



Application for
ATE Insurance & Third Party Funding

1. PROPOSER'S DETAILS

Proposer's Full Name / Company Name (as appropriate):

Address:

2. PROPOSER'S LEGAL REPRESENTATIVES

Firm:

Fee Earner:

Telephone:

Email:

Address:

Solicitor's Fees (Fees paid / CFA / Discounted CFA (%) / DBA):

Date of Retainer / Instruction:

Counsel & Chambers:

Counsel's Fees (Fees paid / CFA / Discounted CFA (%) / DBA):

Date of Instruction:

3. OPPONENT'S DETAILS

Opponent's Full Name / Company Name (as appropriate):

Legal Representative:

Have you investigated the Opponent's means to pay? Please provide details:

4. CASE DETAILS

Type of Case:

Jurisdiction:

Date of Incident:

Estimated Quantum/Minimum settlement figure (£):

Prospects of success (%):

Is the Proposer the Claimant or Defendant?

Has liability been admitted? If yes, please provide details:

Has a Part 36 Offer or any other offer been made or received? If yes, please provide details:

Have Proceedings been Issued?

Has a Trial date / window been set?

Is 'Before the Event' Insurance in place? If so, please provide details:

Case Summary (continue on a separate sheet if necessary):

5. SUPPORTING DOCUMENTATION

Please provide copies of the relevant case papers available at this point, including (tick where enclosed):

- | | |
|--------------------------------|--------------------------|
| Inter Partes Correspondence | <input type="checkbox"/> |
| Particulars of Claim & Defence | <input type="checkbox"/> |
| Counsel's Opinion | <input type="checkbox"/> |
| Expert Reports | <input type="checkbox"/> |
| Precedent H | <input type="checkbox"/> |
| Witness Statements | <input type="checkbox"/> |

6. BUDGET SUMMARY

Please note that figures should be estimated to the conclusion of a fully contested trial.

	Proposer			Opponent
	Solicitor's Costs	Counsel's Fees	Disbursements	Adverse Costs
Incurring to Date				
Future Costs				
TOTAL				

How is the proposer paying Disbursements and other required costs to conclusion? Please provide brief details.

AFTER THE EVENT INSURANCE REQUIREMENTS

7. REQUESTED COVER

Is retrospective cover required for costs already incurred?
Yes/No:

Please provide details of the level of the level of insurance cover required. If no retrospective cover is requested, please only provide details of future costs. Please note that figures should be estimated to the conclusion of a contested trial.

	Disbursements	Counsel's Fees	Adverse Costs
Incurring to Date			
Future Costs			
TOTAL			

THIRD PARTY FUNDING REQUIREMENTS

Third Party funders provide an upfront, non-recourse investment in your litigation. If Third Party Funding is required, please complete the box below.

8. REQUESTED FUNDING

Please note that figures should be estimated to the conclusion of a fully contested trial.

	£
Legal Representative's Fees	
Counsel's Fees	
Expert's Fees	
Other (Court fees, Disbursements etc)	
TOTAL	

Please provide any additional information in respect of the Third Party Funding required:

This Proposal Form will be considered by the Insurers and Funders to assist in their assessment of the Proceedings or proposed Proceedings. The completion of this Proposal does not bind either the Funders or Insurers or the Claimant to any contract of insurance or funding. By submitting this application you hereby permit QLP to record and store personal data that is included within any documentation provided to QLP for the purpose of securing your insurance policy. It is important that all the questions are answered completely and accurately and that all material information which may affect the Insurers' and Funders' decision on the Proposal is disclosed. QLP collect information in order to be able to obtain insurance terms, obtain third party funding or arrange premium finance. We gather information through the initial application form provided to us either directly or by your solicitor and any further supporting documentation provided. The information we hold includes, but is not limited to: application forms, Counsel's opinion, medical records and/or expert reports, witness statements, pleadings, Inter partes correspondence (etc).

The information that we receive will be held indefinitely, unless a request is received for the data to be removed from our system, so far as it technically possible. At any given time, you have the right to request to see the information held by us about you, provide an update if you believe the data to be incorrect and request that we remove your data with immediate effect.

In order to access the data that is held about you, you will need to contact QLP's data controller, Andrea La Pietra. You can do this by telephone on 020 7626 0191, or via e-mail at qlp@qlp.ltd.uk . Alternatively you can contact QLP in writing at the following address, QLP, 40 Gracechurch Street, London, EC3V 0BT.

Any information provided to us is provided with the knowledge that QLP may distribute this, where necessary, to any of the following: insurers, third party funders, third party claims handlers/cost draftsman, premium finance companies. We will not transfer any of your personal details to third party marketing companies (etc).

QLP complies with the GDPR through; how we process and hold data, the categories of data we hold, appointing a Data Protection Officer, and disclosing to you how we use your data. Should you disagree with how QLP is using your information, you have the right to contact the Information Commissioners Office, who is contactable by telephone on 0303 123 1113, via their website or alternatively, by e-mail at casework@ico.org.uk.

As a company, QLP adheres to strict internal security regulations whilst processing the data held about you. Data will be transferred to via a secure portal and is not accessible to anyone except the intended recipient. Any backup copies held are encrypted and are not accessible to anyone outside of QLP or our third party consultant who monitors our server closely.

DECLARATION BY THE PROPOSER

1. I/we declare that the contents of the Application Form are true to the best of my/our knowledge and belief and agree that the contents contained herein will be the basis of the Certificate of Insurance issued and/or Funding Agreement entered into.
2. I/we authorise the Legal Representative to give to the Insurers and/or Funders all such information as they require and I/we agree that the Legal Representative may give information to the Insurers notwithstanding that this would otherwise be in breach of privilege and confidentiality owed to me/us.
3. I/we agree to the undertaking set out in the Declaration below.
4. I/we confirm that any insurance policy that I/we currently hold does not contain Legal Expenses Insurance which would otherwise insure my/our legal claim, or is detailed above.

Signature:

Date:

Name:

Firm (if applicable):

DECLARATION BY THE LEGAL REPRESENTATIVE

1. I declare that the information set out above is true to the best of my knowledge and belief.
2. I certify that in my judgement, the Claimant has at least a 60% prospect of success and I am not aware of any other facts affecting the Claimant's prospects of success in the Proceedings or the prospects of any Judgement in the Proceedings being successfully enforced or which would otherwise affect the Insurer's and/or Funder's consideration of this Application.
3. If a Certificate of Insurance is issued and/or Funding Agreement entered into then in consideration of the issue of such a Certificate of Insurance and/or Funding Agreement I undertake that I will immediately advise QLP in writing of any material changes, prospects of success or in the Proceedings.

Signature:

Date:

Name:

Firm:

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