summary of your obligations under the respective Acts. Failure to comply with such obligations can result in adverse consequences including avoidance of the contract of insurance.

### No assessment fee and destruction of papers

Temple carry out the assessment of your case free of charge.

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.

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## Section A - Details of the Proposer

1. Full Name:

Date established / Date of Birth:

Address:

2. In addition to ATE, does the proposer require disbursement funding?

☐ Yes ☐ No

***If yes and you have not previously applied for disbursement funding, please complete the disbursement funding questions on Pages 10 to 11.***

3. Is the proposer the claimant or the defendant?

☐ Claimant ☐ Defendant

4. Please state the domicile of the Proposer:

5. Is it likely that an application for security of costs will be made against the Proposer:

☐ Yes ☐ No

If yes, what sum would be adequate security?

6. Is the Proposer aware of any other insurances which may be relevant to this dispute:

☐ Yes ☐ No

If yes, please provide details below:

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7. Is the Proposer, or has the Proposer, ever been insolvent or been made bankrupt or discharged from bankruptcy in the last 5 years, or been a director of a company which has been declared insolvent in the last 3 years:

☐ Yes ☐ No

If yes, please provide details below:

8. Has the Proposer been convicted of a criminal offence (other than a motoring offence not resulting in imprisonment):

☐ Yes ☐ No

If yes, please provide details below:

9. Have you submitted this case to any other insurance providers and or litigation funders and or brokers:

☐ Yes ☐ No

If yes, please provide details below:

## Section B – Proposer's Legal Representation

1. Firm Name:

Address:

Telephone Number:

2. Your own Counsel:

Name of Partner / fee-earner dealing:

Email:

Your case reference:

Chambers:

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3. Does your firm's name appear on the Exempt Professional Firms section of the Financial Conduct Authority Register to enable you to transact insurance business?

☐ Yes ☐ No

FCA / EPF Number:

4. Has any other law firm previously had conduct of this case?

☐ Yes ☐ No

If Yes, why have they been dis-instructed?

## Section C - Details of the Opponent(s)

1. Full Name:

Domicile:

Address:

2. Is the opponent registered for VAT? (This is important because if they are not, the cover required will have to include the additional liability for VAT.)

☐ Yes ☐ No

3. Please explain why you consider that the opponent will be able to pay damages and costs:

4. Is the opponent insured for the proceedings?

☐ Yes ☐ No

If Yes, please give the name of the insurer if known:

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5. Please provide details of any additional parties who have been or who may be joined by the Opponent, in the legal action:

6. Does the opponent have a CFA in place?

☐ Yes ☐ No ☐ Unknown

7. Does the opponent have an ATE policy for this claim?

☐ Yes ☐ No ☐ Unknown

If Yes, please give details:

8. Details of the opponent's legal representatives:

Firm Name:

Name of Partner dealing:

Address:

Counsel:

Chambers:

## Section D - Details of the Legal Action

1. Date of the cause of action:

2. Date you were instructed:

3. Date of limitation (and the basis for this):

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4. Please briefly summarise the dispute including relevant dates / amounts in dispute / remedies required (please set out on a separate sheet as necessary):

5. What stage has the Legal Action reached?

6. Please state your views as to the percentage prospects of success:

%

7. Please state Counsel's views as to the percentage prospects of success (if available):

%

8. Type of evidence relied on:

☐ Just Oral    ☐ Just Documentary    ☐ Oral and Documentary

9. Has liability been admitted?

☒ Yes    ☐ No

If Yes, on which date:

10. Please give details about any negotiations or ADR attempts:

11. Please provide details of any Part 36 offers or settlement proposals to date:

12. Please give details of any likely counterclaim:

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13. a. Please give brief details of the main arguments which have been or might be used by the opponent to defeat the Legal Action:

b. Please also explain how the Proposer intends to overcome the opponent's arguments:

14. What do you consider to be the weaknesses in your case and how will they be mitigated?

15. Is there anything else which may adversely affect the success of the legal action?

16. What is the value of the claim?

17. What is the lowest acceptable settlement figure / realistic settlement figure?

18.a. If an Expert has been appointed, please identify the discipline/s and provide copies of any reports:

b. If an Expert has yet to be appointed, please provide a description of the expertise that may be sought:

19. Have you entered into a CFA? (if yes, please provide a copy)

☐ Yes ☐ No

Is the CFA full or discounted?

☐ Full ☐ Discounted

Uplift:

Date of CFA Agreement:

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20. Has counsel entered into a CFA?

☐ Yes ☐ No

Is the CFA full or discounted?

☐ Full ☐ Discounted

Uplift:

 %

21. What are your own Solicitors fees to date?

22. Please provide an estimate of your own additional Solicitor's fees up to and including trial:

## Section E – Cover Required

When completing this section please note the cover that may be provided will insure your client for their liability for the opponent's legal costs and disbursements and your client's liability for their own disbursements. Any cover provided will not insure your client for your own Solicitor's fees. In certain circumstances we **may** be able to insure your own counsel's fees but cover is not automatically provided for this.

Please tick the required cover: ☐ Own Disbursements ☐ Counsel's Fees ☐ Opponent's Costs

1. Own Disbursements:

|                                                                                                                                                                  |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| a) What is the cost of your own disbursements, excluding Counsel's fees, incurred to date:                                                                       | <input type="text"/> |
| b) What is the cost of your own Counsel's fees incurred to date:                                                                                                 | <input type="text"/> |
| c) What do you estimate the additional cost of your own disbursements, excluding Counsel's fees, to be that are likely to be incurred up to and including trial: | <input type="text"/> |
| d) What do you estimate the additional cost of your Counsel's fees to be that are likely to be incurred up to and including trial:                               | <input type="text"/> |

2. Opponent's Costs:

|                                                                                                                                                                                                                           |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| a) Please give your best estimate of the opponent's total costs, already incurred and to be incurred, including their own disbursements and Counsel's fees, up to and including trial: (Please include VAT if applicable) | <input type="text"/> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|

|                         |                      |
|-------------------------|----------------------|
| <b>Total Section E:</b> | <input type="text"/> |
|-------------------------|----------------------|

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## Declaration to be signed by Proposer

Your Obligations Under the Consumer Insurance (Disclosure and Representations) Act 2012 and the Insurance Act 2015:

1. I am or we are (a) consumer(s), in which case I/we know that I/we must take reasonable care not to make a misrepresentation to an insurer or I am or we are (a) non-consumer(s), in which case I/we know that I/we must make a fair presentation of the risk to an insurer. If you are in doubt about your obligations, please seek advice.
2. I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal are true and complete and that no material facts that are likely to influence the acceptance and assessment of this proposal have been withheld. If you are in any doubt as to whether a fact is material, you should disclose it.

Solicitor Signature:

Proposer Signature:

Print Name in capitals:

Print Name in capitals:

Date:

Date:

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## Disbursement Funding

To be completed if you ticked yes in **Section A, question two** and you have not previously completed this questions. You have indicated on this proposal form the estimated disbursements in your case. If Temple agrees to offer terms we would therefore provide this credit limit to your client, with the ability to top up if necessary.

1. Please confirm which members of your team have authority to authorise disbursements:

2. Please confirm how your firm checks the fitness and propriety of those staff members:

3. Please provide us with:

- a. A copy of your "Know Your Customer" and Money Laundering Checks as required by the SRA.
- b. A copy of form AR1 for the most recent set of accounts.
- c. A copy of a page of your firm's client account paying in book

4. Please provide you firm's Client Bank Account Details below:

|                 |  |
|-----------------|--|
| Name of Bank:   |  |
| Account Name:   |  |
| Sort Code:      |  |
| Account Number: |  |
| Address:        |  |

4a. Please provide the names of two individuals from your firm who have access to the client accounts and that we may contact in respect of any payment queries:

Contact 1:

Contact 2:

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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 issuance of the credit agreement or at any time thereafter. I understand that Temple 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 credit agreement.

I confirm that the firm is either an exempt professional firm pursuant to section 327 of the Financial Services and Markets Act 2000 or has the relevant Financial Conduct Authority permission in relation to the regulated activity of credit broking.

Applicant's Signature: (on behalf of firm)

Date:

Name and Position (please print)

## Send to Temple:

By email: [commercialate@temple-legal.co.uk](mailto:commercialate@temple-legal.co.uk)

Tel: 01483 577877

By post:  
Temple Legal Protection Ltd  
Ranger House  
Walnut Tree Close  
Guildford  
Surrey  
GU1 4UL

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