

ATE & Funding Solicitor Application Form

Please complete this form in BLOCK CAPITALS, thank you.
All Information will be treated in strictest confidence by Temple.

Contact Information

1. Name of Firm:

Date established:

Address and DX:

Contact Name:

Position:

Email:

2. Please confirm the products you are applying for: (questions 32 - 36 only apply to disbursement funding)

- ATE Insurance Funding Disbursement Funding

3. How many offices do you have?

4. Is the funding intended for all your offices?

- Yes No

If no, please explain why?

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5. What is your firm's status:

- Partnership LTD/LLP Other

If LLP or Limited Company please provide registration number / Companies House Ref No:

If other, please provide details.

6. What is your firm's SRA number:

7. Does your firm's name appear on the Exempt Professional Firms section of the Financial Conduct Authority Register?

- Yes No

8. Is your firm regulated by the Financial Conduct Authority?

- Yes No

9. Please confirm if your firm is an accredited member of the Lexcel Practice Management Standard or equivalent scheme and the date of such accreditation?

- Yes No

Date:

Please note any other accreditations:

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10. Does the firm have any previous or current litigation funding arrangements or facilities with any other provider?

Yes No

If yes, please provide details, including claims history, separately.

11. Please provide an approximate percentage split of your current litigation workload between the following categories:

Commercial Litigation	%	Professional Negligence	%
Clinical Negligence	%	Contract	%
Employment	%	Intellectual Property	%
Property Litigation	%	Construction	%
Other (please specify)	%		

12. What percentage of your work is conducted on a Conditional Fee basis?

Last Year	This Year	Next Year (estimate)
%	%	%

13. Please tell us the approximate make up of your **clinical negligence** cases:

Misdiagnosis / delayed diagnosis	%	Cerebral palsy / birth injuries	%
Surgical errors	%	Dental	%
Other (Please specify)	%		

14. Does your firm have any medico-legal agencies that you regularly use for your clinical negligence cases?
If yes please provide details:

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15. Please provide your total fee income for your **clinical negligence** department (excluding VAT and disbursements) for the last 2 years and estimated fee income for the next year.

Year	Total for Practice	Litigation Dept.
Year before last	£	£
Last Year	£	£
Est.	£	£

16 a. How many cases were you instructed on in the last 3 years?

Won	Discontinued / Lost	Live

b. Please complete the case history in appendix 1 in respect of the discontinued / lost cases in the last 3 years.

17. Approximately **how many legal disputes** does the firm run each year where ATE Insurance / funding is required?

18. What do you estimate is the average value of the **damages** in your legal cases?

19. What do you estimate is the average value of **own costs** (including counsel) in your legal cases?

20. What do you estimate is the average cost of **disbursements** in your legal cases?

21 a. What risk assessment procedures do you follow before agreeing to accept instructions?

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b. Do you conduct risk assessments on cases where you are not accepting instructions on a Conditional Fee basis?

(please provide a copy of your Risk Assessment document)

22. Please provide details of the procedures you have in place to conduct all necessary and appropriate 'know your customer', identification and money laundering checks required by the Solicitors Regulation Authority.

23. Does your firm regularly use a particular set of chambers?

Yes No

If yes, please provide full details.

24. Are all files reviewed by a Partner or solicitor who is not immediately involved in the case:

i) prior to issuing proceedings?

Yes No

ii) prior to making or rejecting Part 36 offers?

Yes No

If No in either case, please explain your usual practice:

25. Please detail the procedure in place to:

i) authorise the expenditure of disbursements

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ii) check the fitness and propriety of the staff members who will be able to authorise the expenditure of disbursements and the drawing of funds.

26. Are any of your Partners or your Employees currently members of any specialist panels?

Yes No

27. Please provide an organisational chart to show the authority levels within the clinical negligence department.

28. Please give approximate numbers for your clinical negligence department:

Partners:

Solicitors:

Other Fee Earners:

Administration:

29. If there have been any significant changes in the structure of this team during the last 2 years, or any significant changes are envisaged during the next year, please give details separately:

30. Please provide the following details of your Professional Indemnity Insurer:

Name of Firm:

Policy Number:

Address:

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Limit of Indemnity:

Applicable excess amounts:

31. Please provide details of all Professional Indemnity Claims made against your firm in the last three years. This must include any circumstances which may give rise to claims which you have notified to your professional indemnity insurers. A copy of your latest Claims Summary will provide this information and is sufficient for our purpose.

32. Has your firm ever been refused a loan or credit facility? **(ONLY FILL IN IF YOU REQUIRE FUNDING)**

Yes No

If yes, please provide details.

33. Does your firm hold fidelity guarantee insurance? **(ONLY FILL IN IF YOU REQUIRE FUNDING)**

Yes No

If yes, please provide details.

34. Please provide us with: **(ONLY IF YOU REQUIRE FUNDING)**

- a. A signed copy of the last three years' Final Accounts (audited if applicable)
- b. The latest set of Management Accounts (Balance Sheet and Profit & Loss A/C) which is no older than six months from the signing of the declaration below.
- c. A signed copy of the Annual Accountant's Report submitted to the SRA relating to the most recent set of accounts.

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35. Please provide details of any partner / individual / entity holding 25% or more of the voting rights and / or beneficial interest in the partnership / business: **(ONLY FILL IN IF YOU REQUIRE FUNDING)**

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36. Please provide you firm's Client Bank Account Details below: **(ONLY FILL IN IF YOU REQUIRE FUNDING)**

Name of Bank:	
Account Name:	
Sort Code:	
Account Number:	
Address:	

37. Please provide details separately of any cases in the last three years:

a) where a complaint to the Solicitors Regulation Authority has been made arising out of any contentious business or other dispute resolution procedures conducted in your litigation department.

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b) where a personal order for costs has been made against your firm or any partner/solicitor/director or other employee.

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38. Please provide details separately of any cases where any partner/solicitor/director:

- (a) has ever been investigated following any allegations of fraud, dishonesty or other criminal activities.
- (b) has ever been subject to any bankruptcy proceedings.
- (c) has ever been, the subject of any civil proceedings, arbitration or litigation, including proceedings that may lead to a County Court Judgement (CCJ) or other judgement debts, in the UK or elsewhere?
- (d) has any outstanding financial obligations arising from regulated activities, which you have conducted in the past, whether in the UK or overseas?
- (e) has ever been found guilty of conducting any unauthorised regulated activities or been investigated for possible conduct of unauthorised activities?
- (f) has ever been the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?
- (g) has ever, either in the UK or elsewhere, been refused entry to, or been dismissed or requested to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust, whether or not remunerated?
- (h) has ever, either in the UK or elsewhere, been disqualified by a court from acting as a director of a company or from acting as a director of a company or from acting in a management capacity or conducting affairs of any company, partnership or unincorporated association?
- (i) has ever, either in the UK or elsewhere, been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order, under sections 56 of the Financial Services and Markets Act 2000, or received a warning notice to make such a direction order?
- (j) in respect of activities regulated by the FCA or any other regulatory body has, or any company, partnership or unincorporated association of which are or they have been a controller, director, senior manager, partner or company secretary, during the individual's association with that entity and for a period of three years after you ceased to be associated with it, ever:
 - a. been refused, had revoked, restricted or terminated, any licence, authorisation, registration, notification, membership or other permission granted by any such body?
 - b. been criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary or intervention action by any such body?
 - c. resigned whilst under investigation by, or been required to resign from, any such body?
 - d. decided, after making an application for any licence, authorisation, registration, notification, membership or other permission granted by any such body, not to proceed with it?
 - e. been the subject of any civil action which has resulted in a finding against you by a court?
- (k) has any company, partnership, or unincorporated association of which they are or have been a controller, director, senior manager, partner, or company secretary, in the UK or elsewhere, at any time during the individual's involvement or within one year of such involvement;
 - a. been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors?
 - b. been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?
 - c. been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation?
 - d. been convicted of any criminal offence, censured, disciplined or publicly criticised, by any inquiry, by the Takeover Panel or any governmental or statutory authority or any other regulatory body above)?

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Declaration

I declare that after full enquiry of all Partners the statements and particulars contained in this application are true and I have not suppressed or misstated any material facts.

I agree that this application together with any other information supplied by me / us shall form the basis of any contract effected thereon.

I undertake to inform Temple of any material alteration to these facts occurring before the completion of the agreement or at any time thereafter. I understand that Temple will rely on the representations made by me / us in this application form in deciding whether to and on what terms to enter into a Temple ATE Funding Scheme.

I confirm that the firm is either an exempt professional firm pursuant to section 327 of the Financial Services and Markets Act 2000 or has the relevant Financial Conduct Authority permission in relation to the regulated activity of credit broking.

Applicant's Signature: (on behalf of firm)

Date:

Name and Position (please print)

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BANK REFERENCE AUTHORITY

Please complete, sign and return this authority to Temple Funding Limited with the Temple Funding Solicitor Application Form. Failure to do so may affect the outcome of your application for funding.

To: The Manager

Date:

Name of Bank:

Bank Address:

Client Account Sort Code:

Client Account Number(s):

Full names and addresses of Client Account holders:

Full Name	Addresses

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I / We hereby authorise you to provide such information as requested by Temple Funding Limited in connection with my / our accounts with you. I/We understand as a result of Temple Funding Limited requesting such information that a charge may be applicable and therefore further authorise you to debit our account the amount of charge you may make for providing such reference.

Authorised Signature(s):

Name in Capitals:

Position:

Send to Temple:

By email: ate@temple-legal.co.uk or by post:

Temple Legal Protection Ltd, Portsmouth House, 1 Portsmouth Road, Guildford, Surrey GU2 4BL
Tel: 01483 577877

CN & PI ATE and Funding Solicitor Application Form - 07/2018

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