

Proposal form

After The Event Insurance Proposal Form



Important notice

For the Proposer:

1. Before the insurance contract is entered into, the proposer must make a fair presentation of the risk to the insurer, in accordance with Section 3 of the Insurance Act 2015.

In summary, the proposer must:

- a) disclose to the insurer every material circumstance which the proposer knows or ought to know. Failing that, the proposer must give the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk and, if so on what terms (including premium);
 - b) make the disclosure in clause 1.a) above in a reasonably clear and accessible manner; and
 - c) ensure that every material representation as to matter of fact is substantially correct, and that every material representation as to matter of expectation or belief is made in good faith.
2. For the purposes of clause 1.a) above, the proposer is expected to know the following:
 - a) If the proposer is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b) If the proposer is not an individual, what is known to anybody who is part of the proposer's senior management; or anybody who is responsible for arranging the proposer's insurance.
 - c) Whether the proposer is an individual or otherwise, what should reasonably have been revealed by a reasonable search of information available to the proposer. The proposer cannot ignore or deliberately withhold information (this may amount to a breach of the duty of fair presentation even if the insurer had sufficient information to ask questions and did not do so). The information may be held within the proposer's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the proposer is insuring subsidiaries, affiliates or other parties, the insurer expects that the proposer will have included them in its enquiries, and that the proposer will inform the insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

If the proposer becomes aware that information provided prior to confirmation of insurance cover was incorrect or incomplete the proposer should tell us immediately.

If in doubt, please contact Miller.

Data protection

Processing of personal data

If you provide us with any information which constitutes “personal data” (including any “sensitive personal data”), both you and we will treat such information at all times in accordance with “Data Privacy Laws” (including the General Data Protection Regulation 2016/679). Miller companies may hold and process such information: (i) in order to provide our services to you; (ii) to facilitate the effective management, development or operation of the Miller companies; and (iii) in any country – including countries outside the European Economic Area, which may not have comparable data protection laws. Please review our full privacy notice at www.miller-insurance.com.

Identity verification

In order to ensure compliance with rules imposed on us by relevant UK regulators, we may run fraud prevention checks against the name of your firm, or all or any of the individual partners or members in your firm. We may use this information in order to comply with our regulatory, legal or good governance obligations. We will make checks such as verifying your identity in order to prevent and detect crime, fraud and money laundering. We may disclose your personal data to other companies in the Miller group of companies for the purposes described above. You agree to bring the above notice to the attention of each of your partners or members before completing and submitting this proposal form. Each individual has the right to apply for a copy of their information (for which we may charge a fee) and to have any agreed inaccuracies corrected.

- By ticking here, you agree to the processing of your personal data, including, where relevant, sensitive personal data, in the manner stated above in the paragraph entitled ‘Processing of personal data.’
- Please tick this box if you would like to subscribe to receive the latest news and insight from Miller Insurance Services LLP and its associated companies. Your information will not be passed to any third parties and you may unsubscribe at any time.

Where did you first hear about Miller?

Proposal form



1) Appointed Solicitors Details

Firm Name

Fee Earner

Address

Post Code

Reference

Counsel's Name

Chambers

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2) Insured's (Applicants) Details

Client Name

Contact Name

Address

Description of Business

Applicants' Legal Status

Annual Turnover

VAT Number

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3) Opponent Details

Opponent(s) Name

Contact Name

Address

Post Code

Description of Business

Is the Opponent a Claimant or a Defendant?

Claimant

Defendant

Annual Turnover

VAT Number

Legal Status: e.g. Gov't Body / Public Company / Private Limited Company / Sole Trader / Private Individual

Does the Opponent have the ability to satisfy any judgment obtained?

YES NO

Please provide evidence to support this.

Is the Opponent Insured for these Proceedings?

YES NO Not Known

If Yes, please state the name of the Insurer?

4) Opponent's Representatives Details

Firm Name

Fee Earner

Address

Post Code

Reference

Counsel's Name

Chambers

5) Claim Details

Please provide a brief but full statement of the nature of the dispute for which a quotation for insurance is required including date and cause of action, applicable law and risk factors to the claim. Please state the value of the claim and counterclaim if one is expected. Please continue on a separate sheet if necessary or use section below.

Proceedings, please state the following:

Anticipated Court

If Not England & Wales in What Jurisdiction

Likely Date of Issue

Likely Date of Trial / No of Days Estimate for Trial

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6) Quantum

Claims Track

Estimated Value of Damages

Minimum Acceptable Figure

7) Part 36 Offers

Have any Part 36 Offers / Payment been made or received?

YES NO

If Yes, please provide details including date of offer(s)

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8) Prospects of Success

Solicitor's Estimate of the % Prospects of Success

 %

Counsel's Estimate of the % Prospects of Success

 %

Likely Success Fee of Appointed Solicitor

 %

9) CFA Arrangements

What % is the Solicitor working under a CFA?

 %

Is the Solicitor working under a DBA?

YES NO

What % is Counsel working under a CFA?

 %

10) Existing Legal Expenses Insurance

Does the applicant have any pre-existing legal expenses insurance?
e.g. BTE LEI Cover or TU Membership?

YES NO

11) Estimated Costs

	Incurred to date	Estimated costs up to and including trial
1. OWN COSTS		
Solicitor's costs with any CFA applied	£ <input type="text"/>	£ <input type="text"/>
Counsel's fees with any CFA applied	£ <input type="text"/>	£ <input type="text"/>
Own disbursements	£ <input type="text"/>	£ <input type="text"/>
OWN COSTS TOTAL	£ <input type="text"/>	£ <input type="text"/>
2. OPPONENT'S COSTS		
Opponent's solicitor's costs	£ <input type="text"/>	£ <input type="text"/>
Opponent's counsel's fees	£ <input type="text"/>	£ <input type="text"/>
Opponent's disbursements	£ <input type="text"/>	£ <input type="text"/>
OPPONENT'S COSTS TOTAL	£ <input type="text"/>	£ <input type="text"/>

12) Funding

Is litigation funding required for any of the claimant's own costs?

YES NO

Please list below including details of any costs for which retrospective cover is required

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13) Required ATE Cover

Please state cover required: E.g. opponent's costs, disbursements / own disbursements?

[Grey input box]

Is your client facing an application or order for Security for Costs?
If yes, please confirm the amount of security required?

YES NO

[Grey input box]

14) Indemnity Level

What limit of indemnity is required including to cover costs if lost at trial?

[Grey input box]

15) Additional Documentation attached

Counsel's advice(s) YES NO

Expert evidence YES NO

Witness statement(s) YES NO

Particulars of Claim YES NO

Pleadings YES NO

Opponent's defence YES NO

Letter of claim YES NO

Evidence to support the opponent has the ability to satisfy a judgement against them YES NO

Interparty correspondence YES NO

16) Additional Information

Have you instructed any other insurer/broker in this matter?

YES NO

[Grey input box]

Has insurance been declined by any other insurer?

YES NO

[Grey input box]

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Declaration

I/We declare that the above information and statements are true to the best of my/our belief and I/we have not missed out any information or facts which are likely to affect a decision to provide cover. I/We have never been convicted of any offence involving fraud or dishonesty or any offence of a similar nature.

I/We agree that all information and statements in this proposal and any enclosures will form part of the contract between me/us and the designated insurance company.

I/We agree to respond promptly to any requests for updates requested by the designated insurance company or Miller Insurance Services and to cooperate fully with my/our appointed solicitors.

Signed (proposed insured)

Date

Print name

Signed (appointed solicitor)

Date

Print name

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