



# Amicus Insurance

## Application Form

### DUTY OF DISCLOSURE

Please answer the relevant questions fully and correctly and give us any facts which may affect the decision to provide cover. If you are in any doubt as to what to tell us, tell us anyway. If you do not do this, it may affect how claims are settled under the policy, or it may make the policy invalid. Keep a record of all the information you give us. Sign and date the declaration at the end of this application form. **Please write in BLOCK CAPITALS or tick the appropriate boxes.** Please continue on a separate sheet if more space is needed.

### TERMS OF BUSINESS AGREEMENT

The Terms of Business Agreement ('Agreement') is required to be signed for every case. This Agreement contains your obligations to us and the insurer, and our obligations to you.

I have signed and attached the Terms of Business Agreement.

### SECTION 1 – COVER REQUIRED

*We reserve the right to decline applications and impose special terms.*

#### Type of policy required

**Justice** Premium in advance  
£50,000 limit of indemnity

**Justice Plus** Premium payable at the end of the case  
£100,000 limit of indemnity

*Different limits of indemnity are available for Clinical Negligence cases. Please also complete Section 3.*

#### Premium

The premium for this case shown in the premium guide is £..... and the total, inclusive of IPT is £.....

a cheque for the premium, payable to Amicus Legal Limited, is attached (*Justice policies only*)

the premium is payable at the end of the case (*Justice Plus policies*)

There is no premium indicated in the Premium Guide - please send confirmation of the premium applicable.

This is a Clinical Negligence case and a cheque for £250 is enclosed.  
*(This assessment fee is deductible from the premium applicable in accepted cases.)*

A renewal premium of 30% may apply calculated on a cumulative basis:

- **non-motor** – on each anniversary of the insurance;
- **motor** – on the second anniversary of the insurance and annually thereafter.

### SECTION 2 – COMPLETE IN ALL CASES

Client Name: .....

Address: .....  
.....  
.....  
.....

Opponent's Name: .....

Your case reference: .....

#### Type of Claim

Motor  
 Industrial disease

Accident at work  
 Clinical Negligence (*please also complete Section 3*)

Tripping/Slipping/Occupier's liability  
 Other (*please specify*)  
.....

Your estimate of quantum £: .....

Date of cause of action: .....

Date your firm was first instructed: .....

Date of your CFA (if already made): .....

Date of proceedings (if insured): .....

Stage of proceedings (if applicable): .....

Fast track or multi track: .....

Has there been any offer to settle, Part 36 offer or payment in or an interim payment? Yes  No

Your assessment of your Client's prospects of success: .....%

Has the Client previously applied to Amicus Legal Limited, or any other provider, in respect of this claim? Yes  No

Has the Client been involved in other litigation in the past 5 years? Yes  No

If 'Yes', please give a brief summary: .....

.....

.....

Please supply documents explaining the case. If the following documents are available please indicate and enclose copies in support of your application:

- |                               |                              |                             |                       |                              |                             |
|-------------------------------|------------------------------|-----------------------------|-----------------------|------------------------------|-----------------------------|
| • Client statement            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | • Witness statement   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Photographic evidence       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | • Medical Report      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Letter of claim             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | • Offer of settlement | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Counsel's advice            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | • Expert evidence     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Response to letter of claim | Yes <input type="checkbox"/> | No <input type="checkbox"/> | • Pleadings           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### SECTION 3 – CLINICAL NEGLIGENCE ONLY

- 1 A copy of all pleadings are attached.
- 2 Details of all experts instructed or consulted and copies of reports and/or notes are attached.
- 3 Copies of all written opinions and/or notes of conferences are attached.
- 4 Copies are attached of all witness statements.
- 5 Type of policy required:
  - Justice (premium paid in advance)
  - Justice Plus (premium payable at end of case)
- 6 The level of indemnity required for Clinical Negligence case:
 

£25,000	<input type="checkbox"/>	£50,000	<input type="checkbox"/>
£75,000	<input type="checkbox"/>	£100,000	<input type="checkbox"/>
Other (please specify) £: .....			

### SECTION 4 – DECLARATION

I/We declare that all the above statements are true and correct. I/We agree that the proposal and declaration will form part of the contract between me/us and Amicus Legal Limited and the insurer (DAS Legal Expenses Insurance Company Limited).

Name of Client: ..... Signed by the Solicitor, on behalf of the Client: .....

Name of Solicitor: .....  
 Firm name: ..... Date: .....

**T** 01903 883 811 **F** 01903 885 611 **E** enquiries@amicuslegal.co.uk **W** www.amicuslegal.co.uk