

Commercial ATE Insurance

Proposal Form

IMPORTANT NOTICE:

1. This proposal form is required by the Insurers to be completed by the Claimant/Claimant's solicitor for the provision of Commercial ATE insurance. This proposal form should be sent to Collegiate Management Services Limited. All questions must be answered to enable a quotation to be given. Answer questions to the best of your knowledge, information and belief. The form must be signed and dated.
2. All material facts must be disclosed, as failure to do so may render any policy voidable, or may severely prejudice your rights in the event of a claim. A material fact is one likely to influence acceptance or assessment of the proposal by Insurers. **If you are in any doubt as to what constitutes a material fact, you should consult Collegiate Management Services Limited.**
3. In the event that there is any material change in the answers given to the questions contained in this proposal form prior to the inception of the policy, you must notify Insurers and, at the sole discretion of Insurers, any outstanding quotations may be modified or withdrawn.
4. The full cover, terms, conditions, exclusions and limitations are contained within the Commercial ATE Insurance Policy.
5. In this proposal "you/your" means the individual, company, partnership trust or association proposing for this insurance.
6. You should retain a copy of the completed proposal form and details of any additional information provided for your records.

[Collegiate Management Services Limited may charge a fee for assessing your proposal. If a fee is payable, Collegiate Management Services Limited will notify you of the amount of that fee on receipt of your proposal form and, if you wish to proceed, will then proceed with the assessment of your proposal following receipt of payment of the fee.]

Please complete and sign this form and hand it to your solicitors for them to send to Collegiate Management Services Limited under a covering letter setting out a concise summary of your claim together with a copy of the information requested at Section H of this proposal.

The completion and signature of this proposal does not bind you or Insurers to enter into a contract of insurance.

A: Information about you

Name
Address

B: Information about your representatives

Solicitors
Partner Contact
Counsel
Expert(s)

C: Information about your opponent

Name
Address
Legal Status

D: Information about your opponent's representatives

Solicitors
Partner Contact
Counsel
Expert(s)

E: Information about your claim

Have proceedings been issued and, if so, what stage have they reached?

What damages do you seek to obtain?

What are your objectives and on what terms would you be prepared to settle?

Provide details of any offers of settlement made by you.

Provide details of any offers of settlement made by your opponent.

Provide details of any costs orders made in the litigation to date.

What resources has your representative allocated to your claim? Please name the partner responsible for it and (where possible) the assistants and others who will work on it or state how many will be involved.

Would you be prepared to agree to mediate with your opponent? If not, why not?

What steps have you taken to ascertain the financial standing of your Opponent to ensure that any award of damages or costs you may achieve will be met?

Please provide details of any connected/parallel/overlapping litigation.

What is your solicitor's assessment of the likelihood of you succeeding in establishing liability?

Over 80%
70% - 80%
60% - 70%
50% - 60%
Less than 50%

What is your solicitor's assessment of the likelihood of you succeeding in establishing quantum?

Over 80%
70% - 80%
60% - 70%
50% - 60%
Less than 50%

F: FUNDING

What funding arrangement do you have in place with your representatives? e.g. CFA

How is your opponent funding its legal costs?

What do you estimate your legal costs and disbursements (including any uplift under your CFA) will be to the conclusion of the trial? Please provide a step by step breakdown including any costs and disbursements you have already incurred.

How do you propose to fund these costs?

What do you estimate your opponent's legal costs will be to the conclusion of the trial?

Do you have any other legal expenses insurance available to cover your costs and those of your opponent or any other parties in this litigation? Have you checked your position?

Has your solicitor advised you about funding this litigation and, if so, what advice have you received?

G: COVER SOUGHT

What limit of cover do you require?

Opponent's Costs:	£
Own Disbursements:	£
Total:	£

H: INFORMATION REQUIRED

Please provide a copy of the following documents, if they exist:

- Conditional Fee Agreement with your representatives
- Your representatives' conditional fee risk assessment report including a summary of the investigations which your representative has carried out to date
- Advice given to you by your representatives
- Counsel's opinion (if any)
- Expert reports (including your opponents' if available)
- Witness statements (including your opponents' if available)
- Substantive correspondence with your opponent or their representatives (including any correspondence in relation to any applicable pre-litigation protocol)
- Pleadings
- Any report of any credit agency or similar in respect of the financial standing of your Opponent.

I: Data Protection

Any and all information supplied by you or on your behalf on or in connection with this proposal form and/or collected by AmTrust Europe (the Insurers) or us on their behalf in connection with this proposal form (which information may include personal data, as defined by the Data Protection Act 1998 (the Act) and sensitive personal data, which is also defined by the Act and includes medical history and criminal convictions) will be held and used by the Insurers and/or us on their behalf, for some or all of the following purposes:-

- processing your proposal form;
- administration (including claims handling);
- risk assessment;
- research and statistical purposes;
- marketing purposes; and
- crime prevention
- **[add any other non obvious purposes]**

Your personal details will only be disclosed by us and the Insurers to third parties if it is necessary for the entering into and/or performance of your contract of insurance with the Insurers.

By signing this proposal form you agree to your information being used in this way.

The Insurers will keep your information secure at all times.

In certain circumstances, for example for systems administration purposes, the Insurers may have to transfer your information to another country, which may be a country outside the European Economic Area (EEA). By signing this proposal form you agree to the transfer of your information in these and similar circumstances by the Insurer to a country outside the EEA.

Should you wish to receive a copy of the information we and the Insurers hold on you, please contact Collegiate Management Services Limited at the address shown below:

Collegiate Management Services Limited
5th Floor
Mint House
77 Mansell Street
London E1 8FE

Telephone: 020 7459 3456

J: DECLARATION AND AUTHORITY

I declare that:

- (i) I have read the Data Protection Notice above and agree that my information (including any personal data and sensitive personal data) may be used as explained in that notice and may be transferred to a country outside the European Economic Area in the circumstances described above; and
- (ii) the contents of this proposal form are, to the best of my knowledge and belief, true and complete.

I authorize my representatives to provide Collegiate Management Services Limited and/or the Insurers with any additional information they require in order to consider my proposal for Commercial ATE Insurance on condition that it is treated by them in confidence. I confirm that I and/or my Representatives would meet with Collegiate Management Services Limited to discuss my proposal should they request us to do so.

Signed:
Name:
Status:
Date:

Authorised and regulated by the Financial Services Authority
Collegiate Management Services Limited Registered Office: 5th Floor, Mint House, 77 Mansell Street, London, E1 8FE. Registered in England no. 2065041