



# LEGAL PROTECTION SERVICES (PTY) LTD

PROVIDERS OF LITIGATION EXPENSE INSURANCE FOR COMMERCE AND INDUSTRY

BROKERS FOR CONSTANTIA INSURANCE COMPANY LIMITED

## POST DISPUTE LITIGATION INSURANCE PROPOSAL FORM (FUNDING)

*NB: This Proposal Form will be considered by the Insurers and their Legal Advisors to assist in the conduct of the Proceedings or proposed Proceedings. The completion of this form does not bind either the Insurers or the Insured to any contract of insurance. It is important that all questions are answered completely and accurately and that all relevant information which may affect the Insurers' decision on the Proposal and in particular which affect the Insured's prospects of success in the Proceedings or the prospects of any judgement in the Proceedings being successfully enforced are disclosed. Any failure to do so may invalidate the Policy.*

This form should be completed jointly by the Insured and its Legal Advisors and must be signed by both of them.

### THE INSURED

Name: .....

Address: .....

.....

..... Postcode: .....

Telephone Code: ( . . . ) Phone: ..... Fax: .....

### THE APPOINTED REPRESENTATIVE/LEGAL ADVISORS

Name: .....

Address: .....

.....

..... Postcode: .....

Telephone Code: ( . . . . ) Phone: ..... Fax: .....

Name of partner responsible for these proceedings: .....

### THE OPPONENT

Name: .....

Address: .....

.....

..... Postcode: .....

Telephone Code: ( . . . . ) Phone: ..... Fax: .....



**POST DISPUTE LITIGATION INSURANCE PROPOSAL FORM (FUNDING)**

Do you have any knowledge as to whether the Opponent carries Insurance to meet the Proceedings?

Yes:  No:  Do not know:

If yes, please state all details known: .....

Do you know the name and address of the Attorneys and Counsel representing the Opponent?

Yes:  No:

If yes, please give details: .....

**THE PROCEEDINGS**

Please provide the following information:

Approximate value of the Insured's claims: R .....

Type of claim?

RAF:  Medical Negligence:  Contractual Damages:

Other:  Specify: .....

Case number: ..... Court: .....

Number of defendants: 1:  2:  3:  More than 3:

What stage have proceedings reached? .....

Please attach copies of all pleadings as well as expert/counsel's opinions.

Will merit and quantum be separated? Yes:  No:

If "No", please provide trial date below in "Quantum".

When will the trial commence? .....

Merit: ..... Quantum: .....

(Please provide "best guess" if dates not established.)

**In all cases, please state:**



**POST DISPUTE LITIGATION INSURANCE PROPOSAL FORM (FUNDING)**

What is your best estimate of the likely length of trial? .....

Have you consulted Counsel regarding this claim?

Yes:  No:

If yes, please state the names of all Counsel consulted and supply copies of all their advices or, if advice was given orally, Attorneys' notes of advice: .....

.....  
.....

If this Proposal is not accompanied by a written Counsel's opinion on liability and quantum, it must be accompanied by a letter from the Attorneys containing their advice on liability and quantum.

Have any proposed expert witnesses been consulted regarding the Proceedings?

Yes:  No:

If yes, please name all experts consulted and supply copies of their reports or notes of the substance of their advice if it has not been put in writing: .....

.....  
.....  
.....

**ESTIMATED COSTS**

	<b>Incurred to Date</b>	<b>Estimated Up to And Including Trial</b>
Attorney's costs:	R .....	R .....
Counsel's fees:	R .....	R .....
Expert's fees:	R .....	R .....
Other disbursements (please give details of major disbursements):	R .....	R .....
VAT:	R .....	R .....
<b>Total costs:</b>	<b>R .....</b>	<b>R .....</b>



**POST DISPUTE LITIGATION INSURANCE PROPOSAL FORM (FUNDING)**

**FUNDING**

Is this case to be funded?    Yes:     No:

If "Yes", provide the following information:

Funding for: Counsel's fees:	R .....
Experts' fees:	R .....
Actuaries' fees:	R .....
Other (specify: .....):	R .....
<b>Total amount requested:</b>	<b>R .....</b>

Also if "YES", provide a cashflow up to and including the anticipated trial date from the date on which cover commences:

0 to 3 months:	R .....
3 to 6 months:	R .....
6 to 9 months:	R .....
9 to 12 months:	R .....
12 to 15 months:	R .....
15 to 18 months:	R .....
18 months to trial:	R .....

**THE INSURANCE REQUIRED**

1 Do you require Insurance for the Opponent's costs, own costs, or both costs?

Opponent's only:                       Own:                       Both:

2 What Limit of Indemnity is required?

Opponent: R .....                      Own: R .....

**INSURED'S DECLARATION**

- 1 I declare that the contents of this Proposal Form are true to the best of my knowledge and belief and I agree that the contents of this Proposal Form will be the basis of the Policy of Insurance as issued.
- 2 I authorise the Appointed Representative to give to the Insurers and their representatives all such information as they may require and I agree that the Appointed Representative may give information to Insurers notwithstanding that this would otherwise be in breach of privilege and



**POST DISPUTE LITIGATION INSURANCE PROPOSAL FORM (FUNDING)**

---

confidentiality owed to me.

- 3 I agree to the Appointed Representative giving the irrevocable undertaking set out below.
- 4 I confirm that I have disclosed all information affecting my prospects of success in the Proceedings or the prospects of any Judgement in the Proceedings being successfully enforced or which might otherwise affect the Insurers' consideration of this Proposal.
- 5 I consent to the Appointed Representative disbursing any amounts which may be due in terms of any policy insured pursuant to this proposal form to Insurers and/or to Legal Funding (Pty) Ltd as a first charge against monies received by the said Representative.

Signature: .....

Name: .....

Position: .....

Date: .....

*Please return this Form to:*

Legal Protection Services (Pty) Ltd, P O Box 84325, Greenside, 2034

Fax: (011)888-1068



**POST DISPUTE LITIGATION INSURANCE PROPOSAL FORM (FUNDING)**

---

**DECLARATION BY APPOINTED REPRESENTATIVE**

- 1 I declare that the information set out above is true to the best of my knowledge and belief.
- 2 I am not aware of any other facts affecting the Insured's prospects of success in the Proceedings or the prospects of any judgement in the Proceedings being successfully enforced or which would otherwise affect the Insurers' consideration of this Proposal.
- 3 If a Policy is issued by the Insurers then in consideration of the issue of such Policy I irrevocably undertake that I will immediately advise the Insurers in writing of:
  - 3.1 The making of any settlement offer by the Opponent;
  - 3.2 The discovery of any fact or evidence or other matter materially affecting the Insured's prospects of success in the Proceedings or the prospects of any Judgement in the Proceedings being successfully enforced;
  - 3.3 Any failure by the Insured to provide instructions or otherwise co-operate with the Appointed Representative in the conduct of the Proceedings;
  - 3.4 Any requirement by the Insured for the case to be conducted unreasonably or so as to incur any unjustifiable expense.

Signature: .....

Name: .....

Position: .....

Date: .....

*Please return this Form to:*

Legal Protection Services (Pty) Ltd, P O Box 84325, Greenside, 2034

Fax: (011)888-1068