



PERSONAL INJURY ATE INSURANCE

PROPOSAL FORM

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's name	
Counsel's name	
Expert's name	
Date you first instructed your Solicitor	



C: Information about your Opponent

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

D: Information about your Opponent's representatives

Firm name	
Address	
Solicitor's name	
Counsel's name	



E: Information about your claim

What are the circumstances of the claim and what are the allegations of negligence?	
Was the matter submitted via the MOJ Portal or via Letter of Claim?	
When was the initial claim presented to the Respondent?	
Are there any linked claims or does this form part of a class action? Please provide details that are known.	
What is the Legal Team's valuation of General Damages? If this was based on expert medical evidence then please provide details.	
What is the value of Special Damages? Please provide a brief overview	
What is the minimum value that you will settle the whole claim for?	
Have any offers from either party been made? If yes, please provide details.	
What response have you received from the respondent? Has liability/Causation been raised? Please provide details.	
What stage has the matter reached? Which track are you intending to commence proceedings?	



What is your Solicitor's assessment of the prospects of success in relation to liability?	
What is your Solicitor's assessment of the prospects of success in relation to causation?	
What is your Solicitor's assessment of the prospects of recovering the minimum settlement value?	
Where did the negligence occur and are there any Jurisdiction issues?	
Are there any issues in relation to Limitation?	
Have you previously presented this matter through another representative? If there are previous representatives, please provide details of any response received, any opinion from your representatives as well as any applications for BTE/ATE insurance	

F: Cover Sought	
Opponents Costs	
Own Disbursements	
Own Costs	



G: Multi-Track Costs estimates and cover sought - please provide these summary details

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

Have you provided an own costs budget to support the summary figures above? Please note the provision of such a budget would be a subjectivity of any quote.

Yes/ No

H: Funding

What funding arrangement do you have in place with your representatives? e.g. Conditional fee agreement, Damages based agreement or other?

What is the basis of any funding arrangement entered with your representative?

What disbursements have you incurred to date?

What additional disbursements do you anticipate will be incurred?

Do you any have Legal Expenses Insurance that may provide cover for this claim? If yes please provide details of any applications/rejections for indemnity

Have you been declined BTE/ATE insurance from another source?



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	

J: Available Documents		
	X	Comments
Signed Proposal	<input type="checkbox"/>	
Your Solicitor's opinion	<input type="checkbox"/>	
Counsel's opinion	<input type="checkbox"/>	
MOJ Portal Stage 1 Submission/Letter of Claim	<input type="checkbox"/>	
Defence response	<input type="checkbox"/>	
Costs Budget	<input type="checkbox"/>	
Funding Agreement with your representatives	<input type="checkbox"/>	
Experts reports (including your Opponents' if available)	<input type="checkbox"/>	
CUE PI Search Results	Please provide details	



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.

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.



DECLARATION

I declare that:

- (i) I have read the Data Protection Notice above, and understand that my personal data will be used as explained in that notice. I also understand and agree that the provision of any sensitive personal data is conditional for the policy to be provided, and for the processing of any claims.
- (ii) the contents of this Proposal form are, to the best of my knowledge and belief, true and complete and that in presenting this Proposal and supporting documentation and information I/we declare that I/we have taken reasonable care that we have not made a misrepresentation and that the information provided represents a fair presentation of this risk, and I/we also confirm I/we have full authority to make this application.
- (iii) I will provide any additional information required in order to consider my Proposal for Personal Injury ATE Insurance on condition that it is treated in confidence. I confirm that I and/or my legal representatives will meet with Composite Legal Expenses and AmTrust to discuss my Proposal should they request us to do so.

Client	
Signed:	Name:
Status:	Date:
<p>(iv) In addition to the above, I confirm that my firm (named at 'B' above)</p> <ul style="list-style-type: none"> (1) acts for the Applicant(s) for cover named at 'A' above, (2) has completed all the necessary client identification and know your client diligence and source of funds diligence (including relevant sanction searches) in line with UK, USA, and other applicable anti- money laundering legislation, to the requisite regulatory level, in relation to each Applicant, and is content with the outcome of that diligence, (3) agrees that Composite Legal Expenses and AmTrust Europe Limited may rely on the same, (4) will provide relevant copy documents and information to Composite Legal Expenses and AmTrust Europe Limited upon request. <p>and that I am authorised to make this declaration on behalf of my firm.</p>	
Legal Representative for the Applicant(s) for cover named at 'A' above.	
Signed:	Name:
Date:	

Composite Legal Expenses, a trading style of Arc Legal Assistance Limited, whose registered office is at The Gatehouse, Lodge Park, Lodge Lane, Colchester, CO4 5NE, is authorised and regulated by the Financial Conduct Authority (Firm's reference number: 305958).

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These details can be checked on the Financial Services Register by visiting www.fca.org.uk