# After The Event Insurance

Dispute Resolution Proposal Form



**MARKEL** 



# After The Event Insurance

#### Dispute Resolution Proposal Form



#### Making an application

To help us to process your application as quickly as possible, some essential information and documentation is required.

# Make sure you have fully completed and signed the application form:

Completing as much information on the application form as possible, allows us to more quickly gain a clear idea of the nature of the litigation, the costs involved, the opponent's position, possible timescales, and level of cover required.

#### Make sure you attach a short case summary

This is an opportunity for you to provide us with details of the case and outline your strategy. This helps our risk assessors to understand how the case is intended to be approached, and to assess the merits of the case.

# Make sure you attach any protocol letters and any responses

The letter of the claim, and any responses, enables us to understand the basis of your client's claim better, whilst also giving us an idea of what the other side's position is. This gives us a more informed initial overview of the litigation, and assists our risk assessors in accurately assessing the nature of the case.

#### Make sure you have attached a counsel's opinion

Counsel's opinion on the merits of the case can be key when submitting a proposal for cover. We do not necessarily require the opinion to include a specific percentage indication of the prospects of success, but it should set out the merits and possible pitfalls of the case and the strategies to overcome those pitfalls. Counsel will need to be an appropriately experienced expert in the area of litigation you are perusing.

Once the information we need has been received, your case will be reviewed by one of our legally qualified risk assessors.

They will aim to respond to the application for cover within 10 working days. Missing documentation or information may well delay our being able to deal substantively.



# After the Event Insurance Proposal

Proposer's address  Postcode	
Postcode	
Telephone number	
Email address	
Legal status	
Registered office (if a company)	
Postcode	
Company registration number	
Who will be the principal person instructing solicitors?	
Details of Solicitors	
Name of Firm	
Name of Firm Firm's address	
Firm's address	
Firm's address  Postcode	
Firm's address  Postcode  DX address	
Firm's address  Postcode  DX address  Telephone number  Lead partner/Fee earner  Email address	
Firm's address  Postcode  DX address  Telephone number  Lead partner/Fee earner  Email address  Case reference	
Firm's address  Postcode  DX address  Telephone number  Lead partner/Fee earner  Email address	
Firm's address  Postcode  DX address  Telephone number  Lead partner/Fee earner  Email address  Case reference	
Postcode  DX address  Telephone number  Lead partner/Fee earner  Email address  Case reference  FCA or EPF Registration number	
Postcode  DX address  Telephone number  Lead partner/Fee earner  Email address  Case reference  FCA or EPF Registration number  Counsel's Details	
Postcode  DX address  Telephone number  Lead partner/Fee earner  Email address  Case reference  FCA or EPF Registration number  Counsel's Details  Name of Counsel	



# Other Parties

Name(s) of Other Claimants						
Name(s) of Opponent(s)						
What assessment has been made	e of the Opponent's m	eans of satisfy	ying any judgm	ent?		
Is the Opponent insured for the p	proceedings?				Yes	No
If Yes, give the name of the insur					163	INO
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:						
Opponent's Lega	l Represen	tative				

Name	
Address	
Postcode	
DX address	
Case reference	
Counsel's name	
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.	1C3 NO
Tes, please give actules in the case summary.	
Funding	
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 i	nvolved? If Yes give det	ails below			
Will Counsel be instructed of	on a CFA?			Yes	No
Costs Information					
	Own Solicitor's	Own disbursements	Own Counsel's fees	Opponent's costs	
	(excluding any success fee)	(excluding Counsel's fees)	(excluding any success fee)	COSES	
To date	,	,	,		
Estimated total to trial (inclusive of costs to date)					
			1		
Cover					
Cover					
You must complete this see	ction in order for us to	decide how much inde	emnity you require.		
Please tick (🗸) if required:					
Own disbursements	Opponent's costs	Own Counsel's fees			
Total cover sought					
Other insurance	ce				
Does the Proposer have any proceedings?	other BTE or ATE Lega	al Expenses Insurance a	available for the	Yes	No
Please give details of all ot	her proposals for ATE ir	nsurance and their out	come		



#### Documentation

Please attach all of the following documents, where available.
Please tick (✓) if accompanying:
Case Summary
Counsel's Opinion
Solicitor's CFA
Counsel's CFA
Solicitor's CFA Risk Assessment
In post proceedings cases, please also attach:
Pleadings
Case Management Directions
Costs estimates filed
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 non

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 CRO 2AJ

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:

# **Data Privacy Information**

In order to find out how we use and collect your personal information please  $\underline{\text{click here}}$ 

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 Group Inc. is the ultimate holding company for Markel International Insurance Company Limited.

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