

**CANADIAN LAWYERS LIABILITY ASSURANCE SOCIETY  
(CLLAS)  
PROFESSIONAL LIABILITY INSURANCE  
CLAIMS REPORTING FORM**

To: The Office of the General Manager  
Canadian Lawyers Liability Assurance Society  
Suite 510, 36 Toronto Street  
Toronto, ON M5C 2C5

1. Name of Lawyer: \_\_\_\_\_
2. Name of Firm: \_\_\_\_\_
3. Date Alleged Error or Omission Occurred: \_\_\_\_\_  
Date Alleged Error or Omission Discovered: \_\_\_\_\_
4. Is this a cautionary notice? ☐ Yes ☐ No
5. Date of First Notice Received by Lawyer: \_\_\_\_\_  
\* If written notice - attach correspondence \* If Statement of Claim - attach Statement
6. Date Reported to Law Society: \_\_\_\_\_
7. a) Name of Potential Claimant/and Counsel (if known): \_\_\_\_\_  
\_\_\_\_\_  
b) At any time, have you or any of your current or former partners or associates acted as an officer, director, or held a management position with or had beneficial ownership in any of the Claimant's, potential claimant's or other parties' interests? (If yes, please provide details.)  
☐ Yes ☐ No  
\_\_\_\_\_  
\_\_\_\_\_
8. When was the firm retained in this matter? \_\_\_\_\_
9. a) How much is potentially or actually being claimed (or alternatively - dollar amount of transaction which gives rise to the potential claim)?  

<input type="checkbox"/> \$ 10,000	and	under	<input type="checkbox"/> \$500,001	-	\$999,999
<input type="checkbox"/> \$ 10,001	-	\$100,000	<input type="checkbox"/> \$1,000,000	-	\$1,500,000
<input type="checkbox"/> \$100,001	-	\$250,000	<input type="checkbox"/> \$1,500,001	-	\$1,999,999
<input type="checkbox"/> \$250,001	-	\$500,000	<input type="checkbox"/> \$2,000,000	and	up

  
b) The likelihood of liability is: (Please be as objective as possible. Check one.)  
Unlikely \_\_\_\_\_ Possible \_\_\_\_\_ Probable \_\_\_\_\_ Definite \_\_\_\_\_

10. Area of Law (Check one):

1. ☐ Real Estate-General
  2. ☐ Real Estate-Planning Act/ By-Laws
  3. ☐ Real Estate-Mortgages
  4. ☐ Real-Estate-Liens & Easements
  5. ☐ Civil Litigation-Automobile
  6. ☐ Civil Litigation-Construction Liens
  7. ☐ Civil Litigation-General
  8. ☐ Wills, Estates, Trusts
  9. ☐ Patents, Trademarks, Copyright
  10. ☐ Corporate Law
  11. ☐ Commercial-Purchase/Sale of Business
  12. ☐ Commercial-Loans/Debentures
  13. ☐ Commercial-Landlord/Tenant
  14. ☐ Commercial-Oil & Gas
  15. ☐ Commercial-Foreclosure
  16. ☐ Commercial-General
  17. ☐ Criminal Law
  18. ☐ Matrimonial & Family Law
  19. ☐ Tax Law
  20. ☐ Bankruptcy Law
  21. ☐ Labour Law/Administrative law
  22. ☐ Other
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11. Primary Cause (Check one):

1. ☐ Missed Limitation-Deadline
  2. ☐ Defective Search
  3. ☐ Defective Documentation
  4. ☐ Failure to Take Necessary Steps
  5. ☐ Failed to Follow Client's Instructions/  
Dispute over Client's Instructions
  6. ☐ Failed to Advise Client Properly/  
Ignorance of Law
  7. ☐ Failed to Protect Client's Interest
  8. ☐ Failed to Protect Third Parties' Interest
  9. ☐ Negligent Breach of Trust or Undertaking
  10. ☐ Other
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12. Secondary Cause (Check one):

1. ☐ Absence or Failure to Follow-up
  2. ☐ Work Delegated to Employee not Checked
  3. ☐ Work Delegated to Outsider not Checked
  4. ☐ Overwork-Inadequate Administration
  5. ☐ Poor Communication with Clients
  6. ☐ Poor Communication with Staff or Partner
  7. ☐ Inadequate Office Systems
  8. ☐ Conflict-Working for Two or More Parties
  9. ☐ Unrepresented Party
  10. ☐ Innocent Partner Exposure
  11. ☐ Other
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13. Please attach a detailed description of the claim or circumstances (and include a one paragraph summary).

**APPLICABLE TO ONTARIO CLAIMS ONLY:** We hereby authorize and direct LPIC/LawPRO to provide access to its files on this matter to personnel of the CLLAS Claims Committee and the CLLAS General Manager, in order that they may review LPIC/LawPRO's files in this matter for their reports to the CLLAS Board.

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FIRM NAME

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INSURED MEMBER

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INSURED MEMBER/SIGNATURE

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DESIGNATED PARTNER/SIGNATURE

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DATE SIGNED