



Claims Management Companies

	TAG	Claims Direct	Other:	Other:
1. In how many cases did you succeed in obtaining damages and costs for the client?				
2. How many cases failed completely?				
3. Out of the cases that failed, how many failed at litigation?				
3. How many cases successfully went through the "change of fact" procedure?		N/A	N/A	N/A
4. How many cases are still ongoing?				
5. How many referrals in total did you accept?				
6. What were the total fees generated by the referrals?				
7. Have your files been audited by the underwriters of any schemes or is an audit proposed?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
8. Have your files been audited by the funders of any schemes or is an audit proposed?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
9. Have you received correspondence from any underwriters and/or funders making or intimating a claim against you in respect of any cases taken on by you under the various schemes?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
If <b>yes</b> , then please indicate the number of letters received and also provide copies. (Enclosures to those letters need not be included.)				
10. Have you received correspondence from the underwriters and/or the funders raising concerns either generally with regard to any of the schemes or specifically with regard to any cases taken on by you under the various schemes?	Yes/No*	Yes/No*	Yes/No*	Yes/No*
If <b>yes</b> , then please indicate the number of letters and also provide copies. (Enclosures to those letters need not be included.)				
11. Please provide copies of any letters sent by you notifying current or prior insurers of any claims or circumstances arising out of work done by you under these schemes.				
Number of letters attached.				

\*Please delete as appropriate

If the notification was via your broker please advise the name of the relevant Insurer(s)

[Empty text box]

This form must be signed by a partner/ principal or member of the firm.

Signature [Text box]

Date [Text box]

Print Name [Text box]

Name [Text box]