1. PROPOSER

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

Address

Is the proposer the Claimant? Yes No

2. PROPOSER'S LEGAL REPRESENTATIVES

Firm

Fee Earner

Telephone

Email

Address

Counsel & Chambers

3. BASIS OF RETAINER

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

Date of Retainer / Instruction

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

Date of Instruction

4. OPPONENT'S DETAILS

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

Address

Legal Representative

Have you investigated the Opponent's means to pay? If yes, please provide details e.g. do they have insurance?

5. CLAIM DETAILS

Type of Claim

Jurisdiction

Date of Cause of Action

Prospects of Success %

Estimated Quantum

Minimum Settlement Figure

Is Security for Costs required?

If Yes £

6. CURRENT POSITION OF THE CLAIM

	Y/N	Date/Details
Letter of Claim		
Reply/ Defence		
Admission of Liability		
Offers made/received		
Proceedings Issued		
ADR/ Mediation intended or conducted		
Application for Security for Cost made/anticipated		
Hearing/ Trial Date (or window)		

7. SUPPORTING DOCUMENTATION

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

- ☐ Copy of Retainer
- ☐ Costs Budgets or Precedent H
- ☐ Inter Partes Correspondence
- ☐ Witness Statements
- ☐ Expert Reports
- ☐ Pleadings and Court Orders
- ☐ Counsel's Opinion
- ☐ If Insolvency - list of creditors

8. CLAIM BUDGET

Please provide cost details to the conclusion of a fully contested trial/hearing.

	Proposer			Opponent
	Solicitor's Costs	**Counsel's Fees**	**Disbursements**	**Adverse Costs**
Incurred to Date				
To Trial				
TOTAL				£

Is retrospective cover required for costs already incurred? Yes ☐ No ☐

Has a proposal been submitted to anyone else? If so, please provide details.

9. BEFORE THE EVENT – IF REQUIRED ONLY

Is 'Before the Event' Insurance in place? Yes ☐ No ☐

If so, please complete the following:

Limit of Indemnity	Balance of Cover Remaining
£	£

Provider

Do you require Litigation Funding? Yes ☐ No ☐

If yes, please provide details.

10. CLAIM SUMMARY

Please provide any further details relevant to the claim. (Please use a separate sheet if necessary.)

This Application Form will be considered by potential Insurers and Funders to assist in their assessment of the Proceedings or proposed Proceedings. The completion of this Application Form does not bind either the Insurers and Funders 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 an insurance policy or offer of funding. It is important that all questions are answered completely and accurately and that all material information which may affect an Insurers and/or Funders decision is disclosed. QLP collects 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. 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.).

Any information provided to us is 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.

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 (DSAR). A full copy of our Privacy Policy can be obtained from our website.

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 Commissioner's Office, who is contactable by telephone on 0303 123 1113, via their website or alternatively, by e-mail at casework@ico.org.uk.

In order to access the data that is held about you, you will need to contact QLP's Data Controller. 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,qlp@qlp.ltd.uk.

As a company, QLP adheres to strict internal security regulations whilst processing the data held about you. Data will be transferred 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 QLP or our third party consultant who monitors our server closely.

This Application Form should be completed jointly by the Proposer and their Legal Representative and be signed by each party.

DECLARATION BY THE PROPOSER

1. I/we declare that the contents of this 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 as 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. If a Certificate of Insurance is issued and/or Funding Agreement is entered into, 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 (if applicable)			