

# Personal Injury Management Scheme.

**Application Form**

A Partner **You Can Trust**

**AbbeyLegal**   
After the Event Services

# Membership of Abbey Legal Protection Personal Injury Management Scheme applies to the practice office and not specified individuals within it.

This Membership Application and Declaration is to be fully completed by the partner responsible for the personal injury work within the practice office and by whom the Declaration must be signed.

All information contained within this Application and Declaration will be treated in the strictest confidence.

## SECTION A – Firm Information

Firm Name:

Firm Address:

DX Address:

Telephone No:

Fax No:

Website:

Personal injury partner's name:

Personal injury partner's e-mail:

Firm's contact (if different) name:

E-mail:

Are you a member of the Law Society's Personal Injury Accreditation Scheme? YES  NO

Are you a member of APIL's Accreditation Scheme at Senior Litigator level or above? YES  NO

For your practice office, please specify:

Number of PI fee earners:

Average PI caseload per fee earner:

## SECTION B – Case Information

How many personal injury files has this office of your firm opened in the past 3 years?

How many of those were funded by a CFA?

How many CFA cases had an ATE insurance policy?

Looking at the CFA cases, how many (in numbers, not percentage):

Have concluded with an award of damages pre-proceedings?

Have concluded with an award of damages after court proceedings?

Have been abandoned pre-proceedings?

Discontinued after court proceedings but before trial?

Lost at trial?

Are still live?

By percentage, how are your CFA cases apportioned?

RTA

%

Occupational Disease

%

Slip and Trip

%

Other

%

How many PI cases eligible for ATE Insurance do you anticipate your office will undertake in the next 12 months?

## SECTION C – Risk Management Information

Please attach the following:

A copy of your firm's written risk assessment form

A copy of your firm's risk assessment procedure

A copy of your firm's file review procedure

Which ATE insurers have you used in the last 3 years?

Has your membership of an ATE insurer's panel ever been suspended or terminated?

YES  NO

If yes, please specify:

## SECTION D – Client Care

I confirm that we comply fully with the Solicitors Code of Conduct rules on referrals

YES  NO

Do you have findings against your firm of inadequate professional services in the last 2 years?

YES  NO

If so, please state how many in respect of this office:

If any relate to personal injury cases, please give details on a separate sheet.

How do you source new PI cases?

## SECTION E – Regulatory

This firm is: (Please Tick)

Authorised by the FCA to carry out insurance mediation activity

An exempt professional firm on the FCA's register

Our registered compliance partner is:

Registration Number:

## SECTION F – Membership Application and Declaration

To be signed by the partner responsible for the PI work of the firm.

I apply on behalf of this firm to be a member of Abbey Legal Protection Personal Injury Management Scheme and confirm that I have read and understood the requirements of membership.

I agree that Abbey Legal Protection may provide contact details of my firm to other members, the Marketing Support Team and commercial partners selected for the purpose of promoting the scheme.

I confirm that the information given on behalf of the firm is correct.

Signed:

Print name (PI Partner)

Firm name:

Date:

/ /



After the Event Services

**Abbey Legal Protection**

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