

Dispute Resolution

Proposal Form

After the Event Insurance Proposal

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|--|--|
| Proposer's Name: | <input type="text"/> |
| Proposer's Address: | <input type="text"/> <input type="text"/> |
| Telephone: | <input type="text"/> |
| Email: | <input type="text"/> |
| Legal Status: | <input type="text"/> |
| Registered Office: (if a company) | <input type="text"/> <input type="text"/> |
| Company Registration Number: | <input type="text"/> |
| Who will be the principal person instructing solicitors? | <input type="text"/> |

If you are an individual, please state whether you have been involved in any litigation, arbitration or tribunal proceedings during the past 10 years.

YES NO

Details of Solicitors

| | |
|---------------------------------|--|
| Name of Firm: | <input type="text"/> |
| Firm's Address: | <input type="text"/> <input type="text"/> |
| Telephone: | <input type="text"/> |
| Lead Partner/Fee Earner: | <input type="text"/> |
| Email: | <input type="text"/> |
| Case Reference: | <input type="text"/> |
| FCA or EPF Registration Number: | <input type="text"/> |

Counsel's Details

| | |
|-------------------|--|
| Name of Counsel: | <input type="text"/> |
| Chambers Address: | <input type="text"/> <input type="text"/> |

Other Parties

Name(s) of Other Claimants:

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| |

Name(s) of Opponent(s):

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| |

What assessment has been made of the Opponent's means of satisfying any judgment?

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Is the Opponent insured for the proceedings?

YES NO

If yes, give the name of the insurer if known:

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Does the Opponent have a CFA?

YES NO

Does the Opponent have an ATE policy for this claim?

YES NO

If yes, please give details:

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Opponent's Legal Representative

Name:

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|--|

Address:

| | |
|----------|-------------|
| | |
| Postcode | DX Address: |

Case Reference:

| |
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Counsel's Name:

| |
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| |
|--|

Chambers Address:

| | |
|----------|-------------|
| | |
| Postcode | DX Address: |

Details of Claim

Type of case:

Venue for proceedings:

Estimated quantum of claim:

Give details of any settlement negotiations or ADR:

Is any counter claim anticipated?

YES NO

If yes, please give details in the Case Summary.

Funding

Can the Claimant fund disbursements to trial?

YES NO

Please give details of funding to date:

Please give details of future funding:

Is there a litigation funder involved? If yes give details above

Will Counsel be instructed on a CFA?

YES NO

Costs Information

| | Own Solicitor's Costs (excluding any success fee) | Own Disbursements (excluding Counsel's fees) | Own Counsel's fees (excluding any success fee) | Opponent's Costs |
|--|--|---|---|------------------|
| To Date | | | | |
| Estimated total to trial (inclusive of costs to date) | | | | |

Cover

You must complete this section in order for us to decide how much indemnity you require.

Please tick if required:

Own disbursements

Opponent's costs

Own Counsel's fees

Total cover sought

Other Insurance

Does the Proposer have any other BTE or ATE Legal Expenses Insurance available for the proceedings?

YES NO

Please give details of all other proposals for ATE insurance and their outcome:

Documentation

Please attach all of the following documents, where available.

| Attachments: | Please tick if accompanying: |
|---------------------------------|------------------------------|
| Case Summary | <input type="checkbox"/> |
| Counsel's Opinion | <input type="checkbox"/> |
| Solicitor's CFA | <input type="checkbox"/> |
| Counsel's CFA | <input type="checkbox"/> |
| Solicitor's CFA Risk Assessment | <input type="checkbox"/> |

In post proceedings cases, please also attach:

| | |
|----------------------------|--------------------------|
| Pleadings | <input type="checkbox"/> |
| Case Management Directions | <input type="checkbox"/> |
| Costs estimates filed | <input type="checkbox"/> |

If any other clearly relevant papers are available, please attach them.

A case summary will be required with every proposal. If no counsel's opinion is available, please let us know why none has yet been sought and supply solicitor's assessment of prospects.

We do require the Proposer's Solicitors to have written risk management and file review procedures. We will tell you if we wish to see these.

Next Steps

Now please send the completed proposal to:

Markel After The Event Insurance Services
Interchange, 5th Floor
81-85 Station Road
Croydon
CR0 2AJ

DX: 84219 Croydon
email: ateclaimsuk@markel.com

We are happy to receive papers by email.

We will acknowledge receipt and indicate after initial review of papers, what further material we will require in order to undertake our assessment.

Declaration

We declare that the above statements made by us or on our behalf are to the best of our knowledge and belief true and complete.

Signature of Proposer:

Name:

Position:

Date:

Signature of Proposer's Solicitor:

Name:

Position:

Date:

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Data Privacy Information

In order to find out how we use and collect your personal information please [click here](#)

Markel After The Event Insurance Services

Interchange, 81-85 Station Road, Croydon CR0 2AJ DX 84219 Croydon Tel: 0370 607 8999 ateservicesuk@markel.com
www.uk.markel.com

Markel After The Event Insurance Services is a trading name of Markel International Insurance Company Limited, registered in England and Wales No: 00966670. VAT number 245 7363 49. Registered address, 20 Fenchurch Street, London EC3M 3AZ. Markel Corporation is the ultimate holding company for Markel International Insurance Company Limited.

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