

ATE Insurance & Disbursement Funding Solicitor Application Form

Please complete this form in BLOCK CAPITALS, thank you.
All Information will be treated in strictest confidence by Temple.

Contact Information

1. Name of Firm:

Date established:

Address and DX:

Contact Name:

Position:

Email:

2. Please confirm the products you are applying for: **(questions 24 - 28 only apply to disbursement funding)**

- ATE Insurance Disbursement Funding

3. If your firm is applying for disbursement funding, which areas of work is ATE and/or Funding intended for?

- Clinical Negligence Catastrophic Personal Injury

4. What is your firm's status:

- Partnership LTD/LLP

If LLP or Limited Company please provide registration number / Companies House Ref No:

Your trusted insurance partner

www.temple-legal.co.uk

ATE Insurance & Disbursement Funding Solicitor Application Form

Please complete this form in BLOCK CAPITALS, thank you.
All Information will be treated in strictest confidence by Temple.

5. What is your firm's SRA number:

6. Does your firm's name appear on the Exempt Professional Firms section of the Financial Conduct Authority Register or, is your firm regulated by the Financial Conduct Authority?

Exempt Professional Firm Financial Conduct Authority

7. Does the firm have any previous or current litigation funding arrangements or facilities with any other provider?

Yes No

If yes, please provide details, including claims history, separately.

8. Please provide your total fee income for your **clinical negligence and personal injury** department (excluding VAT and disbursements) for the last 2 years and estimated fee income for the next year.

| Year | Clinical Negligence and Personal Injury Department |
|------------------|--|
| Year before last | |
| Last Year | |
| Est. | |

9. How many cases were you instructed on in the last 3 years?

| Area | Total Number of Cases | Won | Discontinued / Lost | Live |
|---------------------|-----------------------|-----|---------------------|------|
| Personal Injury | | | | |
| Clinical Negligence | | | | |

10. Approximately **how many cases** does the firm run each year where ATE Insurance / funding is required?

Your trusted insurance partner

www.temple-legal.co.uk

ATE Insurance & Disbursement Funding Solicitor Application Form

Please complete this form in BLOCK CAPITALS, thank you.
All Information will be treated in strictest confidence by Temple.

11. What do you estimate is the average value of the **damages** in your cases?

12. What do you estimate is the average value of **own costs** (including counsel) in your cases?

13. What do you estimate is the average cost of **disbursements** in your cases?

14. What risk assessment procedures do you follow before agreeing to accept instructions?

*Please provide a copy of your Risk Assessment document

15. Please provide details of the procedures you have in place to conduct all necessary and appropriate 'know your customer', identification and money laundering checks required by the Solicitors Regulation Authority.

16. Are all files reviewed by a Partner or solicitor who is not immediately involved in the case:
i) prior to issuing proceedings?

Yes No

ii) prior to making or rejecting Part 36 offers?

Yes No

If No in either case, please explain your usual practice:

ATE Insurance & Disbursement Funding Solicitor Application Form

Please complete this form in BLOCK CAPITALS, thank you.
All Information will be treated in strictest confidence by Temple.

17. Who authorises disbursements and to what level?

| |
|--|
| |
|--|

18. Please give approximate numbers for your clinical negligence and personal injury departments:

Partners:

Solicitors:

| Personal Injury | Clinical Negligence |
|-----------------|---------------------|
| | |

| Personal Injury | Clinical Negligence |
|-----------------|---------------------|
| | |

Other Fee Earners:

Administration:

| Personal Injury | Clinical Negligence |
|-----------------|---------------------|
| | |

| Personal Injury | Clinical Negligence |
|-----------------|---------------------|
| | |

19. If there have been any significant changes in the structure of this team during the last 2 years, or any significant changes are envisaged during the next year, please give details separately:

| |
|--|
| |
|--|

20. Please provide the following details of your Professional Indemnity Insurer:

Name of Insurer

Policy Number:

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Limit of Indemnity:

Applicable excess amounts:

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Your trusted insurance partner

www.temple-legal.co.uk

ATE Insurance & Disbursement Funding Solicitor Application Form

Please complete this form in BLOCK CAPITALS, thank you.
All Information will be treated in strictest confidence by Temple.

21. Please provide details of all Professional Indemnity Claims made against your firm in the last three years. This must include any circumstances which may give rise to claims which you have notified to your professional indemnity insurers. A copy of your latest Claims Summary will provide this information and is sufficient for our purpose.

22. Please provide details separately of any cases in the last three years:

a) where a complaint to the Solicitors Regulation Authority has been made arising out of any contentious business or other dispute resolution procedures conducted in your litigation department.

b) where a personal order for costs has been made against your firm or any partner/solicitor/director or other employee.

ATE Insurance & Disbursement Funding Solicitor Application Form

Please complete this form in BLOCK CAPITALS, thank you.
All Information will be treated in strictest confidence by Temple.

| | |
|--|---|
| 23. Are there any cases where any partner/solicitor/director: | |
| (a) has ever been investigated following any allegations of fraud, dishonesty or other criminal activities. | <input type="radio"/> Yes <input type="radio"/> No |
| (b) has ever been subject to any bankruptcy proceedings. | <input type="radio"/> Yes <input type="radio"/> No |
| (c) has ever been, the subject of any civil proceedings, arbitration or litigation, including proceedings that may lead to a County Court Judgement (CCJ) or other judgement debts, in the UK or elsewhere? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| (d) has any outstanding financial obligations arising from regulated activities, which you have conducted in the past, whether in the UK or overseas? | <input type="radio"/> Yes <input type="radio"/> No |
| (e) has ever been found guilty of conducting any unauthorised regulated activities or been investigated for possible conduct of unauthorised activities? | <input type="radio"/> Yes <input type="radio"/> No |
| (f) has ever been the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity? | <input type="radio"/> Yes <input type="radio"/> No |
| (g) has ever, either in the UK or elsewhere, been refused entry to, or been dismissed or requested to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust, whether or not remunerated? | <input type="radio"/> Yes <input type="radio"/> No |
| (h) has ever, either in the UK or elsewhere, been disqualified by a court from acting as a director of a company or from acting as a director of a company or from acting in a management capacity or conducting affairs of any company, partnership or unincorporated association? | <input type="radio"/> Yes <input type="radio"/> No |
| (i) has ever, either in the UK or elsewhere, been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order, under sections 56 of the Financial Services and Markets Act 2000, or received a warning notice to make such a direction order? | <input type="radio"/> Yes <input type="radio"/> No |
| (j) in respect of activities regulated by the FCA or any other regulatory body has, or any company, partnership or unincorporated association of which are or they have been a controller, director, senior manager, partner or company secretary, during the individual's association with that entity and for a period of three years after you ceased to be associated with it, ever: | |
| a. been refused, had revoked, restricted or terminated, any licence, authorisation, registration, notification, membership or other permission granted by any such body? | <input type="radio"/> Yes <input type="radio"/> No |
| b. been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary or intervention action by any such body? | <input type="radio"/> Yes <input type="radio"/> No |
| c. resigned whilst under investigation by, or been required to resign from, any such body? | <input type="radio"/> Yes <input type="radio"/> No |

Your trusted insurance partner

www.temple-legal.co.uk

ATE Insurance & Disbursement Funding Solicitor Application Form

Please complete this form in BLOCK CAPITALS, thank you.
All Information will be treated in strictest confidence by Temple.

| | |
|---|--|
| d. decided, after making an application for any licence, authorisation, registration, notification, membership or other permission granted by any such body, not to proceed with it? | <input type="radio"/> Yes <input type="radio"/> No |
| e. been the subject of any civil action which has resulted in a finding against you by a court? | <input type="radio"/> Yes <input type="radio"/> No |
| (k) has any company, partnership, or unincorporated association of which they are or have been a controller, director, senior manager, partner, or company secretary, in the UK or elsewhere, at any time during the individual's involvement or within one year of such involvement; | |
| a. been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors? | <input type="radio"/> Yes <input type="radio"/> No |
| b. been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct? | <input type="radio"/> Yes <input type="radio"/> No |
| c. been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation? | <input type="radio"/> Yes <input type="radio"/> No |
| d. been convicted of any criminal offence, censured, disciplined or publicly criticised, by any inquiry, by the Takeover Panel or any governmental or statutory authority or any other regulatory body above)? | <input type="radio"/> Yes <input type="radio"/> No |

If you have answered "Yes" to any of the above, please provide details separately.

ATE Insurance & Disbursement Funding Solicitor Application Form

Please complete this form in BLOCK CAPITALS, thank you.
All Information will be treated in strictest confidence by Temple.

DISBURSEMENT FUNDING QUESTIONS ONLY

24. Has your firm ever been refused a loan or credit facility?

Yes No

If yes, please provide details.

25. Does your firm hold fidelity guarantee insurance?

Yes No

If yes, please provide details.

26. Please provide us with:

- a. A signed copy of the last three years' Final Accounts (audited if applicable)
- b. The latest set of Management Accounts (Balance Sheet and Profit & Loss A/C) which is no older than six months from the signing of the declaration below.
- c. A signed copy of the Annual Accountant's Report submitted to the SRA relating to the most recent set of accounts.

27. Please provide details of any partner / individual / entity holding 25% or more of the voting rights and / or beneficial interest in the partnership / business:

28. Please detail the procedure in place to check the fitness and propriety of the staff members who will be able to authorise the expenditure of disbursements and the drawing of funds.

Your trusted insurance partner

www.temple-legal.co.uk

ATE Insurance & Disbursement Funding Solicitor Application Form

Please complete this form in BLOCK CAPITALS, thank you.
All Information will be treated in strictest confidence by Temple.

29. Please provide you firm's Client Bank Account Details below:

| | |
|-----------------|--|
| Name of Bank: | |
| Account Name: | |
| Sort Code: | |
| Account Number: | |
| Address: | |

29a. Please provide the names of two individuals from your firm who have access to the client accounts and that we may contact in respect of any payment queries:

Contact 1:

Contact 2:

Declaration

I declare that after full enquiry of all Partners the statements and particulars contained in this application are true and I have not suppressed or misstated any material facts.

I agree that this application together with any other information supplied by me / us shall form the basis of any contract effected thereon.

I undertake to inform Temple of any material alteration to these facts occurring before the completion of the agreement or at any time thereafter. I understand that Temple will rely on the representations made by me / us in deciding whether to and on what terms to enter into a Temple ATE Funding Scheme.

Applicant's Signature: (on behalf of firm)

Date:

Name and Position (please print)

Send to Temple:

By email: ate@temple-legal.co.uk or by post:

Temple Legal Protection Ltd, One Bell Court, Leapale Lane, Guildford GU1 4LY
Tel: 01483 577877

Your trusted insurance partner

www.temple-legal.co.uk