

Professional Liability Insurance Claim Report
Lawyers' Insurance Association of Nova Scotia
 Suite 801, 2000 Barrington Street, Halifax, Nova Scotia B3J 3K1
 Telephone: (902) 423-1300; Fax (902) 421-1822

IMPORTANT

Upon learning of a claim or circumstances which may give rise to a claim against you for an alleged error or omission:

1. Give notice immediately by telephone, or in writing to the address above.
2. Complete and send this form immediately to the above address, with *one copy of all relevant documents*.

Please keep one copy of your entire file.

You will be contacted by LIANS upon receipt of your completed report.

Part One: Member Information

Lawyer:		Telephone:	
Firm:		Fax:	
Address:		E-mail:	

What firm were you with at the time the alleged error occurred?

Number of lawyers in firm at the time of alleged error?

Is your present firm aware of this matter? Yes No

Part Two: Claimant Information

Name of Potential claimant(s):

Address:

	Telephone:	
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Is the potential claimant an individual? Yes No

If "No", have you, your family, or your firm ever had any beneficial interest, direct or indirect, or financial involvement with the claimant? Yes No

If "Yes", please specify:

Part Two: Claimant Information (continued)

Is/was there a solicitor/client relationship between you/the firm and the claimant? Yes No

If "No", please explain:

When were you retained to act for the client? dd mm yyyy

What was the scope of your retainer?

Is the client/claimant aware of the potential problem? Yes No

Are you continuing to represent the client/claimant? Yes No

If "No", name and address of client/claimant's new lawyer:

Have your fees been paid? Yes No If "No", how much remains outstanding?

Are you taking action to collect your fees? Yes No

If "Yes", please explain:

Part Three: Claim Information

Certain dates are required for our claims tracking system. Please be specific in providing the following:

When did the alleged error occur? dd mm yyyy

When did you first become aware of a potential problem? dd mm yyyy

When were you first put on notice, either oral or written, of a claim? dd mm yyyy

How were you made aware of the potential problem?

If you have received a statement of claim or other written notice, please attach a copy.

Is there any proceeding (such as foreclosure, repossession, application or defence) requiring urgent attention?

Yes No If "Yes" by when? dd mm yyyy

Estimate the amount of claim that may be presented against you:

Please identify other parties who may be involved in the dispute, e.g. Real Estate agent, bank, independent title searcher, appraiser, tortfeasors, insurers, etc:

Part Three: Claim Information (continued)

Please list all staff members directly involved in the matter out of which the alleged error arose, indicating status (partner, associate, articled clerk, legal assistant, secretary):

Name	Status

Part Four: Area of Law/Causes

In which area of law were you retained? Please select one.

<input type="checkbox"/>	Aboriginal	<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Administrative/Boards/Tribunals	<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Admiralty	<input type="checkbox"/>	Estate Planning and Administration
<input type="checkbox"/>	Arbitration	<input type="checkbox"/>	Immigration
<input type="checkbox"/>	Bankruptcy/Insolvency/Receivership	<input type="checkbox"/>	Intellectual Property
<input type="checkbox"/>	Civil Litigation	<input type="checkbox"/>	Matrimonial & Family
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Mediation
<input type="checkbox"/>	Corporate	<input type="checkbox"/>	Real Estate (provide PID in Additional Info below)
<input type="checkbox"/>	Criminal	<input type="checkbox"/>	Tax
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Other:

Additional Information:

What percentage of your practice was devoted to this area of law at the time of the alleged error?

To assist in loss prevention initiatives, please select the underlying cause of the alleged error:

<input type="checkbox"/>	Failure of an office system or procedure such as a diary system, clerical/mathematical error
<input type="checkbox"/>	Failure in file administration such as failure to follow up, overwork, procrastination
<input type="checkbox"/>	Poor communication with those inside your office, failure to supervise delegated work
<input type="checkbox"/>	Poor communication with client(s) such as disputed retainer, instructions, consent
<input type="checkbox"/>	Poor communication with others. Please describe below.
<input type="checkbox"/>	Failure to know the law, limitation period, or properly apply the law
<input type="checkbox"/>	Conflict, representing two or more parties, unrepresented party, financial interest
<input type="checkbox"/>	Other. Please describe below

Please explain in great detail why the above underlying cause of the alleged error occurred:

Part Five: Statement of Facts

Please relate all relevant facts pertaining to this claim in chronological order. (Attach a separate sheet if required)

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Part Six: Excess Insurance

Do you carry excess insurance coverage?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	- CLIA (notice to LIANS is considered notice to CLIA)
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Yes <input type="checkbox"/>	- Other - Insurer:	Policy #
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Has the other insurer been put on notice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Part Seven: Verification - This form is prepared in contemplation of litigation

Signature of Lawyer:		Date:	
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Name of Managing Partner:	
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Sig. of Managing Partner: (where applicable)	
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