

## ATE QUOTATION APPLICATION FORM

This application form is for **After the Event Legal Expenses Insurance**. The information provided is kept in the strictest confidence and only used in securing indications for coverage or funding, as requested.

*On applying for insurance, the applicant is under a duty to disclose all material facts and matters for the insurer's consideration of the risk and not to misrepresent material facts. This duty applies until the contract of insurance has been agreed and/or prior to the inception of the policy coverage. Failure to comply with this duty entitles the insurer to treat the insurance as null and void. Other duties may apply from the policy itself, which should be carefully read prior to its inception to ensure understanding of coverage and application of any further duties.*

**The claimant's solicitor should fully and accurately complete all parts of the Application, indicating if any question is "not applicable" (n/a).**

### 1. The Proposer

*If the applicant is a liquidator please confirm the authority to act on behalf of the creditors*

Name	
Address	
Legal status*	
DOB (if an Individual)	
Email address	
Telephone number	
Fax number	
Occupation / type of business	
Claimant or Defendant	

*\* Individual, PLC, Ltd, Partnership, LLP, Sole Trader, Government Department, Local Authority*

### 2. Legal Representation

#### Solicitor's details

Name of Firm	
Address	
Telephone	
Fax	
Solicitor handling your case	
Email address	

**Details of Instructed Counsel**

Counsel's name	
Email address	
Chambers	
Address	

**3. Your Opponent**

Name	
Address	
Legal status*	
Contact name (if known)	
Email address	
Telephone number	
Solicitor	
Counsel	
Opponent's Insurer (if known)	
Please provide information and/or what checks you have undertaken to ensure that your Opponent can satisfy a judgment against them.	

\* Individual, PLC, Ltd, Partnership, LLP, Sole Trader, Government Department, Local Authority

**4. Action**

Type of Case	
Which Court (County Court, High Court etc)/Tribunal/Arbitration	
Date of cause of action	
Expected date of Trial/Hearing	

Expected length of Trial/Hearing	
Full value of claim	
Minimum Acceptable Settlement Figure	
Have proceedings been issued	Yes / No - If yes, confirm date of proceedings:
Has a defence been received	Yes / No - If yes, confirm date defence received:
Has liability been admitted	
Has any settlement offer been received from the opponent	
If yes, please provide details	
Has any settlement offer been made by the Proposer	
If yes, please provide details	
Has mediation, or any other form of ADR been suggested?	
Have any pre-action or interim applications been made or threatened by any party?	
If yes, please provide details	
Are any pre-action or interim applications by any party anticipated?	
If yes, please provide details	
Please indicate prospects of success From your solicitor % From your Counsel %	
Please identify your witnesses including expert witnesses where applicable	
Do you have access to all pertinent documents	

Are you aware of any adverse circumstances that might affect your case (if yes please provide details)	
--	--

## 5. Estimate Costs

Your Costs:	
Solicitor's Fees	£ _____
Counsel's Fees	£ _____
Other Disbursements	£ _____
What part of these costs has already been expended?	
Opponent's Costs	
Solicitor's Fees	£ _____
Counsel's Fees	£ _____
Other Disbursements	£ _____
Is a CFA (or Special Fee Agreement) applicable to	
The Claimant's Solicitor	
The Claimant's Counsel	
If YES, what is the uplift applicable in each case?	

## 6. Attachments

Summary of Facts and Issues	YES	NO
Advice from Solicitor on Merits	YES	NO
Quantum	YES	NO
Advice from Counsel on	YES	NO
Quantum	YES	NO
Witness Statements	YES	NO
Experts Response	YES	NO
Application Fee	YES	NO

## 7. Insurance Cover

Est. Opponent's Costs (from today)	
Est. Your disbursement (from today)	

Limit of Indemnity <i>If the Limit of Liability is different from the aggregate of opponent's costs and own disbursements please explain why.</i>	
--	--

### 8. The Insurance Market

Concert will approach those insurers or their agents most likely to offer terms based on your application.

Name of any insurers that you do not want to approach?	
Which insurers already been approached, if any?	
If available, are you interested in other forms of litigation funding for this case?	

### 9. Claimant's Declarations

- a) We declare that the contents of this Proposal Form are true to the best of my/our knowledge and belief and agree that the contents of the Proposal Form will be the basis of the Policy of Insurance and that any non-disclosure of any relevant information may invalidate the policy of insurance.
- b) I/We authorise the solicitor to provide the insurer and their representatives all such information as they may require and I/we agree that the solicitor may give information to the insurer notwithstanding that this would otherwise be a breach of privilege and confidentiality owned to me/us.
- c) I/We agree to the solicitor giving the irrevocable undertaking set out in the Declaration below.
- d) I/We agree that the contents of this Proposal Form, together with any associated documentation or information provided to the insurer, will be incorporated into and form the basis of any contract of Insurance that may subsequently be agreed with the insurer

Name (Please Print)	
Position (Please Print)	
Signature	
Date	

### 10. Solicitor's Declaration

- a) I/We declare that the information set out above is true to the best of my/our knowledge and belief.
- b) I/We certify to the best of my/our knowledge and belief that the Claimant has at least the prospects of such in the Legal Action as indicated above.
- c) In consideration of the issuance of any Policy I/we will immediately advise the insurer in writing of any matter that is required by the policy conditions to be advised.
- d) I/We believe that the limit of Indemnity requested in Section 7 above is sufficient to cover any adverse costs awards or disbursements to be covered by the Policy.

Name (Please Print)	
Position (Please Print)	
Signature	
Date	

