



BESPOKE ATE APPLICATION FORM

Please note that our Underwriters will be unable to consider your application for ATE cover unless ALL information and all the documents requested below have been provided, or in the alternative you confirm that the documents/information requested below are not in your possession.

Please contact us should your claim relate either to an Industrial Disease, Clinical Negligence, or Commercial/Professional Negligence Claim for the appropriate form.

Please submit a completed form, together with **ALL** relevant supporting documents, to:
underwritingadmin@keystonelegal.co.uk.

Provide copies of the following documents:

Enclosed Not applicable Not yet available

If liability is agreed/admitted:

Claimant Medical Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defendant Medical Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Expert Quantum Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation relating to Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleadings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost Budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Counsel's Opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If liability not agreed/admitted, provide the above, plus:

Claim Notification Form/Letter of Claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denial correspondence and disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claimant Witness evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defendant Witness evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident book entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSE report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs/sketch plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claimant non-medical expert reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defendant non-medical expert reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client's Title		Forename(s)	
Date of birth		Surname	
Litigation Friend's Title		Forename(s)	
		Surname	
Client's Address			
Date of incident		Type of incident	<input type="checkbox"/> RTA <input type="checkbox"/> Employers Liability <input type="checkbox"/> Occupiers Liability <input type="checkbox"/> Public Liability <input type="checkbox"/> Local Authority Slip/Trip <input type="checkbox"/> Product Liability
Date of CFA/Retainer		Liability Status <input type="checkbox"/> Admitted <input type="checkbox"/> Denied <input type="checkbox"/> No Decision Date: _____ Date: _____ Date: _____	
Date of LOC or CNF (please tick relevant box)		Status <input type="checkbox"/> LOC <input type="checkbox"/> CNF	<input type="checkbox"/> Not Sent <input type="checkbox"/> Sent and Response Received <input type="checkbox"/> Sent and No Decision <input type="checkbox"/> Sent Not Responded to
Please confirm the anticipated case track		<input type="checkbox"/> Multi Track <input type="checkbox"/> Fast Track	
Is there existing ATE/BTE in force? If yes, please provide details.	<input type="checkbox"/> ATE <input type="checkbox"/> BTE <input type="checkbox"/> Neither		
Is this a claim where previous solicitors have acted? If Yes, please confirm date and type of Retainer	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
Has this case previously been declined or had cover withdrawn by any other Legal Expenses Insurer?	<input type="checkbox"/> Cover Declined <input type="checkbox"/> Cover Withdrawn <input type="checkbox"/> Neither If yes, please provide details and copy documents and correspondence		

Assessment of prospects of success as a percentage	%		
Details of client's injuries			
Identity of all known Defendants and Insurers			
Is this case Litigated? If Yes please confirm date of issue/service	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of issue: _____ Date of Service: _____		
Solicitor's valuation of the following on a full liability basis, i.e. prior to the deduction for any agreed split	General damages		
	Special damages		
	CRU Liability		
Provide details of ALL Part 36 offers made in respect of liability and quantum.			
Defendant	First offer	Second offer	Third offer
Liability	% Date	% Date	% Date
Quantum	£ Date	£ Date	£ Date
Claimant	First offer	Second offer	Third offer
Liability	% Date	% Date	% Date
Quantum	£ Date	£ Date	£ Date
Please continue on separate sheet for any additional Part 36 offers. Separate sheet included? <input type="checkbox"/> Yes <input type="checkbox"/> No			

List disbursements that you anticipate will be incurred between now and conclusion of the case	
Estimate adverse costs from service to conclusion of the case	
Any additional comments or information?	
Solicitor's name, reference and return email address for policy documents	
Signed	
Dated	

Please submit completed form to: underwritingadmin@keystonelegal.co.uk

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