

## INSURED'S NOTICE AND DECLARATION

**Confidential**

**PLEASE COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY**

(do not delay sending the form because you are waiting for additional information).

**1. IF YOU HAVE BEEN SERVED WITH PROCEEDINGS:**

- a) Court File Number : \_\_\_\_\_
- b) **IMMEDIATELY** send the proceedings via fax to **514 954-3454** or by e-mail to : [assuranceresponsabilite@farpbq.ca](mailto:assuranceresponsabilite@farpbq.ca), with an indication of the date of service;
- c) Also forward by special courier a copy of the present form, all pertinent documentation, as well as a copy of the exhibits that were served upon you to the following address:
- Director of Insurance Affairs**  
**Fonds d'assurance responsabilité professionnelle du Barreau du Québec**  
**445, boulevard Saint-Laurent, bureau 300**  
**Montréal (Québec) H2Y 3T8**
- Please note that we will be unable to intervene and/or mandate counsel to represent you until we have received all the relevant information that is necessary to determine whether there is insurance coverage for the claim.

**2. IF NO PROCEEDINGS HAVE BEEN FILED:**

Complete and submit the present form as soon as possible.

(If you need more space, add separate pages)

Upon receipt of your Notice, we will send you an acknowledgment of receipt.

### PART A – INSURED INFORMATION

1. Lawyer's name : \_\_\_\_\_
- Quebec Bar Number : \_\_\_\_\_
2. Name of Firm: \_\_\_\_\_
3. Structure of the firm: General Partnership (s.e.n.c./G.P.)  Limited Liability Partnership (s.e.n.c.r.l / L.L.P.)   
Joint-stock company (S.P.A./JSC)  Nominal partnership
4. Number of lawyers in the firm: \_\_\_\_\_
5. Telephone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Fax : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
6. E-mail address : \_\_\_\_\_
7. Mailing address : \_\_\_\_\_
8. Name of Law Firm at the time the alleged or potential fault, error or omission occurred (*if different from # 2*):  
\_\_\_\_\_
9. List of all the members of the firm directly involved in the file:

## PART B – CLAIMANT(S) INFORMATION

10. Name of the potential Claimant(s):

- a) \_\_\_\_\_ Client  or other   
b) \_\_\_\_\_ Client  or other   
c) \_\_\_\_\_ Client  or other

11. Information on the Mandate:

- a) Your file number: \_\_\_\_\_  
b) Court file in which you acted: \_\_\_\_\_  
c) Date of mandate \_\_\_\_\_ Written: Yes  No  If yes, **please join a copy of the mandate**  
d) Description of the mandate:

e) Is the client aware of the potential problem? Yes  No

f) Are you still acting for the client? Yes  No

g) Were you the first lawyer mandated in this file? Yes  No

If not, how many lawyers intervened in the file before you? \_\_\_\_\_

h) If you no longer represent the client, what is the name of the client's new lawyer?

\_\_\_\_\_

i) If your services were retained by someone other than the Claimant, please explain:

j) Have you, your family or your firm, directly or indirectly, ever had any financial or personal involvement with the Claimant? Yes  No

If so, please specify \_\_\_\_\_

k) Are you involved in a fee dispute with the Claimant? Yes  No

If so, please indicate the status of this dispute (conciliation, arbitration, proceedings, etc.)

l) Are you currently subject to an investigation by the *Syndic du Barreau*? Yes  No

If so, please specify : \_\_\_\_\_  
\_\_\_\_\_

## PART C - NATURE OF THE CLAIM

12. Have you received a written or verbal allegation that a fault, error or omission has occurred? Yes  No

13. When would the alleged fault, error or omission have occurred? (Kindly provide the approximate date):  
\_\_\_\_\_

14. When did you first become aware of a potential problem? \_\_\_\_\_

15. Are there any proceedings such as revocation, defense, motion to prolong the delays, appeal, etc. that require immediate attention? Yes  No

16. Regardless of potential liability, what is the real potential value of this claim?

0 to 7000 \$  7001 \$ to 500 000 \$  more than 500 000 \$  Provide details: \_\_\_\_\_

17. Have you notified another insurer of this claim? Yes  No  If so, please specify:  
\_\_\_\_\_

18. In your opinion, the likelihood of liability is: Non-existent  Probable  Definitely engaged

19. Was this mandate within your usual area of practice? Yes  No  If not, please explain:  
\_\_\_\_\_

20. What are your principal areas of practice?

- |   |   |
|---|---|
| 110 <input type="checkbox"/> International Adoption           | 400 <input type="checkbox"/> Expropriation, property assessment                     |
| 130 <input type="checkbox"/> Coalitions                       | 410 <input type="checkbox"/> Bankruptcy and insolvency                              |
| 140 <input type="checkbox"/> Cooperatives                     | 334 <input type="checkbox"/> Movable hypothecs                                      |
| 150 <input type="checkbox"/> Administrative Law               | 420 <input type="checkbox"/> Immigration and citizenship                            |
| 160 <input type="checkbox"/> Aviation Law                     | 120 <input type="checkbox"/> Patents, copyrights & Trademarks                       |
| 170 <input type="checkbox"/> Agricultural Law                 | 430 <input type="checkbox"/> Mediation  |
| 180 <input type="checkbox"/> Civil Law                        | 370 <input type="checkbox"/> Municipal, education                                   |
| 190 <input type="checkbox"/> Constitutional Law               | 440 <input type="checkbox"/> Account collection                                     |
| 210 <input type="checkbox"/> Criminal/Penal Law               | 450 <input type="checkbox"/> Consumer Law   |
| 220 <input type="checkbox"/> Family Law                       | 460 <input type="checkbox"/> Landlord/tenant relations                              |
| 230 <input type="checkbox"/> Youth protection                 | 470 <input type="checkbox"/> Civil Liability  |
| 240 <input type="checkbox"/> environmental Law                | 480 <input type="checkbox"/> Professional Liability                                 |
| 250 <input type="checkbox"/> Information technology           | 390 <input type="checkbox"/> Social, work related accidents, unemployment insurance |
| 260 <input type="checkbox"/> Business Law                     | 490 <input type="checkbox"/> Estate, Wills and Testaments                           |
| 270 <input type="checkbox"/> Insurance Law                    | 491 <input type="checkbox"/> Other  |
| 280 <input type="checkbox"/> Communications                   |   |
| 290 <input type="checkbox"/> Human Rights                     |   |
| 300 <input type="checkbox"/> Transportation                   |   |
| 310 <input type="checkbox"/> Labour and Employment            |   |
| 320 <input type="checkbox"/> Tax                              |   |
| 330 <input type="checkbox"/> Real Estate                      |   |
| 340 <input type="checkbox"/> International private/public law |   |
| 350 <input type="checkbox"/> Maritime Law                     |   |
| 360 <input type="checkbox"/> Mining                           |   |
| 380 <input type="checkbox"/> Professional Law                 |   |

**PART D – CHRONOLOGICAL DESCRIPTION OF EVENTS**

21. Please state all relevant facts in chronological order:

22. Regardless of potential liability, how could this claim have been prevented?

Signature of the insured \_\_\_\_\_ Date \_\_\_\_\_

Please save this form, complete it, **sign** it, print it and send it with the relevant documents to the  
Fonds d'assurance responsabilité professionnelle du Barreau du Québec :

by fax on : **514 954-3454** or

by e-mail to: [assuranceresponsabilite@farpbq.ca](mailto:assuranceresponsabilite@farpbq.ca) or

by mail for the attention of:

**Director of Insurance Affairs  
Fonds d'assurance responsabilité professionnelle  
du Barreau du Québec  
445, boulevard Saint-Laurent, bureau 300 Montréal  
(Québec) H2Y 3T8**