

**LEGAL ASSISTANCE AND EXPENSES INSURANCE
(also known as Commercial Legal Protection Insurance)
AdviceUK proposal form**

Based on the information that you have provided which we hold on file, we have established that your demands and needs are for Legal Assistance & Expenses Insurance. We recommend that you are added to the with the AdviceUK Commercial Legal Protection block policy arranged with DAS as it provides the level of cover desired to protect your business.

Section One: CENTRE DETAILS

Name of Centre

Address:

.....

Telephone: Fax:

E-mail:

! All centres must answer this question (application cannot be processed if left blank):

What is your organisation's annual wage bill? £.....

Section Two: CLAIMS HISTORY

After investigation, has your organisation made a claim against this or any other Legal Assistance and Expenses policy in the last 3 years?

Yes: [] **No:** [] If **YES** please attach details.

Section Three: YOUR STAFF

TO WORK OUT THE CORRECT FEE BAND FOR YOUR ORGANISATION:

- Count the number of paid staff or equivalent to be covered (37.5 hours paid staff time per week is the equivalent of one worker).
- Organisations with no paid staff will be in Band 1.
- **In the table overleaf**, tick the category required and write the number of paid workers* and volunteers* to be covered.
- Where there are no volunteers please write "0" - DO NOT LEAVE BLANK.

***IMPORTANT:** This insurance is designed to cover the whole centre, so please make sure you count ALL staff (not just advice workers).

Tick Category required	Description	Please SPECIFY number of workers (or equivalent) to be covered	
		PAID STAFF	VOLUNTEERS
<input type="checkbox"/> 1	Volunteers only (any number)	N/A	
<input type="checkbox"/> 2	1-2 paid staff or equivalent		
<input type="checkbox"/> 3	3-5 paid staff or equivalent		
<input type="checkbox"/> 4	6-10 paid staff or equivalent		
<input type="checkbox"/> 5	11-15 paid staff or equivalent		
<input type="checkbox"/> 6	16-20 paid staff or equivalent		
<input type="checkbox"/> 7	21-30 paid staff or equivalent		
<input type="checkbox"/> 8	31-40 paid staff or equivalent		
<input type="checkbox"/> 9	41-50 paid staff or equivalent		
<input type="checkbox"/> 10	51-60 paid staff or equivalent		
<input type="checkbox"/> 11	<u>Bespoke charge:</u> For centres with more than 60 staff please return your form and await our quotation.		

Section Four: DECLARATION

- I hereby apply for AdviceUK legal assistance & expenses cover.
- I understand that this policy expires on 31st March 2012.
- I understand that at the earliest stage of any potential dispute we should contact the DAS Legal Advice Team on 0117 934 2111

Information submitted in this form will be stored and processed electronically for the purposes of delivering services, marketing, supplying information and to enable statistical analysis. Data may be passed to other parts of the organisation, partner organisations/companies or contractors operating on our behalf to enable this to take place. Please contact us if you have any questions.

Please PRINT name:..... **Date:**

Signed:.....**Position in organisation:**

Please return your completed form and payment to: The Membership Team, AdviceUK, 6th Floor, 63 St Mary Axe, London EC3A 8AA. If you have any queries, please contact the membership team on **020 7469 5702**.