



Bedford Heights
Manton Lane
Bedford
MK41 7PH

DX 5626 Bedford

AFTER-THE-EVENT LITIGATION INSURANCE PROPOSAL FORM

NOTES ABOUT THIS PROPOSAL FORM

Someone who proposes for insurance is under a duty to disclose all facts and matters which are material to the Insurer's consideration of the risk and also not to misrepresent any material fact. The rule of thumb is "if in doubt, disclose". This duty continues up until there is a concluded contract of Insurance (which is normally when a Policy or Certificate has been issued by the Insurer) and also after issue of the Policy or Certificate. Any failure to do so may entitle the Insurer to treat any contract of insurance which has been agreed as if it had never existed.

The completion of this Proposal Form does not in itself bind either the Insurer or the Proposer to any contract of insurance. But in the event of a Policy being issued pursuant to this Proposal Form, this Proposal Form shall constitute part of the Policy.

So please complete all Sections of this Proposal Form, and check the completeness and accuracy of each answer given. The information provided and received will be treated in confidence. If you need more space to answer any question more fully, please use the additional space at the end of the Form or attach a separate sheet. If a Question is not relevant to this specific case, please answer "N/A".

Please remember that our Form is accepted by all the Insurers, so you only need to complete this one Form.

1. THE PROPOSER (CLAIMANT/APPELLANT OR DEFENDANT/RESPONDENT)

Please provide details of the party or parties proposing for insurance. If the Proposer is a liquidator, please also confirm that he/she has the authority of the creditors to bring this action.

Name(s):	
Address (including postcode):	
What is the Proposer's legal status:	(e.g. Individual/Plc/Ltd/Partnership/Liquidator/Executor/Local Authority)
Occupation (if individual):	
Date of birth (if individual):	
Description of business (if a company):	
Is the Proposer the Claimant or the Defendant in the Legal Action:	

2. THE PROPOSER'S SOLICITOR (APPOINTED REPRESENTATIVE)

a) The Solicitor (including any assistants) who will be acting for the Proposer in the Legal Action:

Name of Practice:	
Address (including postcode):	
DX Address:	
Telephone No:	
Solicitor handling case:	
Solicitor's email address:	
Solicitor's case reference:	
Name(s) of assistant(s):	
Assistant's email address:	

b) Counsel instructed on the Proposer's behalf:

Name:	
Chambers:	

3. THE OPPONENT

Please identify the name(s) and address(es) of the Opponent(s):

Name(s):	
Address(es):	
What is the Opponent's legal status:	(e.g. Individual/Plc/Ltd/Partnership/Liquidator/Executor/Local Authority)
Solicitor and email address (if known):	
Counsel (if known):	

4. THE LEGAL ACTION (CLAIM/CASE/PROCEEDINGS)

a)	Type of case:				
b)	Incident date:				
c)	In which Court or tribunal will the Legal Action be brought:				
d)	When was the Legal Action first referred to the Proposer's Solicitor:				
e)	When might the Trial reasonably commence:				
f)	What is the expected length of the Trial:				
g)	What is the approximate Quantum:	General Damages:	£	Special Damages:	£
h)	What figure might the Proposer agree to settle at:	General Damages:	£	Special Damages:	£
i)	Have legal proceedings been issued:	YES / NO	If 'YES' when:		
j)	Has a Defence been received:	YES / NO	If 'YES' when:		
k)	Has the Opponent made any offer or payment in settlement of all or part of the claim:	YES / NO	If 'YES' when, and how much:		
l)	Has the Proposer made, or intends to make, a Part 36 offer or Part 36 payment or any other offer of compromise in respect of all of, or part of, the claim: If 'YES', please provide full details; if 'NO', please explain why not:				
m)	Has liability been admitted:	YES / NO			
n)	Is the Opponent insured:	YES / NO / NOT KNOWN			

o)	Please indicate in percentage terms what you consider the prospects of success are for:	LIABILITY:	%	QUANTUM (per 4(g) above):	%	QUANTUM (per 4(h) above):	%
p)	Are you (the Proposer's Solicitor) on a CFA (or any other form of Special Fee Agreement):	YES / NO					
	If 'YES' when was it entered into and what is the uplift:						
q)	Is Counsel on a CFA (or any other form of Special Fee Agreement):	YES / NO					
	If 'YES' when was it entered into and what is the uplift:						
r)	Please give details of how the case has been funded to date (e.g. A-t-E cover, B-t-E cover, a Legal Aid Certificate or a private retainer):						
s)	Does the Proposer have access to all documents which are necessary to prove the claim:	YES / NO					
t)	Are you aware of anything which may adversely affect the success of the Legal Action: If 'YES', please give details:						

5. ESTIMATED COSTS AND AFTER-THE-EVENT COVER REQUIRED

Please answer all questions (whether you are on a CFA or not, and whether you require cover or not), but please note that not all Insurers provide cover either for Proposer's Solicitor's Legal Costs or for Costs already incurred.

				Cover requested	
				YES	NO
a)	Opponent's Costs	incurred up to <u>now</u> :	£		
		from <u>now</u> until Trial:	£		
b)	Proposer's Disbursements (excl. Counsel)	incurred up to <u>now</u> :	£		
		from <u>now</u> until Trial:	£		
c)	Proposer's Counsel's Fees	incurred up to <u>now</u> :	£		
		from <u>now</u> until Trial:	£		
d)	Proposer's Solicitor's Legal Costs	incurred up to <u>now</u> :	£		
		from <u>now</u> until Trial:	£		

If you require cover for Costs already incurred up to <u>now</u> , please state from what date cover is required:	
Total Limit of Indemnity (amount of Cover) Required: (please note that this figure should <u>not</u> include the premium, however we will always seek to get insurance cover for the premium in addition)	£

6. APPROACHING THE INSURANCE MARKET

a)	Universal Legal Protection Ltd will analyse all the information provided before approaching Insurers or Underwriting Agencies who operate in this insurance market. Is there any Insurer whom you do not wish us to approach: If 'YES', please give details in confidence in a separate note/letter:	YES / NO
b)	Although Universal Legal Protection Ltd have access to most if not all of the possible Insurers for this class of business, it may be that you have already approached one or more of them in which case please advise us so that we do not double up. Have you already approached any Insurer on this risk:	YES / NO
	If 'YES', please give details including the outcome of any application(s):	

7. ENCLOSURES

Help us to help you by enclosing relevant documentation. A clear but comprehensive presentation will pay dividends when it comes to getting A-t-E Insurance Quotations. What would you want to know about this case if you were the Insurer?

CHECKLIST	YES	NO
Case Summary (the facts and issues involved, plus the stage the claim has reached):		
Solicitor's advice on the merits of the legal action and quantum of claim:		
Counsel's advice on the merits of the legal action and quantum of claim:		
Particulars of claim:		
Defence:		
Relevant witness statement(s):		
Experts' reports:		
Correspondence with the Opponent:		
Application Fee cheque for £100 payable to Universal Legal Protection Ltd: (Cheques must be drawn on Solicitor's Bank Account only)		

8. DECLARATION BY THE PROPOSER AND THE SOLICITOR

This Proposal Form shall be completed jointly by the Proposer and the Proposer's Solicitor and both shall sign the respective Declarations where indicated.

- (a) We have read the "Notes About This Proposal Form" on the front page.
- (b) We declare that the contents of this Proposal Form are true to the best of our knowledge and belief and agree that the contents of this Proposal Form, together with any further information and documentation provided to the Insurer(s), will be incorporated into and form the basis of any contract of insurance which may subsequently be agreed with the Insurer(s) and that any non-disclosure of any relevant information may invalidate the Policy/ies of Insurance.

(c) I/We (the Proposer) authorise the Solicitor to provide the Insurer(s) and their representatives all such information as they may require and I/We agree that the Solicitor may give information to the Insurer(s) notwithstanding that this would otherwise be breach of privilege and confidentiality owed to me/us.

(d) I/We (the Solicitor) believe that the Limit of Indemnity selected in Section 5 is sufficient to pursue the claim to Trial.

SIGNED BY THE PROPOSER(S):		POSITION:	
NAME(S):		DATE:	

SIGNED BY THE SOLICITOR:		POSITION:	
NAME:		DATE:	

When completed, please forward this Proposal Form together with the stated Enclosures to Universal Legal Protection Ltd (see front page for email, DX or postal address).

Additional information