

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.

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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.

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

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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

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	

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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?	
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?	

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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	
Opponent's expenses	
Own outlay	

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Own expenses	
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H - Expenses estimates and cover sought - please provide these summary details

Estimate of costs from outset to the end of trial	Incurred	Estimate	Total	Cover sought
Solicitors	£	£	£	N/A
Own outlay	£	£	£	£
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
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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		
Your Solicitor's opinion		
Counsel/Advocate's opinion		
Summons/initial writ		
Record		
Expenses budget		
SFA or retainer with your representatives		
Expert reports (including your opponents' if available)		
Any report of any credit agency or similar in respect of the financial standing of your opponent		

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Privacy and data protection notice

Data protection

Arc Legal Group (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.arclegal.co.uk.

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, re-insurers, 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.

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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, Arc Legal Group – please see website for full address details.

Declaration

I declare that:

- ◆ 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.
- ◆ 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.
- ◆ I will provide any additional information required in order to consider my Proposal for Commercial Litigation Insurance on condition that it is treated in confidence. I confirm that I and/or my legal representatives will meet with Arc Legal Group and AmTrust to discuss my Proposal should they request us to do so.

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Client	
Signed	
Name	
Status	
Date	
<ul style="list-style-type: none"> ◆ In addition to the above, I confirm that my firm (named at 'B' above): <ul style="list-style-type: none"> ▪ Acts for the Applicant(s) for cover named at 'A' above ▪ 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 ▪ Agrees that Arc Legal Group and AmTrust Europe Limited may rely on the same, ▪ Will provide relevant copy documents and information to Arc Legal Group and AmTrust Europe Limited upon request ▪ That I am authorised to make this declaration on behalf of my firm. 	
Legal Representative for the Applicant(s) for cover named at 'A' above.	
Signed	
Name	
Status	
Date	

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Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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