



Client Care Options

48 Pilley Lane  
Cheltenham, GL53 9ER

t. 01242 260 388  
m. 07950 315 424  
e. enquiries@ccooption.co.uk

## Commercial Dispute ATE / Funding Application

*“Every enquiry is important to us at CCO and we pride ourselves on helping to make the application process as easy as possible for solicitors and their clients. Should you have any questions about completing this form, or the accompanying documentation you should provide, please do not hesitate to contact us and we will be happy to assist. A clear and well presented application submitted with all relevant documentation will have a much better chance of being quoted by our panel of funders and underwriters; it will also avoid possible delays dealing with requests for additional information”*

*Mark Baker - MD*

### Important Note

The completion of this Application Form does not in itself bind either the Insurers / funders or you to any contract of insurance. It is important that all questions are answered accurately and that all relevant information that may affect the Insurers' decision to incept insurance or the terms of the insurance must be disclosed. Failure to do so may invalidate any insurance policy you incept. In the event of a policy being issued pursuant to this Application Form this form shall constitute part of the policy. This application form shall be completed jointly by the Proposer and their Legal Representative and both shall sign the respective Declarations where indicated.

### Section 1 – Legal Representative (“You”)

Name of the Solicitor Firm	
Address	
	Postcode :
Firm's EPF registration number EPF “exempt professional firm” on the FCA register	
Solicitor's Case Reference	
Solicitor Acting	
E-mail Address	
Telephone	

[www.clientcareoptions.co.uk](http://www.clientcareoptions.co.uk)

Registered in England & Wales number 08744607. Registered Office: 48 Pilley Lane, Cheltenham, GL53 9ER. Client Care Options Ltd is an appointed representative of Straight Solutions Ltd, which is authorised and regulated by the Financial Conduct Authority – FCA Registered number 315448.

## Section 2 – Proposer (“Client”)

Is the Client a claimant or a defendant in the legal action?				
Name				
Address	Postcode :			
Legal Status Please tick as applicable	Individual	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>	PLC	<input type="checkbox"/>
	Liquidator	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
	Other (please state)	<input type="checkbox"/>		
VAT Status	Not Registered <input type="checkbox"/>	Registered <input type="checkbox"/>	Exempt <input type="checkbox"/>	

## Section 3 – The Opponent

Number of Opponents If more than one opponent please provide details				
Name/s				
Address	Postcode :			
Legal Status Please tick as applicable	Individual	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>	PLC	<input type="checkbox"/>
	Liquidator	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
	Other (please state)	<input type="checkbox"/>		
Business or Trade				
Name of Opponent's Solicitor				
Address of Solicitor	Postcode:			

## Section 4 - The Legal Action

If the answer space provided below is inadequate there is an additional notes section at the end of this form

4.1	What is the type of legal case? e.g. commercial contract, contested probate etc.	
4.2	Date of the Incident	
4.3	Full value of the claim pleaded excluding costs "Quantum"	£
4.4	What would be the minimum amount if offered by the opponents would constitute a minimum acceptable settlement sum for the client?	£
4.5	Is any non-monetary remedy sought? If "yes" please provide details	
4.6	Is liability admitted? If "yes" please provide details of any caveats within your Case Summary	
4.7	Are proceedings issued? If "yes" please advise what stage of the proceedings have been reached	
4.8	Has a defence been received? If "yes" please provide date and details in the case summary	
4.9	If proceedings have not been issued when will the claim become statute barred for limitation?	
4.10	Have any offers of settlement been made / received or are any offers expected to be made / received? If "yes" please provide details	
4.11	Has a trial date been set or a trial window been allocated? Please provide date or estimated time until resolution at trial.	
4.12	Is a counterclaim to be expected? If "yes" on what basis?	
4.13	Has mediation or other ADR been suggested? If "yes" please give details?	
4.14	Please give full details of any interlocutory applications by any party reasonably envisaged or already made?	
4.15	What is the your evaluation of the prospects of success for your case in % terms for each Head of Claim?	

## Section 5 – Security for Costs

5.1	Is your client facing or likely to be facing an application for security for costs?	
If "yes" please provide details and complete the following questions		
5.2	What would be the expected amount to meet such an order?	£
5.3	Does the client have sufficient funds to make such a payment?	
5.4	Do you require funding or other security arrangements for security for costs? If "yes" please state the amount required.	£
5.5	Do you require insurers to provide a bond or non-avoidance extension?	

## Section 6 – Retainers / Fee Arrangements

6.1	Date instructed	
6.2	What is your current fee arrangement with your client? If a CFA, DCFA or DBA please attach a copy and give details of the level of any discount and your % uplift / success fee	
6.3	If not already in place are you intending to offer a CFA, DBA or other form of fee arrangement? If a CFA, DCFA or DBA please attach a copy and give details of level of any discount and your % uplift / success fee.	
6.4	Has counsel been instructed? If "yes" please provide their name and Chambers.	
6.5	Is counsel acting, or agreeable to acting, under a CFA, DBA or other form of fee arrangement? If a CFA, DCFA or DBA please attach a copy and give details of level of any discount and their % uplift / success fee.	
6.6	Have checks been made to establish if before the event (BTE) legal expenses cover is available?	
6.7	If BTE cover exists please give details (including the policy limit) and the reason for seeking this insurance	
6.8	Is the opponent represented under a CFA (including partial) / CCFA, DBA? If "yes" please provide details	
6.9	Is the opponent covered by a BTE or ATE policy? If "yes" please provide details of the policy limits	

6.10	What evidence is there that the opponent has assets to satisfy judgement? Please attach evidence if available	
6.11	How readily available and realisable are these assets?	

## Section 7 – Funding and ATE Insurance Cover Requirements

When providing the figures for own costs and counsel's fees please only advise the amount payable by the client outside of any CFA arrangement. Where possible please provide costs budgets or Precedent H documents to support these figures.

7.1	Client's <b>current</b> expenditure and adverse cost exposure to date			
	Fees to You Outside CFA	Own Disbursements Excluding Counsel	Counsels Fees Outside CFA	Estimated Opponent's Costs
	£	£	£	£

7.2	Client's <b>future</b> expenditure and adverse cost exposure including trial			
	Fees to You Outside CFA	Own Disbursements Excluding Counsel	Counsels Fees Outside CFA	Estimated Opponent's Costs
	£	£	£	£

7.3	Total Sum to be Insured (using 7.1 & 7.2 above)			
<b>NB:</b> The availability of ATE insurance for own costs cover (fees with you) is limited and will depend on the type, size, stage and merits of your case. Please "tick" this box if you would like us to try and obtain a quote to include ATE include own cost cover.				<input type="checkbox"/>
	Total Own Disbursements Excluding Counsel	Total Counsel's Fees Outside CFA	Total Opponent's Costs	Total Sum Insured Excluding own costs
	£	£	£	£

7.4	External or Third Party Funding requirements (using Section 5 and 7.1 & 7.2 Above)				
	Security for Costs	Own Costs	Disbursements Excluding Counsel	Counsel's Fees	Total Amount of Funding
	£	£	£	£	£

## Section 8 – Attaching Documentation

In order for insurers and funders to properly consider your case please enclose a case summary and all other relevant documentation supporting the case. The following is a list of the documents that, if relevant, may be useful to submit with this application form. Please tick to indicate what documents you have enclosed with this application. To help us ensure we process of your application as swiftly as possible, we would be grateful if any attaching documents could be clearly labelled when emailed to us and that any scanned enclosures are of a low to medium resolution to keep the file sizes inside mailbox limits.

<input type="checkbox"/>	<b>Case Summary (required)</b> - Ideally this should provide an overall view of the case up to the current stage of proceedings and commentary on the facts. Liability, causation and quantum. Ideally it must also contain your views on the prospects of success.
<input type="checkbox"/>	CFA including risk assessment.
<input type="checkbox"/>	Relevant Correspondence with the other side
<input type="checkbox"/>	Witness Statements
<input type="checkbox"/>	Counsel's Advice
<input type="checkbox"/>	Pleadings
<input type="checkbox"/>	Expert Reports
<input type="checkbox"/>	Evidence of opponents ability to satisfy judgement and recovery
<input type="checkbox"/>	Costs budget / Precedent H
<input type="checkbox"/>	Letter of Claim
<input type="checkbox"/>	Response to Letter of Claim

## Section 9 – General Questions

If you answer "yes" to any of the following questions please provide details in the additional notes section.

N.B. These answers may constitute material facts that we must disclose to any insurer we approach for a quotation

9.1	Has the solicitor acting, or anyone in the solicitor firm, had any business interest or personal relationships with the client prior to receiving instructions on this case?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
9.2	Have any other litigation funders, insurers or brokers been approached in relation to the same action?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
9.3	Has this case been proposed to or declined by any other insurer? <small>Please provide full details of any such response.</small>	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
9.4	Have any other legal representatives been instructed in relation to this action	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
9.5	Are there any other legal proceedings between the parties either past or present?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

**Additional Notes Section**

Please clearly refer to the relevant section and question your additional notes relate.

**Declarations**

NB. Quotations can be provided without the need for the proposer to sign this declaration but a signature will ultimately be a requirement should they wish to proceed with any terms of any quotation offered.

**Legal Representative**

I declare that the information set out above is true to the best of my knowledge and belief.

I am not aware of any other facts affecting the insured's prospects of success in the proceedings or the prospects of any judgement or award in the Proceedings being successfully enforced or which would otherwise affect the Insurers' consideration of this Application Form.

If the insurers issue a policy of insurance I irrevocably undertake to keep Insurers informed of all material developments in accordance with the terms of the policy.

I believe the facts stated in this Application Form which relate to my review of the evidence and the taking of instructions from the Insured are true and I have not withheld any material information.

Signed by Legal Representative	Date
Print Name	Position

## Proposer "Client" Declaration

I declare that the contents of this Application Form are true to the best of my knowledge and belief and I acknowledge and agree that the contents of this Application Form will be the basis upon which the insurers' take their decision as to whether to conclude a Policy in my favour.

I authorise the Legal Representative to give to the insurers and their representatives all such information as they may require now as well as subsequently pursuant to and in connection with any concluded Policy and I agree that the Legal Representative may give information to the insurers notwithstanding that this would otherwise be in breach of privilege and confidentiality owed to me.

I authorise the Legal Representative giving the irrevocable undertaking set out above.

I confirm that I have disclosed all information affecting my prospects of success in the proceedings or the prospects of any judgement or award in the proceedings being successfully enforced or which might otherwise affect the insurers' consideration of this Application Form.

I confirm that in the event the insurers incept a policy of insurance on my behalf I undertake to instruct the Legal Representative to keep the insurers fully informed of all future material developments in the proceedings. I understand that failure to do so may invalidate the policy and result in forfeiture of the premium.

I hereby consent to any information you may have about me / us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

I believe the facts stated in this Application Form are true and I have not withheld any material information

Signed by Proposer	Date
Print Name	Position

**e:** enquiries@ccoptions.co.uk **a:** 48 Pilley Lane Cheltenham. GL53 9ER **t:** 01242 260 388