
Statement of Facts

CLAIMANT: *Claimant name*

EMPLOYEE: (if different to claimant): *Employee name, if different to claimant*

EMPLOYER (at time of exposure): *Name / Address of site worked from, not the Head office if there is one*

Parent company of employer: *Name / Address, if there is one or the Head Office*

Exposure period: *Please provide a date range*

Please provide a very brief reason as to why the matter is to be considered by the Dispute Resolution Panel (DRP), e.g. The insurer says their policy does not provide Employers Liability cover for occupational Mesothelioma or the insurer is disputing that they provided any cover for this particular employer at the time of exposure.

Location of Employer

Provide exact location that the claimant worked in, not the Head Office if there was one.

It is important that we obtain as much information as possible about the employer; this should include the specific location of where the claimant worked but also if known details of the head office. In addition where the claimant worked for a subsidiary of a much larger group we would want to see details of the parent company along with any additional ELTO search results.

Description of work undertaken at place of employment; by employee and employer

Please detail the role and nature of work undertaken by the claimant at this employment site. Please also provide details of the nature of business undertaken by the employer.

Evidence that the insurer covered Employer

The following documents are attached: -

A numbered list of all documents that you think should be in the bundle for the DRP to see. Remember the DRP only sees the Statement of Facts and the evidence attached – they will make their decision only on the papers they see.

Items to consider including are:

- 1. Witness statements from:*
 - Claimant as to their employment and culpable exposure (nature, extent and duration and date when exposure occurred)*
 - Former director of alleged insured as to which insurance company the EL risk was placed with, which insurance office they dealt with and any contacts there;*
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including the names and addresses of the company's brokers throughout the company's existence.

- *Employer's insurance brokers (individuals that dealt with the alleged insured – who did they recall the EL risk was placed with and when etc) Letters from insurer*
- 2. *Correspondence between alleged insurer and Claimant / solicitors*
- 3. *Letter(s) from employer*
- 4. *Policy documents from the insurer*
- 5. *Letters of cancellation*
- 6. *HMRC Schedule where applicable*
- 7. *Evidence of any other insurance cover held (e.g. public liability or products cover) by the alleged insured as indicator of relationship with particular insurer.*
- 8. *Identity of any later or earlier EL insurer, together with any relevant correspondence from them referring to other insurers*
- 9. *Archive records from Companies House of the alleged insured and any potential liquidators*
- 10. *Ledger book entries from alleged insured proving premium payment to an insurer*
- 11. *Correspondence from insurance broker to insured identifying cover with a particular insurer*
- 12. *Proof of Employment at the employer named above*

Additional Documentation to supply

1. *A statement of truth signed by the claimant or their representative. (This needs to affirm that all the information provided within the Statement of Facts is true and complete. It needs to be signed and dated by the claimant or their representative)*

Submissions by Claimant or their representative

Submissions are the reasons why you believe the insurer should deal with this claim. Refer to any particular parts of the evidence you feel indicate the insurer was providing cover and give an opinion as to how that should be interpreted.

Submissions by Insurer

Leave blank in first instance, this will be completed by the insurer.

Agreed

For Claimant	For Insurer