

## Supplementary Questionnaire Personal Injury Claims Management

Name of firm

Please advise your current Personal Injury work by percentage:

Clinical Negligence	%
Occupational Disease	%
All other Personal Injury work	%

How many open claimant personal injury cases does the practice currently have?	
What was the practices average personal injury settlements over the last 12 months?	£
What was the practices highest personal injury settlement over the last 12 months?	£

Please estimate the percentage of personal injury work in each of the following categories:

Small Claim	Fast Track	Multitrack
%	%	%

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

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

	Last Completed Year	Prior Completed Year (-1)	Prior Completed Year (-2)
Solicitors			
Other Qualified Fee Earners			
Non-Qualified Fee Earners			

Do you undertake any work or accept any referrals from Claims Management Companies or referral networks? Yes  No   
If yes, please provide details

Does the practice vet personal injury cases for a third party? Yes  No

If yes, please provide details

What percentage of your current cases have ATE Insurance? %

Please provide the names of all ATE Insurance providers you deal with or have dealt with in the last two years



Please name any ATE Insurance provider that you place more than 20% of your business with and specify the percentage of each case

Have your files been audited or has an audit been proposed by underwriters or funders? Yes  No   
If yes, please provide details and enclose copies of all relating correspondence

Do you receive or have you received, at any time in the last three years, any commission or other financial incentive from any insurers? Yes  No   
If yes please, provide details

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.

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

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

**This questionnaire must be signed by a Principal, Director or Member of the Firm**

<b>Signature</b>	<b>Date</b>
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**Print Name**

<b>Signature</b>	<b>Date</b>
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**Print Name**

