FP FLEX PROTECT
from Keystone Legal

Application Form for Firms wanting to use FlexProtect

Please email to flexprotect@keystonelegal.co.uk

Name of Firm	
Address	

DX		Telephone number	
Contact Name		Contact Direct Dial	
Contact email		Year firm established	
Number of fee earners (inc. partners) engaged in Personal Injury work		Approximate average number of years practical experience per fee earner	

Main pre-Jackson ATE provider		Is the firm a member of:	
		APIL	
		MASS	
		PEOPIL	
		Other (please state)	

Approximate case mix (all tracks)				
	RTA	%	All Industrial Disease	%
	Employers Liability	%	Clinical Negligence	%
	Public / Occupiers Liability	%	Product Liability	%
	Local Authority Slip/Trip	%	All other Personal Injury	%

Does the Firm have a case/risk management system? If yes, please provide brief details		Approximate volume of new instructions per year	

Your Needs

Flex Protect is a single policy issued to your clients with 3 modular cover stages, designed so that clients only pay for the cover required.

(Q)   Will your clients be paying the ATE premium from their damages in addition to any other deductions (e.g. your success fee)?

(A)   _____

(Q)   Is it the intention of the Firm to recommend insurance to every new client?

(A)   _____

(Q)   Does the Firm intend to use all 3 cover modules for each client? (if not please state which modules the Firm intends offering).

(A)   _____

What is the fee earner turnover over past 5 years staff?		I confirm that the above information is true to the best of my knowledge and belief.
None		
Very low		Signed _____
Regular		
High		Dated_____