



Solicitors' Professional Indemnity Insurance **Personal Injury Questionnaire**

Name(s) of Practice: _____

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

	2007/08	2008/09	2009/10
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"/>

Personal Injury

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

Clinical negligence %

Occupational disease %

All other personal injury (eg. RTA, employers'/public liability etc). %

How many open claimant personal injury cases does your practice currently have?

What was your average personal injury settlement over the last twelve months? £

What was your highest personal injury settlement over the last twelve months? £

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? YES NO

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

5. Does the practice vet personal injury cases for a third party? If yes, please provide name(s) and full details. YES NO

6. (a) What percentage of your current cases 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, any time in the last three years, any commission or other financial incentive from any insurer?

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.

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.

Signed for and on behalf of the Practice:

Signature of Partner: _____

Partner's Name (please print): _____

Date: _____