

Proposal Form

After the Event Insurance

Personal Injury (including Clinical Negligence)



Solicitor Details

Firm's Name	
Address	
DX:	
Telephone	
Fax	
Email	
Solicitor / Fee Earner	
Case Reference	

Client Details

Name	Date of Birth
Address	

Conditional Fee Agreement

Yes No

Date	
Success Fee	%

Is Counsel on a CFA (or likely to be) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Details of your Client's Case

Type of Case	
Date of Incident	
Date client first instructed Solicitors	
Does your client have any history of previous claims?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give brief details of case type, dates(s) and outcome.	

**Details of Client's Case
- Continued -**

Brief Summary of Incident			
	<i>Use separate sheet if necessary ></i>		
Value of Claim	General Damages £	Special Damages £	
Prospects of Success %	%		
Date of Issue Of Proceedings			
Trial Date (if not yet known please give best estimate)			
Procedural Track	Fast Track <input type="checkbox"/>	Multi Track <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Liability been admitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is Contributory Negligence likely to be a factor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has there been any attempt to settle, including Part 36 Payment In/Offer to Settle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If Yes - please provide brief details:		

Details of Defendant(s)/Opponent(s)

Name(s)			
Address			
Has the Defendant/Opponent been correctly identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the Defendant/Opponent Insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Estimated Costs to Trial

Claimant		
Profit Costs	£	Disbursements
		£
		Counsel's Fees
		£
Defendant/Opponent		
Profit Costs	£	Disbursements
		£
		Counsel's Fees
		£

Level of Indemnity Required

£

Enclosures

Please do not send original documents

Letter of Claim <input type="checkbox"/>	Expert Report(s) <input type="checkbox"/>
Letter of Response <input type="checkbox"/>	
Counsel's Advice <input type="checkbox"/>	Pleadings <input type="checkbox"/>
Other <input type="checkbox"/> (Please specify)	

If you, or a solicitor on your behalf, have made any previous applications for ATE Insurance, please provide details stating:

Name of Insurer / Broker:	Name of Insurer / Broker:	Name of Insurer / Broker:
Date of Proposal:	Date of Proposal:	Date of Proposal:
Outcome:	Outcome:	Outcome:

Use separate sheet if necessary

Please make sure that you read and understand the following notes before signing this form

(ask your solicitor to explain anything that you do not understand)

- The information provided by you and your solicitor must be as full and as accurate as possible to enable the insurer to decide whether or not to accept the risks involved.
- The insurer will rely upon the contents of this Proposal Form and it will form the basis of the contract of Insurance should a policy of insurance be issued.
- All facts material to the matter must be disclosed.
- Information which is not available to you or your solicitor at this time but which becomes available later on must also be disclosed at the earliest possible opportunity.

Proposer’s Declaration

I declare that I have read this form and that the contents are true to the best of my knowledge and belief and that I have not omitted, exaggerated or mis-stated any material fact.

Signed

Dated

Solicitor’s Declaration

I declare that the information contained in this form is true to the best of my knowledge and belief.

Signed

Dated



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