

**The Law Society of Prince Edward Island  
Member of Canadian Lawyers Insurance Association (CLIA)**

**CONFIDENTIAL**

CLIA File: \_\_\_\_\_

**New Claim Report**

***This form is prepared in anticipation of litigation and is to be provided to counsel for an opinion on litigation.***

To: Director of Insurance  
The Law Society of Prince Edward Island  
P.O. Box 128  
49 Water Street  
Charlottetown, P.E.I.  
C1A 7K2  
FAX: (902) 368-7557

and to: Office of the General Manager  
Canadian Lawyers Insurance Association  
c/o  
36 Toronto Street, Suite 510  
Toronto, Ontario M5C 2C5  
FAX: 1-855-529-9462

**LAWYER INFORMATION**

Lawyer:	Roll No.:	Called to Bar: 19
Telephone:	Fax/E-Mail:	File No.:
Address:		
What firm were you with at the time the alleged error occurred?		

**CLAIMANT INFORMATION**

Name of Claimant:	Claimant's Lawyer:
Address:	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"/>	
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 problem?
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  No

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):

Please circle the Area of Law, Error or Omission and Cause below:

AREA OF LAW	ERROR OR OMISSION
1. <input type="checkbox"/> Real Estate - General	1. <input type="checkbox"/> Missed Limitation - Deadline
2. <input type="checkbox"/> Real Estate - Planning Act/By Laws	2. <input type="checkbox"/> Defective Search
3. <input type="checkbox"/> Real Estate - Mortgages	3. <input type="checkbox"/> Defective Documentation
4. <input type="checkbox"/> Real Estate - Liens & Easements	4. <input type="checkbox"/> Failure To Take Necessary Steps
4a. <input type="checkbox"/> Real Estate - Commercial	5. <input type="checkbox"/> Failed To Follow Client's Instructions/Dispute Over Client's In:
5. <input type="checkbox"/> Civil Litigation - Automobile	6. <input type="checkbox"/> Failed To Advise Client Properly/Ignorance Of Law
6. <input type="checkbox"/> Civil Litigation - Construction Liens	7. <input type="checkbox"/> Failed To Protect Client's Interest
7. <input type="checkbox"/> Civil Litigation - General	8. <input type="checkbox"/> Failed To Protect Third Parties' Interest
8. <input type="checkbox"/> Wills, Estates, Trusts	9. <input type="checkbox"/> Negligent Breach Of Trust Or Undertaking
9. <input type="checkbox"/> Patents, Trademarks, Copyright	10. <input type="checkbox"/> Other _____
10. <input type="checkbox"/> Corporate Law	
11. <input type="checkbox"/> Commercial - Purchase/Sale of Business	SECONDARY CAUSE
12. <input type="checkbox"/> Commercial - Loans/Debentures	1. <input type="checkbox"/> Absence Or Failure To Follow Up
13. <input type="checkbox"/> Commercial - Landlord/Tenant	2. <input type="checkbox"/> Work Delegated To Employee Not Checked
14. <input type="checkbox"/> Commercial - Oil & Gas	3. <input type="checkbox"/> Work Delegated To Outsider Not Checked
15. <input type="checkbox"/> Commercial - Foreclosure	4. <input type="checkbox"/> Overwork - Inadequate Administration
16. <input type="checkbox"/> Commercial - General	5. <input type="checkbox"/> Poor Communication With Clients
17. <input type="checkbox"/> Criminal Law	6. <input type="checkbox"/> Poor Communication With Staff Or Partner
18. <input type="checkbox"/> Matrimonial & Family Law	7. <input type="checkbox"/> Inadequate Office Systems
19. <input type="checkbox"/> Tax Law	8. <input type="checkbox"/> Conflict - Working With Two Or More Parties
20. <input type="checkbox"/> Bankruptcy Law	9. <input type="checkbox"/> Unrepresented Party
21. <input type="checkbox"/> Labour Law/Administrative Law	10. <input type="checkbox"/> Innocent Partner Exposure
22. <input type="checkbox"/> Other _____	11. <input type="checkbox"/> Other _____

**OTHER**

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

How long had you been practising in this area of law at the time? \_\_\_\_\_ years

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.**