



## Bespoke ATE Application Form for Clinical Negligence cases

Please submit completed form to: [underwritingadmin@keystonelegal.co.uk](mailto:underwritingadmin@keystonelegal.co.uk)

Client's Title		Forename(s)	
		Surname	
Litigation Friend's Title		Forename(s)	
		Surname	
Client's Address			
Date of birth		Source (if applicable)	
Date of incident		Type of incident	
What was the date of formal instructions from your client to your firm in this case?			
Solicitor's contact details, reference and return email address for policy documents			
<b><u>LIMITATION DATE</u></b> What was the date of the alleged breach? Is this the same as the date of knowledge?  How is the date of knowledge justified if this is later than the 'event' date – this is a key issue if the 'event' date is out of limitation			
<b><u>TYPE OF CLINICAL NEGLIGENCE CASE</u></b> Is this case Fast Track or Multi Track?			



Details of client's injuries	
<b><u>DEFENDANTS</u></b>  Identity of all known Defendants and Insurers	
<b><u>FUNDING</u></b>  Would the client qualify for Legal Aid?	
Is any other form of legal costs cover available?	
If other funding is available, please advise why such funding is believed not to be in the client's best interests?	
Has this case been submitted to other funders? If so, what was the outcome of that submission?	
Is there existing ATE/BTE in force? If so, please provide details	
<b><u>CASE POSITION</u></b>  Has liability been formally agreed /admitted? If not full liability, please state agreed split	
Is this case Litigated?  If so what is the present procedural stage of the litigation?	
Has a letter of complaint already been sent to the opponent? If so, please provide a copy of your letter and any response.	
Has a Clinical Claim Protocol letter/Portal submission been sent? If so, please provide a copy of your letter / portal submission and any response	
Has any breach of duty been admitted, and if so, has the opponent raised any issues of causation?	
Have any settlement proposals been made to date?	



<p>Provide details of ALL Part 36 offers made in respect of liability and quantum</p>	<table border="1"> <tr> <td colspan="5"><b>Defendant</b></td> </tr> <tr> <td>Liability</td> <td>%</td> <td>Date</td> <td>%</td> <td>Date</td> </tr> <tr> <td>Quantum</td> <td>£</td> <td>Date</td> <td>£</td> <td>Date</td> </tr> <tr> <td colspan="5"><b>Claimant</b></td> </tr> <tr> <td>Liability</td> <td>%</td> <td>Date</td> <td>%</td> <td>Date</td> </tr> <tr> <td>Quantum</td> <td>£</td> <td>Date</td> <td>£</td> <td>Date</td> </tr> </table>	<b>Defendant</b>					Liability	%	Date	%	Date	Quantum	£	Date	£	Date	<b>Claimant</b>					Liability	%	Date	%	Date	Quantum	£	Date	£	Date
<b>Defendant</b>																															
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<p><b><u>Medical Records</u></b></p> <p>Please confirm which medical records have been obtained.</p> <p>Have <u>all</u> relevant medical records both pre and post 'event' been reviewed and paginated?</p> <p>Please provide copies of such records with appropriate entries tabbed</p>																															
<p><b><u>Medical Experts</u></b></p> <p>Have experts already been instructed?</p> <p>If so, please provide:</p> <p>a) A copy of your letter of instructions</p> <p>b) A copy of any reports received to date</p> <p>Experts you wish to instruct</p> <p>a) Which liability expert do you intend to instruct and what are their fees likely to be for their medical report?</p> <p>b) Which causation expert do you intend to instruct and what are their fees likely to be for their medical report?</p>																															
<p><b><u>COUNSEL</u></b></p> <p>Please confirm the identity and chambers of Counsel</p> <p>Is Counsel acting under a CFA?</p> <p>Have you obtained Counsels opinion? If so please provide a copy.</p>																															



<p><b><u>COSTS AND DISBURSEMENTS</u></b></p> <p>List disbursements incurred to date?</p> <p>List the estimated own disbursements you anticipate will be incurred between now and conclusion of the case?</p> <p>Estimate adverse costs from service to conclusion of the case?</p>	
<p><b>CASE SUMMARY</b></p> <p>Please provide a case summary covering all relevant information (issues surrounding a breach of duty may be omitted if this has already been admitted in full) to include:</p> <ul style="list-style-type: none"> <li>a) Background medical history and in particular did any breach of duty affect the final treatment outcome or alter the Claimant’s life expectancy.</li> <li>b) Matters leading to the ‘event’ including symptoms, the condition that the Claimant was being treated for, dates, consultations etc.</li> <li>c) Specific issues surrounding the ‘event’ and leading to the alleged breach of duty including dates, consultations etc.</li> <li>d) Post ‘event’ history including dates, symptoms, consultations, comment made etc.</li> <li>e) Please list the allegations of breach of duty confirming which have been admitted or denied and comment accordingly.</li> <li>f) Please detail any causation issues and comment accordingly.</li> <li>g) Please summarise your case dealing in particular with any perceived difficulties and provide your case management outline moving forward.</li> </ul>	
<p><b><u>PROSPECTS OF SUCCESS</u></b></p> <p>Assessment of prospects of success as a percentage</p>	<p style="text-align: center;">%</p>
<p>Signed</p>	
<p>Dated</p>	

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