

Important information about your application.

You must disclose all material facts which relate to this medical negligence case. If you are unsure as to whether a fact is material you should disclose it. Failure to do so may result in any claim being rejected or only partially paid, the policy may be cancelled or additional conditions may be imposed along with an additional premium.

Completing this form does not guarantee that insurance will be offered nor does it bind you, Client Cover or any insurer into a contract of insurance. Should terms be offered you will receive a formal quotation with instructions as to how to accept it.

We specialise in medical negligence cases relating to GPs and Hospitals. Please note medicATE policies are not available for

- Dental negligence cases
- Aesthetic outcomes of cosmetic surgery
- Cases which rely on disputed facts
- For cases which depend on foreign law, on law which is not settled, for any case which relates to complementary medicine, alternative medicine or product liability

Section 1: Claimant details

| | |
|--|--|
| Claimant name | |
| Litigation friend (if appropriate) | |
| Address 1 | |
| Address 2 | |
| Town | |
| Postcode | |
| Claimant date of birth (and death if applicable) | |

Section 2: Defendant details

| | |
|------------------------|--|
| Opponent name | |
| Office / building name | |
| Street | |
| Town | |
| Postcode | |

Section 3: Allegation(s): Please tell us the facts which denote the alleged breach of duty causing injury

Section 4: Case information

| | | | | |
|--|-----|--|----|--|
| Date CFA entered into | | | | |
| Limitation date | | | | |
| Expected total damages | £ | | | |
| Has a letter of claim been sent? (please provide a copy if sent) | Yes | | No | |
| Has a letter of response been received? (please provide a copy if yes) | Yes | | No | |
| Have any offers been received? | Yes | | No | |
| Have proceedings been issued? | Yes | | No | |
| Does the client have BTE insurance? | Yes | | No | |
| Has an application been made to other insurers? | Yes | | No | |
| Has any other insurer declined to offer cover? | Yes | | No | |
| Has any previous solicitor ended their retainer? | Yes | | No | |

Section 5: Costs to date and expected to trial

| Cost item | To date | To trial |
|--|---------|----------|
| Breach of duty and causation reports | £ | £ |
| Condition and prognosis and other reports | £ | £ |
| Medical records | £ | £ |
| Pagination costs | £ | £ |
| Other disbursements (excluding counsel's fees) | £ | £ |
| Opponents costs | £ | £ |

Section 6: Solicitor details

| | |
|--|--|
| Solicitor firm name | |
| Office / building name | |
| Street | |
| Town | |
| Postcode | |
| Fee earner responsible for this matter | |
| Solicitor email address | |
| Solicitor direct line | |

Please remember to enclose the medical records with your application. We will ask for original radiology CDs should we need them. Where a case involves a death please enclose a copy of the death certificate, any post mortem, and any inquest findings. Where the hospital has responded to a complaint, undertaken a root cause analysis or done a serious untoward incident investigation you must enclose a copy.

Please scan all the records into a PDF format and share them via an appropriate secure file sharing site and email us a copy of this application form to info@2direct.net. Or send the records in a PDF form on a CD via post to **2direct 2Direct Limited, Oakwood House, Elton, Peterborough, PE8 6RU**. For information we can only accept email attachments up to 25MB in size. **We do not return medical records, they are securely destroyed. Please do not send any original materials.**

Section 6: Declaration

We are aware that the information in this application form and enclosures will form the basis on which insurers will evaluate whether After The Event insurance cover can be offered and will form the basis of the contract between the insurer and the insured. We confirm that to our knowledge and belief all information in this application and associated enclosures is true and accurate.

Signed (Solicitor)

Date

Please note we process data in accordance with our privacy policy which is available on our website at clientcover.com/privacy-policy. We may share this application and medical records with a third party to assess the merits of the claim. Please ensure you have obtained your client's permission for their information to be shared with us and any third party we may consult in order for us to make an underwriting decision.