

## Solicitors' Professional Indemnity Insurance Personal Injury Questionnaire

This form contains electronically enabled form fields, so you can easily complete it online and submit it using the button at the end of the form. Or, if you prefer, you can print this form and complete it by hand.

Name of practice:

1. Please state the number of fee earners in your practice who undertake or have undertaken personal injury work:

	2013/14	2014/15	2015/16
Solicitors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Qualified Fee Earners	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non Qualified Fee Earners	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many of the above are members of APIL?	<input type="text"/>		

### Personal Injury

2. Please advise your current personal injury work by percentage:

Clinical negligence	<input type="text"/>	%
Occupational disease	<input type="text"/>	%
All other personal injury (e.g. RTA, employers'/public liability etc.)	<input type="text"/>	%
How many open claimant personal injury cases does your practice currently have?	<input type="text"/>	
What was your average personal injury settlement over the last three years?	£	<input type="text"/>
What was your highest personal injury settlement over the last three years?	£	<input type="text"/>

Please estimate the percentage of personal injury work (claimant) you currently have in each of the following categories:

Small  %      Fast track  %      Multi track  %

3. Please estimate the number of personal injury cases you currently have where the expected settlement exceeds £250,000:

4. Do you undertake work or accept any referrals from Claims Management Companies or referral networks?

If yes, please provide name(s) and full details.

Yes  No

5. Does the practice vet personal injury cases for a third party?

Yes  No

If yes, please provide name(s) and full details.

6. (a) What percentage of your current cases, at any time have ATE insurance?

%

6. (b) Please provide the names of all ATE insurance providers you deal with or have dealt with in the last two years.

6. (c) Please name any ATE insurance provider that you place more than 20% of your business with and specify the percentage in each case.

6. (d) Have your files been audited or has an audit been proposed by any underwriters or funders? Yes  No

If yes, please provide details, including copies of all correspondence relating to any audit or proposed audit.

6. (e) Do you receive, or have you received, at any time in the last three years, any commission or other financial incentive from any Insurer?

If yes, please provide full details. Yes  No

Please provide a copy of any standard letter that you have advising clients about the choice of ATE insurer and any commissions, financial incentives or similar that you receive.

7. Do you use any particular provider for expert reports in more than 20% of your cases? Yes  No

If yes, please provide full details, including identity of provider, percentage of cases and background to the level of instructions.

8. How do you source your work?

Completed for and on behalf of the Practice:

Partner's Name (please print)  Date

Once fully completed and carefully checked please return the form by one of the following methods;

A) Save a copy of the form to your own network then return the form using the submit button below.

B) If you prefer to print and post please collate all forms and return to the address below.

Integro Richard Thacker, Century House, Hazel Grove, Stockport, SK7 5BW

Telephone: 0161 419 3090 Fax: 0161 491 3030

**PRESS HERE TO SUBMIT**