

Proposal Form for Litigation Insurance and/or Funding International Arbitration

Before completing this form, please contact us if any of the following apply:

- The arbitration is less than 1 month away

NOTES:

It is a requirement of the Financial Services Authority that you are registered to undertake insurance mediation which is the term used to describe the financial services activities which arise in respect of insurance contracts. All firms carrying out insurance mediation activities must be included in the FSA Register and appoint a compliance officer. You must provide your registration number when submitting this application. If you do not have a registration number, please contact The Solicitors Regulation Authority operations@sra.org.uk and request one. You will need to inform them of the name of your designated compliance officer and that you wish to be registered to undertake insurance mediation activity.

*All material facts must be disclosed. A material fact is one that may influence the acceptance of this proposal, or the terms offered. If you are in any doubt as to whether something constitutes a material fact you should disclose it. **If you do not do this, it may affect how claims are settled under the policy, or it may make the policy invalid.** The insurers and funders which take part in this service will provide quotations or indications of quotations based on the information you provide, and may require you to complete a further proposal form before a certificate of insurance is issued. The policy will not be in force until a certificate of insurance and/or funding has been issued. Completion of this form does not mean that insurance cover and/or funding is in place. Please note, whilst TheJudge cannot and does not guarantee the solvency or security of the insurers or funders it places business with, it does seek to only place business with recognised providers of ATE Insurance and litigation financing. Please note that third party litigation funding is an emerging area and case law on the subject is limited. The cost of the funding is not recoverable from the opponent.*

ALL SECTIONS MUST BE COMPLETED

SECTION 1 – Legal Representative and client details

Your firm's name					
Your firm's postal address or DX address			Your firm's FSA/EPF Registration Number		
Tel		Fax		Email	
Your name			Supervisor's name (if applicable)		
Date firm instructed			Your case reference		
Your client's name					
Your client's postal address			Legal status of client: Individual, Company, Executor...etc		

SECTION 2 - Retainer

Please state the nature of your lawyer/client retainer (e.g. private fee paying, CFA, partial/discounted CFA, contingency fee arrangement)	
If CFA, what is the (proposed) success fee?	
If contingency fee what is the fee payable?	
What is the date of the retainer?	

SECTION 3 - Costs information (please complete ALL questions even if you are acting under a CFA)

	Own costs	Own disbursements excl Counsel	Own Counsel's fees	Estimated opponent's costs & disbursements
Costs to date				
Maximum estimated future costs				
TOTAL				

Is Counsel (or will Counsel be) acting under a CFA?	YES/NO
Do you require cover for own disbursements incurred to date?	YES/NO
Do you require cover for the estimated opponent's costs incurred to date?	YES/NO
Do you require for own solicitors' fees? <i>(NB. Cover for own solicitors' fees may not be available in every case. If you are uncertain whether to apply for such cover, please contact 01903 23 22 55)</i>	YES/NO

Taking the above into account, please confirm the total amount of cover required.	£
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Is any interim funding required for any of the following? NB: Interim funding is separate to a requirement for ATE insurance cover. The cost of interim funding will not be recoverable from the opponent.

Own disbursements	YES/NO
Counsel's fees	YES/NO
Own solicitor's fees	YES/NO
Security for Costs Order/Application	YES/NO

SECTION 4 - Case details

Jurisdiction		Percentage prospects of a successful outcome	
Venue of Arbitration		Domicile of Client	
Full value of claim	£	Minimum acceptable settlement figure	£
Type of Arbitration (e.g. ICC, ICSID)			
Any non-financial remedy sought?			

SECTION 5 – Current position

Is liability admitted?	YES/NO
Have any offers of settlement been made?	YES/NO
If yes, please give full details (continue on a separate sheet if necessary)	
Have details of the claim formally been served?	YES/NO
If yes, please give date	
Has a Defence been received?	YES/NO
Has a date been set for the arbitration?	YES/NO If yes, please give date

SECTION 6 – The opponent

Opponent's name	
Opponent's insurers (if known)	
Can the opponent satisfy any judgment obtained (please provide supporting documentation if available)	YES/NO

SECTION 7 – Other After-the-Event insurers/funders

Has a proposal in respect of this case been made to any other broker, insurer or funder?	YES/NO
If yes, please give full details including the outcome of any application(s) for insurance	

SECTION 8– General information

Are there other legal proceedings between the parties (past or present)? If yes, please give details	YES/NO
Is a counterclaim to be expected? If yes, on what basis? Please detail in your case summary	YES/NO

SECTION 9 – Supporting documentation

Help us to help you. Well presented cases have a better chance of obtaining insurance. **Please enclose a summary of the case to assist the insurers and/or funders.** Also, please enclose all relevant documentation you think underwriters will need to consider the case. If further information is required, this increases the time taken to complete the assessment.

Checklist – please tick below

	Enclosed	Not enclosed but available if required	Not available
Case Summary			
Counsel’s Advice			
Correspondence with the opponent		Enclose if available	
Copies of agreements/contracts as applicable.			
Experts Reports			
Pleadings			
Witness Statements			
Evidence of Opponent’s Financial Strength			

Declaration (to be signed by both client and legal representative) I declare that the information contained in this form and accompanying enclosures is true to the best of my knowledge and belief.

Signed (client) _____ Date _____

Name _____

Signed (solicitor) _____ Date _____

Name _____

Please send this proposal form together with enclosures to TheJudge Limited,
DX: 3770 Worthing **or** 7 Warwick Street, Worthing, West Sussex BN11 3DF