



The Law Society

////// ACCIDENT LINE //////////////////////////////////////

Application Form



On the **winning** track

Membership of Accident Line applies to the practice office and not specified individuals within it.

This Accident Line Membership Application and Declaration is to be fully completed by the partner responsible for the personal injury work within the practice office and by whom the Declaration must be signed.

All information contained within this Application and Declaration will be treated in the strictest confidence.

SECTION A – Firm Information

Firm Name:

Firm Address:

DX Address:

Telephone No: Fax No:

Website:

Personal injury partner's name:

Personal injury partner's e-mail:

Firm's Accident Line contact (if different) name:

E-mail:

Are you a member of the Law Society's Personal Injury Accreditation Scheme? Yes No

Are you a member of APIL's Accreditation Scheme at Senior Litigator level or above? Yes No

Note – It is a requirement of membership that your office must have either a Law Society's Personal Injury Accreditation Scheme member, or an APIL Senior Litigator or above with direct supervisory responsibility for Accident Line cases.

For your practice office, please specify:

Number of PI fee earners:

Average PI caseload per fee earner:



SECTION B – Case Information

How many personal injury files has this office of your firm opened in the past 3 years?

How many of those were funded by a CFA?

How many CFA cases had an ATE insurance policy?

Looking at the CFA cases, how many (in numbers, not percentage):

Have concluded with an award of damages pre-proceedings?

Have concluded with an award of damages after court proceedings?

Have been abandoned pre-proceedings?

Discontinued after court proceedings but before trial?

Lost at trial?

Are still live?

By percentage, how are your CFA cases apportioned?

RTA %

Occupational Disease %

Other %

How many PI cases eligible for Accident Line Protect Plus Insurance do you anticipate your office will undertake in the next 12 months?

SECTION C – Risk Management Information

Please attach the following:

A copy of your firm’s written risk assessment form

A copy of your firm’s risk assessment procedure

A copy of your firm’s file review procedure

Which ATE insurers have you used in the last 3 years?

Has your membership of an ATE insurer’s panel ever been suspended or terminated? Yes No

If yes, please specify:



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SECTION D – Client Care

I confirm that we comply fully with the Solicitors Code of Conduct rules on referrals Yes No

Do you have findings against your firm of inadequate professional services in the last 2 years? Yes No

If so, please state how many in respect of this office:

If any relate to personal injury cases, please give details on a separate sheet.

How do you source new PI cases?

SECTION E – Regulatory

This firm is: (Please Tick)

Authorised by the FSA to carry out insurance mediation activity

An exempt professional firm on the FSA's register

Our registered compliance partner is:

Registration Number:

SECTION F – Membership Application and Declaration

To be signed by the partner responsible for the PI work of the firm.

I apply on behalf of this firm to be a member of Accident Line and confirm that I have read and understood the requirements of membership.

I understand that it is a condition of Accident Line membership that all our eligible (i.e. not just referred) CFA cases will be insured with Accident Line Protect Plus.

My firm will comply with the Accident Line Standards Charter.

I agree that Accident Line may provide contact details of my firm to other Accident Line members, the Marketing Support Team and commercial partners selected for the purpose of promoting the scheme.

I confirm that the information given on behalf of the firm is correct.

I attach a cheque in the sum of £.....(If applicable)

Signed:

Print name (PI Partner):

Firm name: Date: / /

This application form together with your cheque (if applicable) should be sent to: Accident Line, Abbey Legal Protection, 3rd Floor, 17 Lansdowne Road, Croydon, Surrey, CR0 2BX. DX 84219 Croydon. Should you have any further queries regarding membership you can contact us by telephone: **0800 607 8999** or email **memberrelations@abbeylegal.com**

