



BESPOKE ATE APPLICATION FOR PROTECT 36 COVER

Please submit completed form to: protect36@keystonelegal.co.uk

Protect 36 cover is only available where a Defendant Monetary Part 36 offer is 'Live'			
Client's Title		Forename(s)	
		Surname	
Litigation Friend's Title		Forename(s)	
		Surname	
Client's Address			
Date of birth		Date of incident	
Type of incident	<input type="checkbox"/> RTA <input type="checkbox"/> Public Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Employers Liability <input type="checkbox"/> Local Authority Slip/Trip <input type="checkbox"/> Occupiers Liability <input type="checkbox"/> Other (Please State)		
Date of CFA		For Industrial Disease cases please provide the following information: Date of Knowledge: Disease Type:	
Please confirm Liability Status and Date.	<input type="checkbox"/> Admitted <input type="checkbox"/> Denied <input type="checkbox"/> No Decision <input type="checkbox"/> Split Client ____% Defendant ____% Date: _____ Date: _____ Date: _____ Date: _____		
Solicitor's contact details, reference and return email address for policy documents			
Please select the case track	<input type="checkbox"/> Multi Track		<input type="checkbox"/> Fast Track

Details of client's injuries					
Identity of all known Defendants and Insurers					
Is this case Litigated? If Yes please confirm date of issue					
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				
	Liability	%	Date	%	Date
	Quantum	£	Date	£	Date
	Claimant				
	Liability	%	Date	%	Date
	Quantum	£	Date	£	Date
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					

Assessment of prospects of success as a percentage	%
Provide copies of the following documents where available:	<ol style="list-style-type: none"> 1. A copy of the letter admitting liability, or if liability is not agreed, please provide the following: <ul style="list-style-type: none"> • Witness statements • Police report • Accident book entry • HSE report • Photographs/sketch plans of the locus or machinery • Both sides' expert reports • Relevant Defendant correspondence setting out their case 2. Claimant's statement 3. Medical evidence including clinical photographs 4. Documents relating to any disputed items of special damages 5. Draft proceedings 6. Counsel's opinion 7. Surveillance
Is there existing ATE/BTE in force? If yes, please provide details.	
Is this a claim where previous solicitors have acted? If Yes, please confirm date and type of Retainer	
Has this case previously been declined or had cover withdrawn by any other Legal Expenses Insurer?	
Any additional comments or information?	
Signed	
Dated	

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