



After The Event Insurance

**Enquiry Form for Insurance for an Opponent's Costs and Your Own Disbursements
for clients of Public Access Barristers**

Please return this form to :

EFM Specialist Risks LLP
Leigh House, Broadway West, Leigh On Sea Essex SS9 2DD
Telephone (01702) 482284
Or
e mail to : ateinsurance@efmgroup.co.uk

Please remember that all sections of this form must be completed by you and all material facts must be fully disclosed (see Important Note below). You may need to refer to your Barrister in order to ensure that any information provided by you is correct.

IMPORTANT NOTE:

It is essential that all material facts are disclosed to Insurers. Failure to disclose a material fact could invalidate the cover at the time of a claim. A material fact is one which might affect the assessment or the acceptance of the risk by the insurer. If you are in doubt as to whether a fact is material, we recommend that it is disclosed.

1. BARRISTER'S DETAILS

Name of Barrister:

Name of Chambers:

Chambers Address:

2. PROPOSER'S DETAILS

Proposer's Full Name/Company Name (as appropriate):

Proposer's Date of Birth (if applicable):

Proposer's Address (if Proposer is a business, please include a contact name):

3. OPPONENT'S DETAILS

Opponent's Name:

Opponent's Address:

Name and Address of the Insurer of your Opponent (if applicable):

Opponent's Solicitor's Name and Address:

Opponent's Barrister's Name and Address:

4. CASE DETAILS

Date of Incident/or breach date:

Type of Case:

Brief summary of case :

The date and type of the Conditional Fee Agreement (if any) :

What % uplift is required in the CFA?:

Has liability been admitted?

 Yes No

If 'Yes', when and on what basis?

Have proceedings been issued?

 Yes No

If 'Yes', please provide the following details:

- Date proceedings issued:

- Trial window/trial date(s):

Please provide an estimate of damages sought (£) if appropriate and/or any other remedy.:

Please indicate your Barrister's estimate of the chances of winning the claim (%):

Have you received/made any Part 36 offers (or equivalent)?

 Yes No

If 'Yes' Who made this offer?

 Defendant Claimant

What is the offer in respect of?

 Quantum Liability Both

What date was the offer made/received?

Details of the offer:

Has any counterclaim been made?

 Yes No

If 'Yes' please indicate the amount:

Your Barrister's estimate of costs

 Your Own Opponent's

5. Cover Required

How much cover do you require?

 Opponents Costs Own Disbursements

6. FINANCIAL DETAILS

Have you checked for the existence of Before The Event (BTE) legal expenses insurance cover?

 Yes No

If BTE exists please provide details of reason for After The Event (ATE) cover:

Have you requested cover for this claim from other insurers?

 Yes No

If 'Yes', please provide details:

7. DECLARATION

I/We declare that all the above statements are true and correct to the best of my/our knowledge and I have not omitted any facts which are likely to affect your decision to provide cover.

Signature :

Name:

Date:

The following documents are also required:

1. A Case Summary.
2. Your Barrister's opinion and assessment of the prospects of success.
3. Copies of the Court Pleadings if your case has commenced or a letter of claim and the appropriate response if it has not.

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EFM are a Bar Council Service Partner

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Each After The Event Insurance contract will be underwritten on specific terms and conditions