



Guardian Legal Services Limited

DX 13702 Balsall Common
Pickford House • Pickford Green Lane • Coventry • CV5 9AP
www.guardianlegal.co.uk

ATE Insurance Personal Injury & Clin Neg Proposal Form

Please complete this form with as much information as possible and ensure all answers are 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 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.

(1) Appointed Solicitors Details

Firm Name	Fee Earner
Address	DX Address
Postcode	Reference
Telephone Number	Email Address
Fax Number	Web Site Address

(2) Insured's Details

Insured's Name	Litigation Friend
Address	
Postcode	
Telephone Number	Date of Birth
Email Address	NI Number

(3) Opponents Details

Opponents Name	Is Opponent Insured	_____
Address	Name of Insurer (if known)	
Postcode		
Telephone Number	Email Address	
Fax Number		

(4) Referrers Details

Referrers Name	Guardian Legal Services Ltd	Reference
DX BOX	DX 13702 Balsall Common	
Address	Pickford House Coventry	
Postcode	CV5 9AP	
Telephone Number	0844 414 2124	Email Address info@guardianlegal.co.uk
Fax Number	0870 479 1639	

Guardian Legal Services Ltd • Pickford House • Pickford Green Lane • Coventry • CV5 9AP
tel: 0844 414 2164 | fax: 0870 479 1639 | email: info@Guardianlegal.co.uk



Guardian Legal Services Limited is authorised and regulated by the FSA Firm Ref No 484841 Registered as a Limited Company in England and Wales Registration No. 5756959
Registered Office Trafalgar House Alcester Road South Birmingham B14 6DT

(5) Claim Details

Case Type
RTA (non process) RTA New Process P/L EL ID Clin Neg Other _____
Date of Incident _____

Brief Circumstances of the Incident and Injuries Suffered (please use an additional sheet if necessary)

(6) Evidence

Complexity of the Legal Issues
Highly Complex Fairly Complex Straightforward

Complexity of the Evidential Issues
Highly Complex Fairly Complex Straightforward

Type of Evidence Relied Upon
Oral & Documentary Oral Documentary

Expert Evidence Required
Medical Other _____

(7) Liability

Is Liability Admitted
Yes No Details _____

(8) Proceedings

Proceedings Issued
Yes No Date _____ Court _____
Claims Track
Fast-track Multi-track Multi Defendant Damages Claimed £ _____

(9) Value of Costs and Disbursements

Are Costs and Damages Recoverable from Opponent Yes No
Provide an Estimate of the Insured's Full Disbursements and the Opponents Full Costs and Disbursements £ _____

(10) Part 36 Offers

Part 36 Offers / Payments

Have any Part 36 Offers / Payment been made or received Yes No

If Yes Please Provide Details

(11) Prospects of Success

Prospects of Success

Solicitors estimate of the Prospects of Success _____%

Counsels estimate of the Prospects of Success _____%

Likely Success Fee as Percentage _____%

(12) Additional Documentation

Counsel's Advice Attached LOC/POC Witness Statements Attached Expert Report Medical Records

Other Documents Attached Interparty Correspondence Defendant's Statement on Liability

(13) Existing Legal Expenses Insurance

BTE LEI Cover & Trade Union Membership

Does the Insured Have BTE LEI Cover or TU Membership? Yes No Don't Know

If Yes Please Provide Reason for ATE Cover and give details of existing cover
(n.b. * see section 17 below)

(14) Funding Information

Is Solicitor Acting Under a CFA Yes No Date of CFA _____

Is Counsel Acting Under a CFA Yes No Date of CFA _____

(15) Cover Required

Opponent's Costs and Disbursements Only Yes No

Opponent's Costs and Disbursements and Own Disbursements Yes No

Own Disbursements Only Yes No

Do you require an option to cover disbursements incurred prior to policy inception if available Yes No

If so please provide amount of costs to be covered retrospectively £.....

If so please provide details of disbursements to be covered retrospectively _____

(17) Level of Indemnity

What Limit of Indemnity is required	£
What Excess is required	£
If you require Top Up Insurance what Level of Indemnity do you currently hold (n.b.* see section 13 above)	£

(18) Additional Information

Have you instructed any other Insurer/Broker in this matter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please give details of companies approached	
Has Insurance been declined by any other Insurer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes Please give reasons stated by Insurer	

Guardian will not request a claim to be put on cover until it has a proposal accepted by an insurer and by a client and until the premium has been received in full (inclusive of IPT) or an undertaking for payment of the premium in full (inclusive of IPT) has been received. Payment of any premium should be made to the insurer directly at the address to be supplied by Guardian. Guardian will make no charges for case reviews, our costs are met by the Insurer.

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

Data Protection Act

I/We understand that Guardian or any insurance company that we approach on your 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 we approach on your 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 we approach on your behalf.

I/We agree that I/we may be contacted from time to time by Guardian or any insurance company that we approach on your behalf for updates on my claim. If you wish to see a copy of the information we hold 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 or failed to disclose 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 are and form part of the contract between me 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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