

justice SOLUTIONS

This Agency Application Form will form the basis of the agreement between your firm ("The Firm") and DAS Legal Expenses Insurance Company Limited, trading as 80^e ("80^e"). The agreement is for the provision of after-the-event insurance services to clients of The Firm and 80^e will be the preferred provider of these insurance services to The Firm.

Please complete the form as fully as possible and provide all relevant supporting information and documentation as required.

1 a) The name of your firm in full, including trading title if any:

b) Previous business names:

c) Please provide details of your company offices (please list addresses of all other offices on a separate sheet of paper):

Principal address (including postcode):

Telephone number:

Fax

Email:

DX number:

Website address:

Office email address:

FSA exemption number:

Compliance Manager:

d) Main Contact:

Name:

Email address:

Main contact (Personal Injury):

Name

Email address:

2 The number of civil litigation fee earners in the firm:

3 The number of personal injury fee earners in your firm:

80^e agency APPLICATION FORM

4 Please give the following information in connection with all Directors/Partners and Department Heads/Supervisors:
(or attach details on a separate sheet if necessary)

Full Name	Position	Professional Qualifications	If engaged in the business for less than 5 years, provide preceding employment history

5 Have any of the persons listed been convicted of any criminal offence other than minor motoring offences? Yes No

If "Yes", please give details:

(Note: You are not required to include convictions regarded as 'spent' under the Rehabilitation of Offenders Act 1974).

6 Have any solicitors currently or previously been subject to disciplinary proceedings by the Office for the Supervision of Solicitors or Law Society? Yes No

If "Yes", please give details:

7 Are any employed solicitors or partners in the firm subject to restrictions on their Practising Certificate? (Please attach details) Yes No

8 Please let us know if you are members of the following bodies:

	Yes	No	Date of Joining
Action for Victims of Medical Accidents (AVMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Association of Personal Injury Lawyers (APIL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Motor Accident Solicitors Society (MASS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Law Society Panel Membership: Clinical Negligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
: Personal Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



8 (Continued)

Other relevant societies or organisations	Date of joining

- 9 a) Do you currently offer an after-the-event insurance scheme? Yes No
 If "Yes", please give details:

- b) Do you currently market your practice and obtain your own referrals? Yes No
 If "Yes", please give details of your marketing activities:

- c) Please give details of any claims management companies or other introducers that you use:

- | | | |
|--|---|---|
| | Motor PI | Non-Motor PI |
| 10 Approximately how many CFA cases do you anticipate your firm will need insurance for in the next 12 months? | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | Personal Civil Litigation | Business Civil Litigation |
| | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Please complete the enclosed ATE Experience tables as fully as possible to confirm your recent history (on pages 6 & 7).

- 11 In addition to the ATE Experience tables on pages 6 & 7, please attach full details of your Risk Assessment procedures, on a separate sheet if necessary, with a copy of any relevant procedures or Operations Manual and any checklist used:



12 Are there any matters of a financial nature that you should disclose? (Please attach details) Yes No

13 Please give full details below of your fraud and/or money laundering checks, and provide copies of relevant paperwork.

14 Do you have accreditation under Investors in People? Yes No

15 Do you have a computerised case management system, or similar system or process? Yes No

16 Are you certified for Quality Management Practices, eg Lexcel etc (please specify)

17 For reference purposes give name and address of your:

Bank:

Account handler/contact:

Address (including postcode):

Client account number:

Client account sort code:

Approximately how long have you held an account with your current bank?

Please also complete the Bank Reference Consent which forms part of this application form (on page 8).

(A signed Consent form is required by banks before they will provide financial information on their customers.)



CONFIDENTIALITY AGREEMENT

I/We agree to treat as secret and confidential any information and/or material relating to the business, affairs, finances, systems, processes and/or methods of operation of either Party which is disclosed by one Party to the other in connection with the operation of this Agreement (whether oral or in writing and whether or not such information is expressly stated to be confidential or marked as such) (“**Confidential Information**”).

DATA PROTECTION ACT 1998

I/We consent to the DAS Legal Expenses Insurance Company Limited (DAS) Group using any information I/we supply for the purpose of managing the agency relationship. This will include agency administration and processing, fraud prevention, legal proceedings, trade references, credit searches, enquires, records and discussions. I/We understand that the DAS Group will also use the information that I/we supply for the purpose of administering/underwriting this scheme and updating DAS Group records. I/We agree that information may be sent outside the DAS Group these purposes. The information may be sent to appropriate credit bodies and forums, fraud prevention registers, to lawyers and other experts, to a court or tribunal, insurance intermediaries or insurance companies, and other specialists or providers of services to me/us or the DAS Group. I/We also consent to information being sent outside the European Economic Area (such as the Channel Isles or the Isle of Man) if necessary for dealing with this policy/scheme. In addition, I/we agree that the information I/we have supplied may be used by the DAS Group and its business partners to advise me/us of other products or services that may be of interest, including legal updates. The information I/we have supplied to the DAS Group is confidential and will only be used for marketing purposes with my/our consent. If consent is withheld for these marketing purposes please tick this box.

Individuals can ask to see a copy of the information held about them by writing to The Group Data Protection Controller at the head office address. The DAS Group will ask for an application form to be completed and a fee will be charged.

APPLICATION CHECKLIST

Please use the following checklist to ensure you submit all the relevant information, to enable us to consider your application.

- | | |
|---|--|
| <input type="checkbox"/> Completed ATE Experience | <input type="checkbox"/> Sample Client Care documents and standard Letter of Claim |
| <input type="checkbox"/> Money Laundering Fraud Checklist | <input type="checkbox"/> Copy Professional Indemnity Insurance Certificate |
| <input type="checkbox"/> Risk Assessment Procedures | <input type="checkbox"/> Signed Bank Reference Consent |

DECLARATION (please delete where applicable)

I/We hereby apply to 80^e, a trading name of DAS Legal Expenses Insurance Company Limited for an agency for the purpose of providing after the event insurance services to my/our clients.

I/We declare that the information given in this application is true and complete and I/We agree that this application shall be the basis of any agency appointment. I/We understand that if it is found that any information provided is untrue, that the appointment may be terminated at the sole discretion of 80^e.

I/We also undertake to advise 80^e promptly and in writing:

- a) of any change of name;
- b) of any change of address;
- c) of any change of Directors, Principals, or Partners;
- d) of any changes in Capital Structure or Partnership Agreement;
- e) in the event of the business becoming bankrupt, insolvent, going into liquidation, entering into a composition with any creditors, or a receiver being appointed, with full details of all parties concerned;
- f) if any Partner or Director is or becomes subject to disciplinary proceedings instituted by any professional or other similar body;
- g) of any convictions for Criminal offences (other than minor motoring offences) of any Director, Controller, Principal or Partner occurring after the date of this Application.

Director/Partner's Signature:

Director/Partner's name (Capitals):

Date:

You must tell us when the information in this form changes.

PLEASE ATTACH A BLANK SHEET OF YOUR COMPANY HEADED PAPER WITH YOUR APPLICATION.

Personal Injury ATE Experience

Please give details of all cases received within each year and indicate if they are still open or if they have closed (either lost or discontinued). Please also advise details of costs on lost/discontinued cases.

Year case opened	Case type	Total cases	Open			Closed		Costs and disbursements incurred on closed cases		For 80 ^e use only Loss Ratio
			Lost	Discontinued	Won	Disbursements £	Other side's costs £			
2006	Motor									
	Trip Slip									
	Public Liability/Employer's Liability									
	Industrial Disease									
	Clinical Negligence									
	Total									
2007	Motor									
	Trip Slip									
	Public Liability/Employer's Liability									
	Industrial Disease									
	Clinical Negligence									
	Total									
2008	Motor									
	Trip Slip									
	Public Liability/Employer's Liability									
	Industrial Disease									
	Clinical Negligence									
	Total									
2009	Motor									
	Trip Slip									
	Public Liability/Employer's Liability									
	Industrial Disease									
	Clinical Negligence									
	Total									
For 80^e use only										
All years	Motor									
	Trip Slip									
	Public Liability/Employer's Liability									
	Industrial Disease									
	Clinical Negligence									
	Total									

Personal & Business Litigation ATE Experience

Please give details of all cases received within each year and indicate if they are still open or if they have closed (either lost or discontinued). Please also advise details of costs on lost/discontinued cases.

Year case opened	Case type	Total cases	Open			Closed		Costs and disbursements incurred on closed cases		For 80 ^e use only Loss Ratio
			Lost	Discontinued	Won	Disbursements £	Other side's costs £			
2006	Debt Recovery									
	Personal Contract									
	Business Contract									
	Professional Negligence									
	Other									
Total										
2007	Debt Recovery									
	Personal Contract									
	Business Contract									
	Professional Negligence									
	Other									
Total										
2008	Debt Recovery									
	Personal Contract									
	Business Contract									
	Professional Negligence									
	Other									
Total										
2009	Debt Recovery									
	Personal Contract									
	Business Contract									
	Professional Negligence									
	Other									
Total										
For 80^e use only										
All years	Debt Recovery									
	Personal Contract									
	Business Contract									
	Professional Negligence									
	Other									
	Total									

BANK REFERENCE CONSENT

To be completed and signed by Applicant in accordance with the signing mandate held by their Bank.

I/We

authorise (Bank Plc)

Branch:

Address (including postcode):

Client account number:

Client account sort code:

to provide 80^e trading as DAS Legal Expenses Insurance Company Limited, DAS House, Quay Side, Temple Back, Bristol BS1 6NH a status enquiry/financial reference on me/us.

Signed

Position

Date