



Dear Applicant:

2009 CLIA VEP APPLICATION

Thank you for taking interest in the Canadian Lawyers Insurance Association (CLIA) Voluntary Excess Insurance Program. This form is presented in .pdf format, and is available on our website at www.clia.ca.

NEXT STEPS

Remember to complete all pages, including applicable appendices, and the “VEP Form” which is the final page. When completed, your application should be printed, signed by a partner of the firm on both the declaration and the “VEP Form”, and returned to your Law Society along with payment and a copy of your letterhead. Note that premium is pro-rated by month and will be automatically calculated when the lawyer counts, limits selection and inception month are inputted. **Please note: If you are using the free Adobe Reader, the content that is filled in cannot be changed after saving. This is a feature of Adobe Reader.**

PREMIUM DISCOUNT FOR 2009-2010

CLIA is a “not-for-profit” program and is committed to sharing program surplus that results from both positive claims experience and program efficiencies. In fact, over the years, CLIA has returned over \$5 million to members that have been loyal as a result of the program’s overall success. This year, CLIA is in a position to offer a 12% premium discount to firms that are applying new, or rejoining the program. This discount can be found in the calculation section.

PROGRAM BENEFITS

Of course, getting a share of the surplus isn’t the only reason to continue your coverage. Consider the other benefits the Program brings to your firm:

- stable coverage during both “soft” and “hard” market conditions
- a not-for-profit plan designed *by lawyers for lawyers*
- easy one step reporting
- loss prevention information and initiatives

OUTSIDE DIRECTORSHIPS?

If you, or lawyers in your firm, sit on one or more boards of directors, you may want to seriously consider the Outside Directorship Liability (“ODL”) program sponsored by the Canadian Bar Insurance Association (“CBIA”) which offers valuable directors and officers coverage to Canadian lawyers. First introduced in 1989, the ODL program today insures over 7,000 directorships held by over 6,000 lawyers across Canada. Coverage is available up to \$3 million for sole practitioners, and up to \$20 million for group policies purchased by the law firm on behalf of partners and associates. For more information, or to obtain an application, please contact your insurance broker or if you do not have an insurance broker, please contact Alternative Risk Services Inc., an approved insurance broker for the ODL program, at 1-866-665-3150.

CLIA ANNUAL REPORT

The Annual Report of the Canadian Lawyers Insurance Association, which details CLIA’s operations and goals, can be found on-line at www.clia.ca.

IMPORTANT REMINDER

Please note, as coverage is written on a “Claims made” basis, it is imperative that all claims or incidents be reported to your law society during the policy period. **Please remember that while notice to your law society is deemed notice to CLIA, notice of a claim or claims on your application is not deemed notice to any insurer.**

Yours truly,



LAWYERS EXCESS PROFESSIONAL LIABILITY INSURANCE

APPLICATION FOR

The Law Society of New Brunswick

Notice: The policy applied for is a “**CLAIMS MADE**” policy and only provides coverage for claims arising out of occurrences reported during the policy period.

Please **type** and answer **all** questions. Where space to answer is insufficient, attach a separate sheet.

IDENTIFICATION

1. Name of applicant (Firm): _____

2. Address of head office:

Street: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Fax: _____

Address of branch office(s):

3. Date firm established: _____

4. Has the firm changed its name in the past five years?

Yes

No

If **YES**, please provide details of predecessor firms¹ on a separate sheet.

5. Firm is:

Sole Practitioner

Partnership

Association under common letterhead

Other (Please Describe):

Please list any other firm on the letterhead, if applicable:

Please attach a sample of your letterhead.

6. If the firm shares costs or space without common letterhead, please indicate name of other firm:

7. Please list any management companies, date(s) established and services provided:

¹ A predecessor firm is a partnership: a) which has undergone dissolution, and b) in which at least 50 percent of the partners or employees are now employees of the named insured.

MEMBERS OF FIRM AND STAFF

8. Please indicate total number of:

Owners / Partners	
Employed / Associate Lawyers	
Counsel / Of Counsel	
Students / Paralegals	
Lawyers in Association	
Others	

(Please Describe): _____

Full name of lawyer(s)	Date of call	Date joined firm	Date became partner

Please attach on a separate sheet if necessary

9. Is coverage required for any lawyer not indicated in question 8 who regularly participates in serving the firms clients?

Yes No

If **YES**, please provide full details:

FIELDS OF PRACTICE

10. Please provide the current estimated practice split as a percentage of total billings for the last fiscal year. All percentages should add up to 100%.

Administrative	%
Bankruptcy/Insolvency	%
Criminal	%
Commercial/Corporate	%
Environmental	%
Family	%
Immigration	%
Intellectual	%
International	%

Labour	%
Litigation	%
Municipal	%
Real Estate	%
Securities	%
Tax	%
Wills/Estates/Trusts	%
Other ()	%
Other ()	%

Total:	%
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PROCEDURES AND CONTROLS/SUSPENSION AND DISCIPLINE MATTERS

11. Have any of the lawyers listed in question 8 or their predecessors been the subject of disciplinary proceedings, suspended or disbarred from practice?

Yes No If **YES**, please provide full details:

12. Limitations of actions

a) What system do you use to control limitation of actions?

Conflict of Interest

b) Do you have a written control system for maintaining client lists and identifying actual or potential conflicts of interest?

Yes No If **YES**, please provide full details:

c) How does the firm maintain its conflict of interest avoidance system?

PAST INSURANCE/LOSS HISTORY

13. Within the past 5 years has any application for Professional liability Insurance made by the firm been declined or renewal refused?

Yes No If **YES**, please provide full details:

14. Please detail Professional Liability Insurance held by the firm in the past five years.

Insurer	Policy Term	Limit of Liability	Deductible or Retention

15. During the past 5 years has any claim been reported to the Law Society by your firm, its predecessors and present and former lawyers?

Yes No If **YES**, please complete Appendix "A".

Claim includes:

- potential claims or circumstances which would likely give rise to a claim;
- matters reported out of an abundance of caution;
- matters reported and subsequently settled, resolved, abandoned or closed by The Law Society; this include all matters and not only those where monies have been paid out.

16. After inquiry of the firm's lawyers, is the firm aware of any circumstances which would likely give rise to a claim against the firm, its predecessors and/or present and former lawyers, which has not been reported?

Yes No If **YES**, please complete Appendix "B".

The firm should report such circumstances to the Law Society.

17. **Professional services rendered outside Canada from an office of the firm domiciled outside Canada are excluded unless an extension of coverage is purchased.** Does the firm wish to obtain an extension of coverage for professional services rendered outside Canada?

Yes No If **YES**, please complete Appendix "C".

Does the firm currently carry any Professional Liability Insurance for this foreign exposure?

Yes No If **YES**, please provide full details in Appendix "C".

FORMER FIRMS

18. The CLIA policy wording will provide coverage for claims arising from professional services performed by the insured lawyer(s) of the Applicant Firm, or the Applicant Firm's predecessor firm(s). Is coverage required for claims against a lawyer in the firm which would arise out of professional services rendered by the lawyer prior to joining the firm (i.e. coverage for prior acts of "lateral hires")?

Yes No

Note that this endorsement limits coverage to the extent that the claim is covered by other insurance (for example, coverage which is in effect for the firm from which services were rendered). Please be aware that accepting the Endorsement means that your policy limits can be eroded by these lateral hire claims.

COVERAGE DESIRED

1. **LIMIT OF LIABILITY – (July 1, 2009 to July 1, 2010)**

First Layer of Excess Professional Liability Insurance	Premium Rate Per Lawyer
\$1,000,000 per occurrence/and aggregate	\$396.00
\$2,000,000 per occurrence/and aggregate	\$581.00
\$3,000,000 per occurrence/and aggregate	\$679.00
\$4,000,000 per occurrence/and aggregate	\$720.00
\$9,000,000 per occurrence/and aggregate	\$1,008.00

2. **POLICY PERIOD**

Effective _____ to July 1, 2010.

3. **PREMIUM CALCULATION**

$$\frac{\text{# Lawyers}}{\text{# Lawyers}} \times \frac{\text{Premium Rate*}}{\text{Premium Rate*}} = \frac{\text{Subtotal}}{\text{Subtotal}} - \frac{\text{10\% Credit}}{\text{10\% Credit}} = \frac{\text{Grand Total}}{\text{Grand Total}}$$

* Please note: Premium Rate is pro-rated by month

DECLARATION AND SIGNATURE

I/we hereby declare that the above statements and particulars are true and that I/we have not omitted or suppressed or misstated any material facts, and I/we agree that this application form shall be the basis of the Insurance Contract with The

The undersigned acknowledges having read the CLIA Personal Information Statement (which forms part of this Application) and consents to the use and disclosure of personal information in accordance with that Statement. The undersigned confirms that any personal information concerning other individuals is provided with the knowledge/consent of those other individuals.

Signature: _____ **Date:** _____
(Must be signed by a Partner of the applicant firm)

Name of signatory: _____

Email Address: _____

It is understood and agreed that submission of this application form does not bind the insurer nor obligate the applicant firm to purchase coverage. The insurer shall only be bound as and when the application is approved by the insurer and where the applicant firm is notified of such acceptance and has paid the appropriate premium to the insurer.

PLEASE ENSURE THAT A SAMPLE OF YOUR LETTERHEAD IS ATTACHED.

Return completed Application to:

Premium cheque should be made payable to:

APPENDIX "A"

*Please detail all claims reported as requested in **Question 15** of the Application*

Date Became Aware of Circumstances	Date Reported	Claimant	Lawyer Involved & Law Society Claim No.	Amount Claimed	Amount Paid & Reserved	Brief Précis of Circumstances Opinion as to Liability	Status Open/ Closed

Advice of a circumstance or claim on this schedule does not constitute formal notice to the Insurer.

APPENDIX "B"

*Please detail all claims reported as requested in **Question 16** of the Application*

Date Became Aware of Circumstances	Potential Claimant	Lawyer Involved and Law Society Claim No. <small>(if known)</small>	Amount Involved	Brief Précis of Circumstances and Opinion as to Liability

Advice of a circumstance or claim on this schedule does not constitute formal notice to the Insurer.

CLIA Personal Information Statement

Canadian Lawyers Insurance Association (“CLIA”) uses the information you provide in your insurance application, claim report, and other reporting forms for a number of purposes. This personal information may be used to:

1. establish insurance coverage
2. determine and collect premiums and other amounts owing
3. manage claims
4. provide our actuaries and other professionals with data required to determine valuations, premiums, underwriting and risk management
5. develop statistics for planning and evaluation
6. develop loss prevention initiatives provided by us or by your law society insurance program
7. obtain reinsurance and comply with reporting and audit requirements of reinsurers
8. fulfill our regulatory and accounting obligations

CLIA may disclose the personal information to the following entities from time to time:

1. third parties involved in a claim, including counsel, experts, mediators and adjudicators, the law society insurance program, your broker (if applicable), other insurers, and reinsurers, to the extent disclosure is necessary for the handling or resolution of the claim
2. our auditors, actuaries and professional advisors to the extent disclosure is necessary for them to fulfill their professional responsibilities to us
3. regulatory bodies having jurisdiction over CLIA to the extent that they require disclosure
4. law firms where you have been or currently are a partner, associate or employee, to the extent that the personal information pertains to the time period of your relationship with the law firm or earlier periods of practice

By completing the attached form, you agree to the potential use and/or disclosure of the personal information for some or all of the above purposes. You also confirm that any personal information concerning other individuals is provided with the knowledge/consent of those other individuals. If you have any questions about the use and/or disclosure of this information, please contact Patrick Mahoney, General Manager at 1-800-268-9484 or info@clia.ca.

CANADIAN LAWYERS INSURANCE ASSOCIATION ("CLIA")

**VOLUNTARY EXCESS PROGRAM
JULY 1, 2009 TO JULY 1, 2010**

**I. Election of Coverage
(Check One Box)**

Firm: _____

**Premium Rate per Lawyer:
First Layer of Excess Professional Liability Insurance**

Limit of Liability(July 1, 2009 to July 1, 2010)	Premium
\$1,000,000 per occurrence/and \$1,000,000 per aggregate	\$ 396
\$2,000,000 per occurrence/and \$2,000,000 per aggregate	\$ 581
\$3,000,000 per occurrence/and \$3,000,000 per aggregate	\$ 679
\$4,000,000 per occurrence/and \$4,000,000 per aggregate	\$ 720
\$9,000,000 per occurrence/and \$9,000,000 per aggregate	\$ 1,008

**II. Premium Calculation
(Complete this Section)**

Number of Lawyers: _____
x Premium Rate per Lawyer:
(See I above) _____
= Annual Premium: _____
Less 10% Premium Credit⁽¹⁾: _____
= Premium Due: _____

Notes: ⁽¹⁾ Credits are the result of CLIA sharing surplus and are dependant on positive claims experience and/or program efficiency.

Please make cheque payable to:

III. Declaration

The undersigned firm hereby elects Excess Insurance under Policy Number 22002 issued by CLIA. In consideration of CLIA issuing a Certificate of Excess Insurance under the said policy, the Insured Firm agrees to pay the premium due to the Subscriber.

This Election of Coverage and Declaration shall be attached to and form part of the Application for Excess Insurance submitted by the undersigned firm.

Dated this _____

Firm: _____

By: _____

(Signature)

(Name and Title)