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# After The Event Legal Expenses Insurance Commercial Disputes Proposal Form



Guardian Legal Services Limited is authorised and regulated by the FSA Firm Ref No 484841

Please complete this form with as much information as possible and ensure all answers are true and accurate. If in doubt about the meanings of any of the questions please contact us. All information provided in this Proposal will form part of any contract of insurance and may affect how we determine any Claim on the Policy or it may make the Policy invalid. Cover will not be commenced unless this form is signed by both the proposed insured and their solicitor and a Policy and related Schedule are completed and signed by an appropriate Insurer and upon payment of the premium in the manner prescribed by the Policy and acceptance by the policy holder to the standard and special terms and conditions made conditional by the Insurer.

## (i) Appointed Solicitors Details

Firm Name	Fee Earner
Address	Reference
Postcode	Email Address
Telephone Number	Web Site Address
Fax Number	DX Address
Counsel's Name	Chambers

## (ii) Insured's (Applicants) Details

Client Name .....	Contact Name .....
Address .....	Position .....
Postcode .....	
Telephone Number .....	Fax Number .....
Email Address .....	
Description of Business (if appropriate)* .....	Number of Employees (if appropriate)* .....
Annual Turnover (if appropriate) * £ .....	VAT Number(if appropriate)* .....
<b>Insured/Applicants Legal Status</b> .....	
<i>e.g. Govt Body / Public Company / Private Limited Company / Partnership / Limited Liability Partnership / Sole Trader /Private Individual</i>	

## (iii) Opponents Details

<b>Opponents Name**</b> .....	Contact Name .....
Address .....	Position .....
	Is the Opponent a Claimant or a Defendant (please tick box)
Postcode .....	Claimant <input type="checkbox"/> Defendant <input type="checkbox"/>
Telephone Number .....	Fax Number .....
Email Address .....	
Description of Business (if appropriate)* .....	Number of Employees (if appropriate)* .....
Annual Turnover (if appropriate) * £ .....	VAT Number(if appropriate)* .....
<b>Legal Status*</b> .....	
<i>Govt Body / Public Company / Private Limited Company / Partnership / Limited Liability Partnership / Sole Trader /Private Individual</i>	
Is the Opponent Insured for these Proceedings	Yes / No / Not Known
If Yes Please State the Name of the Insurer	.....
<b>**N.B. If there is more than one opponent/defendant please specify on an additional sheet of paper or in section (xxi) below</b>	



**(iv) Referrers Details**

Referrers Name	<b>Guardian Legal Services Ltd</b>	Reference	
Address	Pickford House Pickford Green Lane Coventry CV5 9AP	DX Address	DX 13702 BALSALL COMMON
Postcode	CV5 9AP	Email Address:	info@guardianlegal.co.uk
Telephone:	0844 414 2124	FAX:	0870 479 1639

**(v) Opponent's Representatives Details**

Solicitors Name	.....	Reference	.....
Address	.....	Email Address	.....
Postcode	.....		
Telephone Number	.....	Fax Number	.....
Counsel's Name	.....	Chambers	.....

**(vi) Claim Details**

Please provide a brief but full statement of the nature of the disputes for which a quotation for insurance is required. Please state the value of the claim and counterclaim if one is expected. Please continue on a separate sheet if necessary or use section (xxi) below

**If Proceedings have commenced please state the following**

Court Name ..... Claim Number .....

Current Stage of Proceedings .....

Likely Date of Trial ..... No of Days Estimate for Trial .....

**If Proceedings have not yet commenced please state the following**

Anticipated Court .....

If Not England & Wales in What Jurisdiction .....

Likely Date of Issue .....

Likely Date of Trial ..... No of Days Estimate for Trial .....

**(vii) Evidence**

Complexity of the Legal Issues

Highly Complex  Fairly Complex  Straightforward

Type of Evidence Relied Upon

Oral & Documentary  Oral  Documentary



**(viii) Expert Evidence**

Please State What Expert Evidence is required or has Been Obtained

**(ix) Liability**

Liability Admitted Yes  No  Partial Admission

**(x) Quantum**

Claims Track  
Fast-track  Multi-track  Any Counterclaim Yes  No   
Value of Damages Claimed £ (Please provide an estimate) \_\_\_\_\_ Value of any Counterclaim £ \_\_\_\_\_

**(xi) Part 36 Offers**

Have any Part 36 Offers / Payment been made Yes  No   
Have any Part 36 Offers / Payment been received Yes  No   
If Yes Please Provide Details Including date of offer/s

**(xii) Prospects of Success**

Solicitors Estimate of the % Prospects of Success \_\_\_\_\_ %  
Counsels Estimate of the % Prospects of Success \_\_\_\_\_ %  
Likely Success Fee of Appointed Solicitor \_\_\_\_\_ %

**(xiii) Funding**

Is Solicitor working under a CFA Yes  No  Is Solicitor working under a Part CFA Yes  No   
Is Counsel working under a CFA Yes  No  Is Counsel working under a Part CFA Yes  No   
Date of CFA or Part CFA .....

**(xiv) Existing Legal Expenses Insurance**

BTE LEI Cover & Trade Union Membership  
Does the applicant have any pre-existing legal expenses insurance e.g. BTE LEI Cover or TU Membership? Yes  No  Don't Know   
If Yes Please Provide Reason for ATE Cover Yes  No   
Is a Top Up to an existing LEI policy being requested Yes  No   
What level of cover was provided by the initial LEI Policy £ \_\_\_\_\_



**(xv) Estimated Costs**

**Column A**

**Column B**

	Incurred To Date	Estimated Up To and Including Trial To Include Costs Incurred to date
<b>(1) OWN COSTS</b>		
(i) Solicitor's Costs (state if under a CFA)	£	£
(ii) Counsel's Fees (state if under a CFA)	£	£
(iii) Own Disbursements	£	£
	<b>(A) to date</b>	<b>(A + B) estimated to Trial</b>
<b>Own Costs Total</b>	£	£
<b>(2) OPPONENTS COSTS</b>		
(i) Opponent's Solicitors Costs (state if under a CFA)	£	£
(ii) Opponent's Counsels Fees (state if under a CFA)	£	£
(iii) Opponent's Disbursements	£	£
	<b>(B) to date</b>	<b>(A + B) estimated to Trial</b>
<b>Adverse Costs Total</b>	£	£

**(xvi) Premium Information**

Premium Information

Has the Client Agreed to Pay the Premium                      Yes                                            No                     

**(xvii) Required Cover**

Opponent's Costs and Disbursements Only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opponent's Costs and Disbursements and Own Disbursements	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Own Disbursements Only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Is cover required for any retrospective costs incurred (if option is available)*</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

*Please provide details of any costs for which retrospective cover is required including amount*

**(xviii) Indemnity Level**

What Limit of Indemnity is required (sufficient to cover costs if lost a Trial)                      £ \_\_\_\_\_

If you require 'Top Up' Insurance what Level of Indemnity do you currently hold                      £ \_\_\_\_\_

**(xix) Additional Documentation**

Counsel's Advice/s Attached	<input type="checkbox"/>	Witness Statement/s Attached	<input type="checkbox"/>	Pleadings Attached	<input type="checkbox"/>
Letter of Claim	<input type="checkbox"/>	Interparty Correspondence	<input type="checkbox"/>	Expert Evidence	<input type="checkbox"/>
Particulars of Claim	<input type="checkbox"/>	Opponents Defence	<input type="checkbox"/>	Other Documents	<input type="checkbox"/>

**(xx) Additional Information**

Have you instructed any other Insurer/Broker in this matter                      Yes                                            No                     

If Yes please give details of companies approached                      .....

Has Insurance been declined by any other Insurer

If Yes Please give reasons stated by Insurer                      .....

**(xxi) Additional Information and disclosures**

Please provide any other additional information which may assist us in making an underwriting decision

Add details of any additional Defendants here if applicable



Guardian Legal Services will not request a claim to be put on cover until it has this proposal accepted and quoted upon by an insurer and the premium terms and conditions of any offer are agreed to by your client and until the premium has been received in full (inclusive of IPT) or in the event of a deferred premium an undertaking for payment of the premium in full (inclusive of IPT) has been received.

Guardian Legal Services will not make any charges for case reviews all of our remunerations are made to us directly and exclusively by the Insurers.

Payment of the premium should be made directly to the insurer at the insurer's address to be supplied by Guardian Legal Services Ltd.

**Please send this completed proposal form together with any enclosures to: Guardian Legal Services Limited DX 13702 Balsall Common or by post to : Guardian Legal Services Ltd, Pickford House, Pickford Green Lane, Coventry CV5 9AP or via e-mail to [info@guardianlegal.co.uk](mailto:info@guardianlegal.co.uk)**

#### Data Protection Act

I/We understand that Guardian or any insurance company that they approach on our behalf may use any of the information I/we supply for the purposes of underwriting and administering a policy. Any of the information I/we supply may also be used for dealing with any claims on a policy or any other similar activity. Guardian Legal Services Limited is registered with the Information Commissioners Office Registration Number Z1354862 in accordance with the Data Protection Act 1998.

I/We agree that any information I/we supply to Guardian or any insurance company that they approach on our behalf may be sent to lawyers, medical agencies or other experts, any court, tribunal, loss adjusters or brokers or any other party associated with Guardian or any insurance company that they approach on our behalf.

I/We agree that I/we may be contacted from time to time by Guardian or any insurance company that they approach on our behalf for updates on my claim.

**Note: If you wish to see a copy of the information held on you, then you can write to 'The Data Controller' at the designated insurance company in due course.**

#### Declaration

I/We declare that the above information and statements are true to the best of my/our belief and I/we have not missed out any information or facts which are likely to affect a decision to provide cover. I/We have never been convicted of any offence involving fraud or dishonesty or any offence of a similar nature.

*(Tick the appropriate box below)*

I/We will make payment of the premium in full (inclusive of IPT) prior to the inception of the policy provided that the designated insurance company accepts this proposal and agrees to issue a policy, or

Provided that the designated insurance company accepts this proposal and issues a policy and agrees to defer the payment of the premium in full (inclusive of IPT) I/We hereby undertake to make payment of the premium in full (inclusive of IPT) within 14 days of the claim having come to an end.

I/We agree that all information and statements in this proposal and any enclosures will form part of the contract between me/us and the designated insurance company.

I/We agree to respond promptly to any requests for updates requested by the designated insurance company or Guardian and to cooperate fully with my/our appointed solicitors.

**Signature of Proposed Insured**

**Name of Proposed Insured**

**Date**

**Signature of Appointed Solicitor**

**Name of Appointed Solicitor**

**Date**



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