



## PERSONAL INJURY ATE INSURANCE

### PROPOSAL FORM Scotland

#### IMPORTANT NOTICE

1. You must complete this Proposal Form and have the information verified by your Solicitor. 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 by both you and your Solicitor.
2. Before an insurance contract is entered into you must provide information to AmTrust about your case. The information in this form and in material provided in support of it (either with or following it), should be provided after you have made reasonable searches and enquiries. This will include enquiries of third parties where possible or, if you are not an individual from persons within your organisation. **AmTrust will assume the information is provided on this basis unless you put AmTrust on express notice that it is not.**
3. The information should be provided in a reasonably clear and accessible way. **AmTrust will not have notice of details which are provided within documentation but not specifically brought to AmTrust's attention.**
4. You must notify us in the event that there is any material change in the answers given to the questions contained in this Proposal Form. In such circumstances we may, at our sole discretion, modify or withdraw any outstanding quotation.
5. The full cover, terms, conditions, exclusions and limitations are contained within AmTrust's Personal Injury ATE Insurance Policy.
6. In this Proposal "you/your" means the individual, company, partnership trust or association proposing for this insurance. "AmTrust" means AmTrust Europe Limited.
7. You should retain for your records a copy of the completed Proposal Form and details of any additional information provided.

Please complete and sign this Proposal Form and return it to us together with a copy of the information requested at Section I. If any of the responses below are to be found in the documents supplied with the Proposal then please state where they are to be found in the appropriate response.

**The completion and signature of this Proposal Form does not bind you or AmTrust to enter into a contract of insurance.**



Please take time to read and understand this note before completing this Proposal form.

When completing this form (and in providing any subsequent information) please be aware the purpose of asking these questions is to enable AmTrust to obtain the best information you have about the prospects of success of your claim, including any potential difficulties. This will enable AmTrust to make an informed assessment of your application for cover.

Contents

A: Information about you

Name	
Address	
If the Claimant is under the age of 18 please provide details of the Litigation Friend	

B: Information about your representatives

Firm Name	
Address	
Solicitor's Name	
Supervisor/Partner	



Counsel Advocate's Name /	
Chambers	
Expert's Name	
Date you first instructed your Solicitor	

**C: Information about your Opponent /Defender**

Name	
Address	
Is the Opponent insured for this claim? If yes, please provide details	

**D: Information about your Opponent /Defender's representatives**

Firm Name	
Address	
Solicitor's Name	
Counsel's Name	



E: Information about your claim	
Does this matter fall within either the Voluntary or Compulsory Pre-Action Protocol?	
What are the allegations of negligence that give rise to the claim?	
Has your claim been raised and, if so, what stage have they reached?	
What damages do you seek to obtain? Please provide details of any medical evidence on which you rely in calculating damages.	
What are your objectives and on what terms would you be prepared to settle?	
Provide details of any offers of settlement or judicial tenders made by you.	
Provide details of any offers of settlement or judicial tenders made by your Opponent.	
Provide details of any motions for costs made in the litigation to date.	
What resources has your representative allocated to your claim?	
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 expenses 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?	



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

**F: Funding**

What funding arrangement do you have in place with your representatives? e.g. SFA	
How is your Opponent funding its legal expenses?	
What do you estimate your legal expenses and outlays (including any uplift under your SFA) will be to the proof? Please provide a step by step breakdown including any expenses and outlays you have already incurred on the attached template.	
How do you propose to fund these expenses?	
What do you estimate your Opponent's legal expenses will be to the proof?	
Do you have any other legal expenses insurance available to cover your expenses and those of your Opponent or any other parties in this litigation? Have you checked your position?	
Have you been declined BTE/ATE insurance from another source?	
Has your Solicitor advised you about funding this litigation and, if so, what advice have you received?	

**G: Cover Sought**

Opponents Expenses	
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Own Outlays	
Own Expenses:	

**H: Expenses estimates and cover sought - please provide these summary details**

Estimate of expenses from outset to the end of trial	Incurred	Estimated	Total	Cover sought
Solicitor's	£	£	£	N/A
Own outlays	£	£	£	£
Counsel	£	£	£	£
Total own expenses estimate	£	£	£	N/A
Estimate of Opponent's expenses	£	£	£	£
Total cover sought				£

Have you provided an own expenses budget to support the summary figures above? Please note the provision of such a budget would be a subjectivity of any quote.	Yes/ No
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**I: Other Information**

Have you been involved (in either a personal or corporate capacity) in any injury claim, litigation, arbitration or tribunal proceedings during the past 10 years? If so, please provide brief details.	
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**J: Available Documents**

	X	Comments
Signed Proposal	<input type="checkbox"/>	
Your Solicitor's Opinion	<input type="checkbox"/>	
Counsel / Advocate's Opinion	<input type="checkbox"/>	



Summons / Initial Writ	<input type="checkbox"/>	
Record	<input type="checkbox"/>	
Expenses Budget*	<input type="checkbox"/>	
SFA or retainer with your representatives	<input type="checkbox"/>	
Expert reports (including your Opponents' if available)	<input type="checkbox"/>	
Any report of any credit agency or similar in respect of the financial standing of your Opponent.	<input type="checkbox"/>	

\* Please see attached template



## **PRIVACY AND DATA PROTECTION NOTICE**

### **Data Protection**

Composite Legal Expenses (the Data Controller) are committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which we process your personal data, for more information please visit our website at [www.composite-legal.com](http://www.composite-legal.com).

### **How We Use Your Personal Data and Who We Share It With**

We may use the personal data we hold about you for the purposes of providing insurance, handling Claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal, research or statistical purposes and to provide you with information, products or services that you request from us or which we feel may interest you. We will also use your data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations.

### **Sensitive Personal Data**

Some of the personal information, such as information relating to health or criminal convictions, may be required by us for the specific purposes of underwriting or as part of the Claims handling process. The provision of such data is conditional for us to be able to provide insurance or manage a Claim. Such data will only be used for the specific purposes set out in our notice.

### **Disclosure of Your Personal Data**

We may disclose your personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include our group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external auditors and accountants, regulatory authorities, and as may be required by law.

### **International Transfers of Data**

We may transfer your personal data to destinations outside the European Economic Area ("EEA"). Where we transfer your personal data outside of the EEA, We will ensure that it is treated securely and in accordance with the Legislation.

### **Your rights**

You have the right to ask us not to process your data for marketing purposes, to see a copy of the personal information we hold about you, to have your data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask us to provide a copy of your data to any controller and to lodge a complaint with the local data protection authority.

### **Retention**

Your data will not be retained for longer than is necessary, and will be managed in accordance with our data retention policy. In most cases the retention period will be for a period of seven (7) years following the expiry of the insurance contract, or our business relationship with you, unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.

**If you have any questions concerning our use of your personal data, please contact The Data Protection Officer, Composite Legal Expenses - please see website for full address details.**

