



Guardian Legal Services Limited
 Pickford House
 Coventry CV5 9AP
 DX 13702 BALSALL COMMON
 Email: info@guardianlegal.co.uk

Tel: 0207 118 1884

Legal Expenses Insurance Personal Injury & Clinical Negligence Proposal Form

Guardian Legal Services Limited is authorised and regulated by the FCA Firm Ref No 484841

Please complete this form with as much information as possible and ensure all answers are true and accurate. If in doubt about the meanings of any of the questions please contact us. All information provided in this Proposal will form part of any contract of insurance and may affect how any Claim on the Policy is determined and may render the Policy invalid. Cover will not be commenced unless this form is signed by the proposed insured or their solicitor and a Policy and related Schedule are completed and signed by an appropriate Insurer and upon payment of the premium in the manner prescribed by the Policy and acceptance by the policy holder as to the standard and special terms and conditions made conditional by the Insurer.

(1) Appointed Solicitors Details

Firm Name	<input type="text"/>	Fee Earner	<input type="text"/>
Address	<input type="text"/>	DX Box	<input type="text"/>
Postcode	<input type="text"/>	Reference	<input type="text"/>
Telephone Number	<input type="text"/>	Email Address	<input type="text"/>
Fax Number	<input type="text"/>	Web Site	<input type="text"/>

(2) Insured's Details

Insured's Name	<input type="text"/>	Litigation Friend If appropriate	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone Number	<input type="text"/>	Date of Birth	<input type="text"/>
Email Address	<input type="text"/>	NI Number	<input type="text"/>

(3) Opponents Details

Opponents Name	<input type="text"/>	Is Opponent Insured	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	<input type="text"/>	Insurers Name	<input type="text"/>
Postcode	<input type="text"/>		
Telephone Number	<input type="text"/>	Email Address	<input type="text"/>
Fax Number	<input type="text"/>		

(4) Referrers Details

Referrers Name	Guardian Legal Services Ltd	Reference	
DX BOX	DX 13702 Balsall Common		
Address	Pickford House Coventry		
Postcode	CV5 9AP		
Telephone Number	0207 118 1884	Email Address	info@guardianlegal.co.uk
Fax Number	0870 479 1639		



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 Registered Office Trafalgar House Alcester Road South Birmingham B14 6DT

(5) Claim Details

Case Type
RTA (non process) RTA New Process P/L EL ID Clin Neg Other
Date of Incident giving cause for action

Brief Circumstances of the Incident and Injuries Suffered (**please use an additional sheet if necessary**)

(6) Evidence

Complexity of the Legal Issues
Highly Complex Fairly Complex Straightforward

Complexity of the Evidential Issues
Highly Complex Fairly Complex Straightforward

Type of Evidence Relied Upon
Oral & Documentary Oral Documentary

Expert Evidence Required
Medical Other

(7) Liability

Is Liability Admitted
Yes No Details

(8) Proceedings

Proceedings Issued
Yes No Date Court
Claims Track
Fast-track Multi-track Multi Defendant Damages Claimed £

(9) Value of Costs and Disbursements

Are Costs and Damages Recoverable from Opponent Yes No
Provide an Estimate of the Insured's Full Disbursements and the Opponents Full Costs and Disbursements £

(10) Part 36 Offers

Part 36 Offers / Payments

Have any Part 36 Offers / Payment been made or received Yes No

If Yes Please Provide Details

(11) Prospects of Success

Prospects of Success

Solicitors estimate of the Prospects of Success	%
Counsels estimate of the Prospects of Success	%
Likely Success Fee as Percentage	%

(12) Additional Documentation

Counsel's Advice Attached LOC POC Witness Statements Attached Expert Report Medical Records

Other Documents Attached Interparty Correspondence Defendant's Statement on Liability Photographs

(13) Existing Legal Expenses Insurance

BTE LEI Cover & Trade Union Membership

Does the Insured Have BTE LEI Cover or TU Membership? Yes No Don't Know

If Yes Please Provide Reason for ATE Cover and give details of existing cover
(n.b. * see section 17 below)

(14) Funding Information

Is Solicitor Acting Under a CFA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of CFA	<input style="width: 100%;" type="text"/>
Is Counsel Acting Under a CFA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of CFA	<input style="width: 100%;" type="text"/>

(15) Cover Required

Opponent's Costs and Disbursements Only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opponent's Costs and Disbursements and Own Disbursements	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Own Disbursements Only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Part 36 Cover only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require an option to cover disbursements incurred prior to policy inception if available	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If so please provide amount of costs to be covered retrospectively

If so please provide details of disbursements to be covered retrospectively

(16) Level of Indemnity

What Limit of Indemnity is required	<input type="text"/>	
What Excess is required	<input type="text"/>	
If you require Top Up Insurance what Level of Indemnity do you currently hold (n.b.* see section 13 above)		£ <input type="text"/>

(17) Additional Information

Have you instructed any other Insurer/Broker in this matter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please give details of companies approached	<input type="text"/>	
Has Insurance been declined by any other Insurer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes Please give reasons stated by Insurer* *N.B. You are obliged to disclose this information	<input type="text"/>	

Notes

Guardian Legal Services will not request on your behalf any claim to be put on cover until it has this proposal accepted and quoted upon by an insurer and the premium terms and conditions of any offer are agreed to by your client and until the premium has been received in full (inclusive of IPT) or in the event of a deferred premium an undertaking for payment of the premium in full (inclusive of IPT) has been received.

Guardian Legal Services will not make any charges for case reviews all of our remunerations are made to us directly and exclusively by the Insurers.

Payment of the premium should be made directly to the insurer at the insurer's address to be supplied by Guardian Legal Services Ltd.

Please send this completed proposal form together with any enclosures to: Guardian Legal Services Limited DX 13702 Balsall Common or by post to : Guardian Legal Services Ltd, Pickford House, Pickford Green Lane, Coventry CV5 9AP or via e-mail to info@guardianlegal.co.uk

Data Protection Act

I/We understand that Guardian or any insurance company that they approach on our behalf may use any of the information I/we supply for the purposes of underwriting and administering a policy. Any of the information I/we supply may also be used for dealing with any claims on a policy or any other similar activity. Guardian Legal Services Limited is registered with the Information Commissioners Office Registration Number Z1354862 in accordance with the Data Protection Act 1998.

I/We agree that any information I/we supply to Guardian or any insurance company that they approach on our behalf may be sent to lawyers, medical agencies or other experts, any court, tribunal, loss adjusters or brokers or any other party associated with Guardian or any insurance company that they approach on our behalf.

I/We agree that I/we may be contacted from time to time by Guardian or any insurance company that they approach on our behalf for updates on my claim.

Note: If you wish to see a copy of the information held on you, then you can write to 'The Data Controller' at the designated insurance company in due course.

Declaration

I/We declare that the above information and statements are true to the best of my/our belief and I/we have not missed out any information or facts which are likely to affect a decision to provide cover. I/We have never been convicted of any offence involving fraud or dishonesty or any offence of a similar nature.

(Tick the appropriate box below)

- I/We will make payment of the premium in full (inclusive of IPT) prior to the inception of the policy provided that the designated insurance company accepts this proposal and agrees to issue a policy, or
- Provided that the designated insurance company accepts this proposal and issues a policy and agrees to defer the payment of the premium in full (inclusive of IPT) I/We hereby undertake to make payment of the premium in full (inclusive of IPT) within 14 days of the claim having come to an end.

I/We agree that all information and statements in this proposal and any enclosures will form part of the contract between me/us and the designated insurance company.

I/We agree to respond promptly to any requests for updates requested by the designated insurance company or Guardian and to cooperate fully with my/our appointed solicitors.

(Tick the appropriate box below)

Signature of Proposed Insured	
Name of Proposed Insured	
Date	
Signature of Appointed Solicitor	
Name of Appointed Solicitor	
Date	



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