



First Legal Indemnity

Litigation Costs Insurance

Proposal Form

The following proposal should be completed by the Proposed Insured and the Proposed Insured's legal representative and submitted, to First Legal Indemnity Ltd, 42 Crutched Friars, London EC3N 2AP.

Details of Proposed Insured

1. *Identity of Proposed Insured*

Name _____

Status (Limited Company, Receiver, Individual) _____

Proposed Insured's VAT status _____

Address _____

2. *Proposed Insured's previous history of litigation*

Please state when the Proposed Insured was last involved in similar litigation, the nature of the litigation, details of the opponent and the outcome:

Proposed Insured's funding of the litigation

Please state how the Proposed Insured intends to fund the litigation (e.g. from liquid assets; bank borrowings) _____

Please provide a copy of the Proposed Insured's most recent audited accounts.



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4. *Proposed Insured's internal administration of litigation*

Please state the identity of the principal person who will give instructions on behalf of the Proposed Insured to legal representatives.

Name _____

Position _____

5. *Proposed Insured's solicitors*

Name of firm _____

Address _____

Tel _____ Ref _____

Number of partners _____

6. *Fee earner at Proposed Insured's firm of solicitors with conduct of the litigation*

Name _____ Ref _____

Position _____

Date of admission (if solicitor) _____

7. *Proposed Insured's Counsel*

Name _____

Chambers _____

Address _____

Tel _____ Ref _____

QC or Junior _____

Date of call _____



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8. *Details of proceedings*

Full name/title of action (to include names of all parties)

Type of action (eg. construction, insolvency)

9. *Please state number of parties to the litigation (including the Proposed Insured)*

10. *Court (e.g. Commercial Court, Queen's Bench Division etc)*

11. *Location of Court (e.g. London, District Registry)*

12. *Cause of action (e.g. tort, contract)*

13. *Quantum of Proposed Insured's claim*

14. *Please indicate what stage proceedings are at and when the case is likely to come to trial*



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15. *Has the case gone or is it likely to go to mediation?*

Please state how likely you believe it is that the case will go to mediation:

- | | |
|--|--------------------------|
| Mediation is pending | <input type="checkbox"/> |
| Mediation is highly likely | <input type="checkbox"/> |
| Mediation is possible | <input type="checkbox"/> |
| Mediation is unlikely | <input type="checkbox"/> |
| Mediation has taken place unsuccessfully | <input type="checkbox"/> |

If it has gone to mediation already please briefly outline the outcome:

16. *Remedy claimed from Opponent (e.g damages, injunction)*

17. *Please provide details of any connected/parallel/overlapping litigation (including any counterclaim or Part 20 claim)*

18. *Please provide the Proposed Insured's solicitors' assessment of the legal complexity of the case, giving references of authorities/statutes where applicable*



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19. *Proposed Insured's solicitors' assessment of the likelihood of the Proposed Insured succeeding on establishing liability*

- | | |
|---------------|--------------------------|
| Over 80% | <input type="checkbox"/> |
| 70% - 80% | <input type="checkbox"/> |
| 60% - 70% | <input type="checkbox"/> |
| 50% - 60% | <input type="checkbox"/> |
| Less than 50% | <input type="checkbox"/> |

20. *Proposed Insured's solicitors' assessment of the likelihood of the Proposed Insured's succeeding on establishing quantum*

- | | |
|---------------|--------------------------|
| Over 80% | <input type="checkbox"/> |
| 70% - 80% | <input type="checkbox"/> |
| 60% - 70% | <input type="checkbox"/> |
| 50% - 60% | <input type="checkbox"/> |
| Less than 50% | <input type="checkbox"/> |

21. *Number of Proposed Insured's witnesses of fact*

22. *Number of Proposed Insured's experts*

23. *Details of Proposed Insured's experts to include name, address, qualifications and degree of expertise*



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24. *Proposed Insured's key witness of fact*

Name _____

Date of statement taken from him/her _____

Age _____

Details of health _____

Place of residence _____

How willing is the witness to testify? _____

25. *Documents relevant to the Proposed Insured's case*

Details of whereabouts and accessibility

Do documents support the Proposed Insured's case? _____

26. *Likelihood of settlement*

Offer of settlement already made

Offer highly likely

Offer possible

Offer unlikely

Settlement unrealistic

Has the Opponent made a Part 36 offer, Part 36 payment or any other offer of settlement in respect of all of the claim, part of the claim, or one or more issues in the claim?

Yes

No

If yes, please provide full details



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Has a Part 36 offer, Part 36 payment or any other offer of settlement in respect of all of the claim, part of the claim, or one or more issues in the claim been made by the Proposed Insured?

Yes
No

If yes, please provide full details

If no, please explain why not

Does the Proposed Insured intend to make a Part 36 offer or Part 36 payment or any other offer of compromise in respect of all of the claim, part of the claim, or one or more issues in the claim?

Yes
No

If yes, please provide full details

If no, please explain why not



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27. *Please provide full details of any conditional fee agreement or any other agreement relating to fees (including a copy of such agreement) entered into by the Proposed Insured's solicitor or Counsel with the Proposed Insured.*
-

28. *Notification of Opponent's policy of insurance*
-

Has notification been given by the Opponent or the Opponent's legal representatives that the Opponent has taken out a policy of insurance covering the Opponent's liability for costs and/or will be seeking to recover the premium from the Insured?

Yes

No

If yes, please provide full details:

29. *Notification of Opponent's conditional fee agreement*
-

Has notification been given that the Opponent and the Opponent's legal representatives have entered into a Conditional Fee Agreement and/or will be seeking to recover a success fee from the Insured?

Yes

No

If yes, please provide full details:



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30. *Assessment of Opponent's costs to include liability for premium and success fee*

Does the assessment of anticipated costs include liability for any insurance premium paid by the Opponent that the Opponent will seek to recover from the Insured and/or any success fee that the Opponent will seek to recover from the Insured?

Yes
No

If yes, please provide full details:

31. *Documents attached*

Please enclose the relevant statement of case and other documents with the Proposal Form

- Claim Form
- Particulars of Claim
- Case Summary
- Counsel's Opinion
- Condition Fee Agreement
- Other (Please specify) _____

32. *Other Insurance*

Has the Proposed Insured and/or it's representative approached other insurers for after the event litigation costs insurance and been declined?

Yes
No

If yes, please provide full details:

Name of Insurer: _____

Reasons why cover declined: _____



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33. *Previous Insurance Claims*

Has the proposed insured, its legal representative, counsel or any other person connected with the legal action ever been involved in an action resulting in a claim under a policy for After the Event litigation costs insurance?

Yes

No

If yes, please provide full details: _____

Name of Insurer _____

Details of Claim _____

Date and Amount _____

34. *Previous Convictions*

Has anyone involved in the case on behalf of the Proposed Insured (e.g. the Proposed Insured, witnesses, directors, employees) ever been convicted of a criminal offence involving dishonesty?

Yes

No

If yes, please provide full details:



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Details of Opponent

(Please complete the following. If you do not have the information please write "not known")

35. *Identity of Opponent*

Name _____

Status (Limited Company, Receiver, Individual) _____

Opponent's VAT status _____

36. *Opponent's previous history of litigation*

Please state when Opponent was last involved in similar litigation, the nature of the litigation, details of the opponent and the outcome:

37. *Opponent's funding of the litigation*

Please state what is known about the Opponent's ability to fund the litigation (e.g. from liquid assets; bank borrowings)

Please provide details of the Opponent's means, including a copy of the most recent audited accounts

38. *Opponent's internal administration of litigation*

Please state the identity of the principal person who will give instructions on behalf of the Opponent to legal representatives

Name _____

Position _____



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39. *Opponent's solicitors*

Name of firm _____

Address _____

Tel _____

Ref _____

Number of partners _____

40. *Fee earner at Opponent's firm of solicitors with conduct of the litigation*

Name _____

Ref _____

Position _____

Date of admission (if solicitor) _____

41. *Opponent's Counsel*

Name _____

Chambers _____

Address _____

Tel _____

Ref _____

QC or Junior _____

Date of call _____

42. *Number of Opponent's experts*

43. *Details of Opponent's experts to include name, address, qualifications and degree of expertise*



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44. *Opponent's key witness of fact*

Name _____
 Date of statement taken from him/her _____
 Age _____
 Details of health _____
 Place of residence _____
 How willing is the witness to testify? _____

45. *Documents relevant to the Opponent's Case*

Details of whereabouts and accessibility _____
 Do documents support the Opponent's case? _____

46. *Full details of other parties to the proceedings (names, addresses, details of solicitors)*

47. *Policy cover required (Please indicate what cover you require)*

Insured's Costs and Disbursements £ _____

Opponent's Costs £ _____

Total Indemnity Limit required £



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Payment of the Premium

Please tick one of the following;

- i. We would like to pay the premium at the outset when the policy incepts

OR

- ii. We would like to take out the insurance in 4 equal stages and pay the premium for each stage, when the cover incepts

OR

- iii. We would like to defer the payment of the premium until the end of the litigation

Insurance of the Premium

- iv. Please tick if you would like to insure the premium in addition to the total limit of indemnity stated above

Security for costs by Deed of Indemnity

- v. Please tick if you require a deed of indemnity as security for Opponent's costs and state the amount of Opponent's costs you wish to secure

Amount of security required

£ _____

(n.b. This option is only available where there is cover in place for Opponent's Costs. There is a charge for the deed, in addition to the insurance premium. This charge is 10% of the amount stated in the deed as security)

Payment of the Deed

Please tick one of the following;

1. We would like to pay the charge for the deed of indemnity when the deed is issued

OR

2. We would like to defer the payment of the deed until the conclusion of the litigation



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This product meets the demands and needs of those who wish to obtain After the Event Litigation costs insurance. If you have indicated that you require insured's costs or opponent's costs your demands are for After the Event Litigation costs insurance.

Declaration of Proposed Insured:

We confirm that the above information is correct to the best of our knowledge, information and belief and confirm that we will pay the Insurer's reasonable legal costs of reviewing this Proposal and the accompanying documents for the purposes of deciding whether to underwrite a Policy of insurance.

Name: _____

Signature: _____

Position: _____

Date: _____

Declaration of Proposed Insured's Legal Representative:

We confirm that the above information is correct to the best of our knowledge, information and belief.

Name: _____

Signature: _____

Position: _____

Date: _____