



LAMP Insurance Company Limited

LITIGATION INSURANCE

LAMP Services Limited

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Proposal form

Notes:

The completion of this Proposal does not in itself bind either the Insurers or the Insured to any contract of insurance. It is important that all questions are answered accurately and that all relevant information which may affect the Insurers' decision on the Proposal is disclosed. Failure to do so may invalidate the Policy. In the event of the Policy being issued pursuant to this Proposal this Proposal shall constitute part of the Policy.

This Proposal form shall be completed jointly by the Insured and his/her Legal Advisers and both shall sign the respective Declarations where indicated.

Claimant (proposed Insured):	
Name	
Address	
Postcode	
Legal Status	Individual / Trustee/ Liquidator / Ltd Co / Plc / Partnership / Sole Trader / Govt Dept / Health Authority / Local Authority
Occupation	
Age	
Defendant:	
Name	
Address	
Postcode	
Legal Status	Individual / Trustee/ Liquidator / Ltd Co / Plc / Partnership / Sole Trader / Govt Dept / Health Authority / Local Authority
Nature of business	
Solicitors (if known)	
Insurers (if known)	
Legal Representative (claimants):	
Name of Firm	
Address/DX	
Telephone number	
Supervisor handling case	
Counsel's Opinion obtained?	Yes / No If yes, please attach
Name of Counsel	Is Counsel on a CFA? Yes / No
The Legal Action:	
Type of case	Personal Injury / Clinical Negligence / Insolvency / Other (Specify):
Date of incident	Date of First Instruction
Quantum	General damages £ Special damages £
Liability admitted	Yes / No
Proceedings issued	Yes / No If yes, when?
Defence received	Yes / No
Part 36 offers	Yes / No If yes when? Amount:
Part 36 payment	Yes / No If yes when? Amount:
Trial date	Set: Estimated date:
Defendant Insured?	Yes / No / Unknown
How has the case been funded to date?	Legal Aid / BTE / Private / Solicitor Funded / Other – Pls Specify:
Prospects of Success	50% 55% 60% 65% 70% 75% 80% 85% 90% 95% 100%
Conditional Fee Agreement:	
If this matter is being run under a Conditional Fee Agreement please give the date of the Agreement:	
Date:	

Assessment of case:

In order for Insurers to assess the case please enclose all relevant documentation supporting the case providing an overall view of the case to date, including a description of the accident, injuries sustained and issues in dispute – please refer to checklist. Attached: € Yes / No

Claimants estimated costs :	To date	To trial
Solicitors costs	£	£
Counsels fees	£	£
General disbursements	£	£
TOTAL	£	£

Please provide details of major disbursements anticipated

Defendants estimated costs to trial:

Will these be similar to the claimants? Yes / No

If No please provide details:

Insurance Cover Required:

Section A	Defendants costs estimate	£
Section B	Claimant's Disbursements	£
	Overall Sum Insured required :	£

NB The Sum Insured selected should be at least sufficient to cover the Opponents' Legal Costs and Disbursements and your clients' own Disbursements to take the matter to trial

APPLICATIONS

Has this matter been presented to or declined by any other Insurer?	Yes/ No Declined / Quoted
If so, which insurer?	

Declaration by Insured

- I/We declare that the contents of this Proposal Form are true to the best of my/our knowledge and belief and agree that the contents of the Proposal Form will be the basis of the Policy of Insurance and that any non-disclosure of any relevant information may invalidate the Policy of Insurance.
- I/We authorise the Legal Representative to provide the Insurers and their representatives all such information as they may require and I/we agree that the Legal Representative may give information to Insurers notwithstanding that this would otherwise be in breach of privilege and confidentiality owed to me/us.
- I/We agree to the Legal Representative giving the irrevocable undertaking set out in the Declaration below.

Signed

Name

Date

Declaration by Legal Representative:

- I declare that the information set out above is true to the best of my knowledge and belief.
- I certify that the Proposer has at least the prospects of success in the Legal Action as indicated above.
- If a policy is issued by the Insurers then in consideration of the issue of such Policy I irrevocably undertake that I will immediately advise the Insurers in writing of:
 - Trial date and estimated length of trial;
 - Conclusion and/or discontinuance of the matter;
 - Part 36 offer or payments by defendants.
 - The discovery by whatever means of any fact or evidence or other matter which materially affects the Proposer's prospects of success in the Legal Action;
 - Any failure by the Insured to provide instructions or otherwise co-operate in the conduct of the Legal Action, or any requirement by the Insured for the case to be conducted unreasonably or so as to incur an unjustifiable expense.
- I believe that the Sum Insured selected above is sufficient to pursue the case to trial.

Signed

Position

Name

Date