

**CANADIAN LAWYERS LIABILITY ASSURANCE SOCIETY
(CLLAS)
PROFESSIONAL LIABILITY INSURANCE
CLAIMS REPORTING FORM**

To: The Office of the General Manager
Canadian Lawyers Liability Assurance Society
250 The Esplanade, Suite 302
Toronto, ON M5A 1J2

1. Name of Lawyer: _____
2. Name of Firm: _____
3. Date Alleged Error or Omission Occurred: _____
Date Alleged Error or Omission Discovered: _____
4. Is this a cautionary notice? ☐ Yes ☐ No
5. Date of First Notice Received by Lawyer: _____
* If written notice - attach correspondence * If Statement of Claim - attach Statement
6. Date Reported to Law Society: _____
7. a) Name of Potential Claimant/and Counsel (if known): _____

b) At any time, have you or any of your current or former partners or associates acted as an officer, director, or held a management position with or had beneficial ownership in any of the Claimant's, potential claimant's or other parties' interests? (If yes, please provide details.)
☐ Yes ☐ No

8. When was the firm retained in this matter? _____
9. a) How much is potentially or actually being claimed (or alternatively - dollar amount of transaction which gives rise to the potential claim)?
- | | | | | | | | |
|--------------------------|-----------|-----|-----------|--------------------------|-------------|--------|-------------|
| <input type="checkbox"/> | \$ 10,000 | and | under | <input type="checkbox"/> | \$500,001 | - | \$999,999 |
| <input type="checkbox"/> | \$ 10,001 | - | \$100,000 | <input type="checkbox"/> | \$1,000,000 | - | \$1,500,000 |
| <input type="checkbox"/> | \$100,001 | - | \$250,000 | <input type="checkbox"/> | \$1,500,001 | - | \$1,999,999 |
| <input type="checkbox"/> | \$250,001 | - | \$500,000 | <input type="checkbox"/> | \$2,000,000 | and up | |
- b) The likelihood of liability is: (Please be as objective as possible. Check one.)
- Unlikely _____ Possible _____ Probable _____ Definite _____

10. Area of Law (Check one):

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 Business
 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
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11. Primary Cause (Check one):

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
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12. Secondary Cause (Check one):

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
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13. Please attach a detailed description of the claim or circumstances (and include a one paragraph summary).

We hereby authorize CLLAS to use any personal information provided in connection with this matter to evaluate, process and defend the claim, to exercise rights under the insurance policy, and to disclose to third parties engaged by CLLAS that provide services on CLLAS' behalf, such as legal counsel, insurers, brokers, reinsurers, loss adjusters and other service providers.

We hereby authorize and direct the Law Society of this province as the primary insurer to provide access to its files on this matter to members of the CLLAS Claims Committee and/or the Office of the General Manager of CLLAS, in order that they may review the files for their reports to the CLLAS Board.

FIRM NAME

INSURED MEMBER

INSURED MEMBER/SIGNATURE

DESIGNATED PARTNER/SIGNATURE

DATE SIGNED