

New Claim Report

Law Society of the Northwest Territories TO: The Canadian Lawyers Insurance Association (CLIA)

c/o The Canadian Lawyers Insurance Association
1530 – 2002 Victoria Avenue, Regina, Saskatchewan S4P 0R7
Tel: (306) 347-3054
Email: claims@clia.ca

It is a requirement of the General Liability policy that any claim or potential claim must be reported during the policy period in which you become aware of it. **Failure to report a claim or potential claim prior to the June 30 deadline of that policy period will result in denied coverage.** To ensure a timely investigation of this claim or potential claim, please return this form along with relevant documentation.

Personal information collected from you will be used for one or more purposes contemplated by the Legal Profession Act. This information may be used or disclosed by CLIA, now or in the future, for regulatory purposes, including investigations and proceedings. We may contact you to obtain additional information or to obtain clarification on the information you provided. Should you have any questions about the collection, use or disclosure of this information, please contact CLIA at (306) 347-3054.

CONFIDENTIAL

Law Society File: _____ (if known)

LAWYER INFORMATION

Lawyer:	Roll No.:	Yr Called to Bar:	File No.:
Business Telephone:	Business E-Mail:		
Business Address:			
Law Firm Name/Employer Name:			
Current Occupation:			
What firm were you with at the time the alleged error occurred?			

CLAIMANT INFORMATION

Name of Claimant: Address:	Claimant's Lawyer: Firm:
Telephone:	Telephone:
Name of Client, if different from Claimant:	
Length of time you have acted for the Client:	
Is/was there a solicitor/client relationship between you/the firm and the claimant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "No", explain:	
Is claimant aware of the potential problem? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you continuing to represent the claimant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not, where is the file?	
Have your fees been paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CLAIM INFORMATION

When did the alleged error occur?
How and when were you made aware of the potential claim?
When were you first put on notice (written and/or oral) of a claim? <i>If you received written notice or statement of claim, please attach a copy.</i>
Aside from a solicitor-client relationship, do you have an ownership, financial, or business interest in the client or claimant? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please elaborate

Does this claim arise out of the claimant/client doing business with an entity in which you have an ownership, financial or business interest? Yes No

If yes, please elaborate _____

Is there any proceeding (such as a foreclosure, repossession, application or defence) requiring urgent attention? Yes No If "Yes", by when?

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

In your opinion, the likelihood of liability is: Unlikely Possible Probable Definite

Please identify other parties who may be involved in the dispute, eg. real estate agent, bank, appraisers, tortfeasors, insurers:

List all staff members directly involved in the matter out of which the alleged error arose, indicating position (partner, associate, articling Student, legal assistant, secretary):

From the attached Appendix A, please provide the applicable number for each:

1. Area of Law: _____
2. Primary Cause: _____
3. Secondary Cause: _____

OTHER

What percentage of your practice was devoted to this area of law at that time?

How long had you been practicing in this area of law at the time?

Does your Firm carry Excess of the \$1,000,000 Mandatory Coverage: Yes No

Insurer:

Policy #

BRIEF PRECIS OF CLAIM

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

How could this claim/potential claim have been prevented?

DOCUMENTS / SIGNATURE

The following documents are enclosed:

Correspondence Statement of Claim Other _____

THIS REPORT IS MADE IN CONTEMPLATION OF LITIGATION.

Signature of Lawyer: _____ Date: _____

Name of Managing Partner (where applicable): _____

NOTE: Be sure to keep a complete copy of your entire file.

Ensure that any claim or potential claim is reported to CLIA as soon as you become aware of it. Failure to report a claim or potential claim prior to the June 30 deadline of the policy period in which you become aware of it will result in denied coverage.

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Appendix A

Area of Law

1. Real Estate – General
2. Real Estate – Planning Act/By-Laws
3. Real Estate – Mortgages
4. Real Estate – Liens & Easements
5. Civil Litigation – Automobile
6. Civil Litigation – Construction Liens
7. Civil Litigation – General
8. Wills, Estates, Trusts
9. Patents, Trademarks, Copyright
10. Corporate Law
11. Commercial – Purchase/Sale of
12. Commercial – Loans/Debentures
13. Commercial – Landlord/Tenant
14. Commercial – Oil & Gas
15. Commercial – Foreclosure
16. Commercial – General
17. Criminal Law
18. Matrimonial & Family Law
19. Tax Law
20. Bankruptcy Law
21. Labour Law/Administrative Law
22. Other

Primary Cause

1. Missed Limitation-Deadline
2. Defective Search
3. Defective Documentation
4. Failure to Take Necessary Steps
5. Failed to Follow Client's Instructions/Dispute over Client's Instructions
6. Failed to Advise Client Properly/Ignorance of Law
7. Failed to Protect Client's Interest
8. Failed to Protect Third Parties' Interest
9. Negligent Breach of Trust or Undertaking
10. Other

Secondary Cause

1. Absence or Failure to Follow-up
2. Work Delegated to Employee not checked
3. Work Delegated to Outsider not checked
4. Overwork-Inadequate Administration
5. Poor Communication with Clients
6. Poor Communication with Staff or Partner
7. Inadequate Office Systems
8. Conflict-Working for Two or More Parties
9. Unrepresented Party
10. Innocent Partner Exposure
11. Other