

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 end of 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 at 5% 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 Accident at Work Tripping/Slipping/Occupier's Liability
- Industrial Disease Clinical Negligence (*please also complete Section 3*) 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 issued): _____

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. | <input type="checkbox"/> | 5. Type of policy required: | <input type="checkbox"/> |
| 2. Details of all experts instructed or consulted and copies of reports and/ or notes are attached. | <input type="checkbox"/> | Justice (premium paid in advance) | <input type="checkbox"/> |
| 3. Copies of all written opinions and/ or notes of conferences are attached. | <input type="checkbox"/> | Justice Plus (premium payable at end of case) | <input type="checkbox"/> |
| 4. Copies are attached of all witness statements. | <input type="checkbox"/> | 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 Client: _____

Name of Solicitor: _____

Firm Name: _____

Date: _____

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