

Firm Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Client: \_\_\_\_\_

**You must obtain our prior authority for each of the following steps. For all claims please provide an explanation and your opinion with copies of all relevant documents. We aim to provide a response within two working days.**

**URGENT:** Yes  No

### Category

1. Discontinuance of proceedings
2. Proceedings issued
3. Defence received   
*(enclose copy of particulars of claim and defence within twenty-one days of receipt)*
4. Discovery and disclosure   
*(enclose both parties witness statements and a copy of both parties disclosure list)*
5. Refusal of part 36 offer
6. Refusal of part 36 payment in
7. Issue an application to the court
8. Notification of trial date
9. An appeal by your client or counterclaim against your client
10. Enforcement proceedings

**You must notify us within two working days of the following events, attaching relevant additional information to this form.**

### Notification of Outcome

1. Claim successful by settlement **Pre Issue**  **Post Issue**   
*(Amicus Insurance off risk)*
2. Claim successful at trial *(Amicus Insurance off risk)*
3. Claim successful at trial *(but failed to meet P36 offer or payment)*
4. Claim unsuccessful at trial
5. Claim discontinued/abandoned **Pre Issue**  **Post Issue**   
*(following consent of Amicus)*

### Cancellation of Amicus Insurance

1. Cancellation of insurance by client
2. Recommendation to underwriters to cancel because:
  - (a) Client no longer has reasonable prospects and refuses to discontinue proceedings
  - (b) Client has failed to meet responsibilities
  - (c) Client fails to accept settlement advice of solicitor/counsel

### General

1. Claim is now part of a class action
2. Opponent has appealed
3. Other *(please specify):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For all claims please provide us with an explanation of the relevant event and supply copies of relevant documents.**

**For concluded claims please provide the following information:**

Date Amicus Insurance off risk: \_\_\_\_\_

In the event of a claim under the certificate please provide the following information:

1. Your disbursements to date: £ \_\_\_\_\_
2. Your profit costs to date: £ \_\_\_\_\_
3. An estimate of opponent's costs: £ \_\_\_\_\_
4. A copy of the court order and a summary of the reasons why the claim was unsuccessful.

**Signed on behalf of the firm:** \_\_\_\_\_

**Date:** \_\_\_\_\_