

2010 - 2011

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.

JUN 15 2010

**RENEWAL APPLICATION FOR
LAWYERS EXCESS PROFESSIONAL
LIABILITY INSURANCE**

Note: The policy applied for is a "CLAIMS MADE" policy and only provides coverages for claims arising out of occurrences reported during the policy period.

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

Expiring Policy-Certificate No.: 22000-0089

*Please indicate any changes
and/or corrections below:*

1. Name of Applicant (Firm):

2. Address of Head Office:

Phone No:

() _____

Fax No:

() _____

Address of branch office(s), if applicable: _____

3. Firm Type (please indicate):

- 1/ Sole Practitioner
- 2/ Partnership
- 3/ Association under common letterhead
- 4/ Other

If Other, please describe: _____

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

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

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

MEMBERS OF FIRM AND STAFF

6. 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

FIELDS OF PRACTICE

7. 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

8. Is coverage required for any lawyer not indicated in question 6 who regularly participates in serving the firms clients?

Yes No

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

9. Since your last application, have any of the lawyers listed in question 6 or their predecessors been the subject of disciplinary proceedings, suspended or disbarred from practice?

Yes No

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

10. 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?

LOSS HISTORY

11. Since your last application, has any claim been reported to the Law Society by your firm, its predecessors and/or 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.

12. 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.

ADDITIONAL COVERAGE INFORMATION

13. **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

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

Yes No

14. Please complete Appendix "C".

LATERAL HIRES/FORMER FIRMS COVERAGE

15. An Endorsement is available to provide coverage for a claim against a lawyer in the firm which arises out of professional services rendered by the lawyer prior to joining the firm (i.e. coverage for prior acts of "lateral hires").

Note that the 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 the services were rendered). This Endorsement is available without charge, but you must advise us of your decision to accept it. Please be aware that accepting the Endorsement means that your policy limits can be eroded by these lateral hire claims.

Does the firm wish to obtain coverage for lateral hires?

Yes No

COVERAGE DESIRED

1. **LIMIT OF LIABILITY – (July 1, 2010 to July 1, 2011)**

First Layer of Excess Professional Liability Insurance	Premium Rate Per Lawyer
<input type="checkbox"/> \$1,000,000 per occurrence/and aggregate	\$381.00
<input type="checkbox"/> \$2,000,000 per occurrence/and aggregate	\$560.00
<input type="checkbox"/> \$3,000,000 per occurrence/and aggregate	\$654.00
<input type="checkbox"/> \$4,000,000 per occurrence/and aggregate	\$693.00
<input type="checkbox"/> \$9,000,000 per occurrence/and aggregate	\$971.00

2. **POLICY PERIOD**

Effective: _____ to July 1, 2011.

3. **PREMIUM CALCULATION**

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

** Credits are dependent on the claims experience of each underwriting period and based on program participation. Your firm's credit for this renewal can be found on the last page of this application.*

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 Lawyers' Insurance Association of Nova Scotia

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: _____

Contact Name (if different from 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:

Ms. Christine Smith
Lawyers' Insurance Association of Nova Scotia
c/o The Law Society of Nova Scotia
Centennial Building, 1660 Hollis Street, Suite 1102
Halifax, Nova Scotia
B3J 1V7

Premium cheque should be made payable to: **Lawyers' Insurance Association of Nova Scotia**

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 and Opinion as to Liability (Use another page if required)	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. (if known)	Amount Involved	Brief Précis of Circumstances and Opinion as to Liability (Use another page if required)

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

APPENDIX "C"

Question 17: Professional Services Rendered Outside Canada

Geographic Location & Address	Relationship to Firm	Type of Activity: i.e. Canadian Law only, Local Law, International Law	Number of Partners	Number of Lawyers	Other Staff

**LAWYERS' INSURANCE ASSOCIATION OF NOVA SCOTIA ("SUBSCRIBER")
CANADIAN LAWYERS INSURANCE ASSOCIATION ("CLIA")**

**VOLUNTARY EXCESS PROGRAM
JULY 1, 2010 TO JULY 1, 2011**

<p>I. <u>Statement of Premium Credits</u></p> <p>Insured Firm: Blackburn English Insured Since: May 12, 1997 Expiring Cert: 22000-0089</p> <p>Total Premium Credits: Credits Already Paid:</p> <p>Credit this Renewal: ⁽¹⁾ Future Credits Available: ⁽²⁾</p> <p><i>Notes: ⁽¹⁾ Credits are dependent on the claims experience of each under-writing period and based on program participation. <u>Credits can only be received if coverage is renewed.</u></i></p> <p><i>⁽²⁾ Future credits have been frozen as of July 1, 2007 and CLIA is committed to returning this amount in the coming years.</i></p>	<p>II. <u>Election of Coverage</u> <i>(Please Check One Box)</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Limit of Liability</u></th> <th style="text-align: right;"><u>Premium Rate per Lawyer</u> <u>(July 1, 2010 to July 1, 2011)</u></th> </tr> </thead> <tbody> <tr> <td colspan="2"><u>First Layer of Excess Professional Liability Insurance</u></td> </tr> <tr> <td><input type="checkbox"/> \$1,000,000 per occurrence/and aggregate</td> <td style="text-align: right;">\$381</td> </tr> <tr> <td><input type="checkbox"/> \$2,000,000 per occurrence/and aggregate</td> <td style="text-align: right;">\$560</td> </tr> <tr> <td><input type="checkbox"/> \$3,000,000 per occurrence/and aggregate</td> <td style="text-align: right;">\$654</td> </tr> <tr> <td><input type="checkbox"/> \$4,000,000 per occurrence/and aggregate</td> <td style="text-align: right;">\$693</td> </tr> <tr> <td><input type="checkbox"/> \$9,000,000 per occurrence/and aggregate</td> <td style="text-align: right;">\$971</td> </tr> </tbody> </table>	<u>Limit of Liability</u>	<u>Premium Rate per Lawyer</u> <u>(July 1, 2010 to July 1, 2011)</u>	<u>First Layer of Excess Professional Liability Insurance</u>		<input type="checkbox"/> \$1,000,000 per occurrence/and aggregate	\$381	<input type="checkbox"/> \$2,000,000 per occurrence/and aggregate	\$560	<input type="checkbox"/> \$3,000,000 per occurrence/and aggregate	\$654	<input type="checkbox"/> \$4,000,000 per occurrence/and aggregate	\$693	<input type="checkbox"/> \$9,000,000 per occurrence/and aggregate	\$971
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<p>III. <u>Premium Calculation</u> <i>(Complete this Section)</i></p> <p>Number of Lawyers: _____</p> <p>Premium Rate per Lawyer: x _____ <i>(See II above)</i></p> <p>Annual Premium: = _____</p> <p>Less Premium Credit: _____</p> <p>Premium Due: = _____</p> <p>Please make cheque payable to: Lawyers' Insurance Association of Nova Scotia</p>	<p>IV. <u>Declaration</u></p> <p>The undersigned firm hereby elects Excess Insurance under Policy Number 23000 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.</p> <p>This Election of Coverage and Declaration shall be attached to and form part of the Application for Excess Insurance submitted by the undersigned firm.</p> <p>Dated this ____ day of _____, 2010.</p> <p>Firm: _____</p> <p>By: _____ <i>(Signature)</i></p> <p>_____ <i>(Print Name and Title)</i></p>														