



LAWYERS EXCESS PROFESSIONAL LIABILITY INSURANCE

APPLICATION FOR

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

Expiring Policy-Certificate No.:

1. Name of applicant (Firm): _____

2. Address of head office:

Street: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____ Fax: _____

Address of branch office(s):

3. 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.

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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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:

PROCEDURES AND CONTROLS/SUSPENSION AND DISCIPLINE MATTERS

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?
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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

18. 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, 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

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

** 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 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.

APPENDIX "C"

Question17: 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

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.