

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:	
Is the potential claimant an individual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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:

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<b>Part Two: Claimant Information (continued)</b>							
Is/was there a solicitor/client relationship between you/the firm and the claimant?						Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>			
Are you continuing to represent the client/claimant?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "No", name and address of client/claimant's new lawyer:							
Have your fees been paid? Yes <input type="checkbox"/> No <input type="checkbox"/>				If "No", how much remains outstanding?			
Are you taking action to collect your fees?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "Yes", please explain:							
<b>Part Three: Claim Information</b>							
<b>Certain dates are required for our claims tracking system. Please be specific in providing the following:</b>							
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?							
<b>If you have received a statement of claim or other written notice, please attach a copy.</b>							
Is there any proceeding (such as foreclosure, repossession, application or defence) requiring urgent attention?							
Yes <input type="checkbox"/> No <input type="checkbox"/>		If "Yes" by when?			dd	mm	yyyy
Estimate the amount of claim that may be presented against you:							
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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
<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)

**Part Six: Excess Insurance**

Do you carry excess insurance coverage?

No ☐ Yes ☐

- CLIA (notice to LIANS is considered notice to CLIA)

Yes ☐

- Other - Insurer:

Policy #

Has the other insurer been put on notice?

Yes ☐ No ☐

**Part Seven: Verification - This form is prepared in contemplation of litigation**

Signature of Lawyer:

Date:

Name of Managing Partner:

Sig. of Managing Partner: (where applicable)