



**ALBERTA LAWYERS
INDEMNITY ASSOCIATION**

To: Alberta Lawyers Indemnity Association (“ALIA”)
 700, 333 – 11th Avenue SW Calgary, Alberta T2R 1L9
 Telephone: (403) 229-4716, 1-800-661-1694, email: ALIA@lawsociety.ab.ca

Please complete as much of this form as possible. Do not delay submitting a notice of a claim or potential claim due to missing form details or for any other reason.

It is a requirement of the Alberta Lawyers’ Professional Liability and Misappropriation Group Policy (“Group Policy”) that all claims and circumstances that could reasonably be expected to give rise to a claim, however unmeritorious (“Potential Claims”), that are first made against a subscriber of the Group Policy (“Subscriber”) or of which a **Subscriber** first becomes aware be reported to **ALIA** during the policy period in which they are first made against a **Subscriber** or a **Subscriber** first becomes aware of them. If they are not reported within the applicable policy period, coverage may be denied. Late notice will only be accepted if the **Subscriber** proves there was no prejudice to **ALIA**. Please note that late reports will not be accepted if a **Subscriber** was aware of a claim or **Potential Claim** on or before June 30, 2020 regardless of prejudice.

Personal information collected from you, whether pursuant to Part A or Part B of the **Group Policy**, will be collected, used and disclosed by **ALIA** for one or more purposes contemplated by the *Legal Profession Act (Alberta)*, the Rules of the Law Society of Alberta (the “**Law Society**”), the **Law Society’s** Code of Conduct, any information sharing policy of **ALIA** and/or the **Law Society**, and/or any resolution of the Benchers of the **Law Society** or the Board of Directors of **ALIA**; and may be accessible to all departments of the **Law Society**. Without limiting the generality of the foregoing, the information may be collected, used, or disclosed by **ALIA**, now or in the future, for the purposes of defending, repairing, or settling claims and for regulatory purposes, including **Law Society** investigations and proceedings. In addition, **ALIA** may make claim files or any information contained therein available to any department of the **Law Society** for regulatory purposes, including **Law Society** investigations and proceedings and to the claimant of the claim or their representatives in the course of administering and managing claims. Pursuant to the **Group Policy**, each **Subscriber** acknowledges and agrees that they expressly consent to the collection, use and disclosure of information contemplated by the provisions of this section.

We may contact you to obtain additional information, or to obtain clarification on the information you provided. Should you have any questions about the collection, use or disclosure of this information, please contact **ALIA** at (403) 229-4716.

CONFIDENTIAL

New Claim / Potential Claim Report

LAWYER INFORMATION

Lawyer:	Member ID:	Year Called to Bar:	File No.:
Law Firm Name / Employer Name:			
Current Occupation:			
What firm were you with at the time of the alleged error?			
Do you or your firm carry an insurance excess of the \$1,000,000 mandatory coverage?		Yes	No
Insurer:		Policy #:	

*If more space is needed in any field, please add a separate document

BUSINESS INFORMATION

Business Address:		
City:	Prov.:	Postal Code:
Business Phone:	Business Fax:	
Business E-mail:		

CLAIMANT INFORMATION

Name of Claimant:		
Address:		
City:	Prov.:	Postal Code:
Telephone:	E-mail:	
Claimant's Lawyer:		
Firm:		
Telephone:	E-mail:	
Is/was there a solicitor/client relationship between you/the firm and the claimant?	Yes	No
If "No", explain:		
If "Yes", are you continuing to represent the claimant?	Yes	No
If "No", where is the file?		
Have your fees been paid?	Yes	No
Name of client, if different from claimant:		
Length of time you have acted for the client:		

Aside from a solicitor-client relationship, do you have an ownership, financial, or business interest in the client, claimant or any other entity related to this claim/potential claim?	Yes	No
If “Yes” , please elaborate:		
Does any person related to you (including any of your present or former partners, any firm in which you have practised or any partner of such a firm, or your spouse or any of your relatives) have an ownership, financial, or business interest in the client, claimant or any other entity related to this claim/potential claim?	Yes	No
If “Yes” , please elaborate:		

CLAIM / POTENTIAL CLAIM INFORMATION

When did the alleged error occur?	Day:	Month:	Year:
Is this a real estate “Protocol” claim? (A surcharge and a deductible will not result if this claim is covered by the Western Law Societies Conveyancing Protocol (Alberta) and the Subscriber fully complied with the requirements of the Protocol.)	Yes	No	
When were you made aware of the claim or potential claim against you?			
How were you made aware of the claim or potential claim?			
Is the claimant / potential claimant aware of the issue?	Yes	No	
When were you first put on notice (written and/or oral) of a claim or potential claim? <i>If you received a written notice or statement of claim, please attach a copy.</i>			
Has a proceeding been commenced against you?	Yes	No	
If “Yes” , when were you served?			
Is there any proceeding (e.g. foreclosure, repossession, application, or defence, etc.) requiring urgent attention?	Yes	No	

If "Yes", by when?

What do you think the claim or potential claim may be worth?

In your opinion, the likelihood of liability is: Unlikely Possible Probable Definite

Please identify other parties who may be involved in the dispute (e.g. real estate agent, bank, appraisers, tortfeasors, insurers, etc.): (If more space is needed, please include a separate document.)

List all staff members directly involved in the matter out of which the alleged error arose, indicating their position (e.g. partner, associate, articling student, legal assistant, secretary, etc.):

If the underlying claim involves an action in the Court of Kings Bench Alberta, what was the Action Number?

KB Action #:

OTHER

In what area of law did the error occur?

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

How long had you been practicing in this area of law at the time? Years

BRIEF SUMMARY OF THE CLAIM OR POTENTIAL CLAIM

Please fully describe the circumstances giving rise to the claim along with all relevant facts, in chronological order. To the extent known, please include relevant dates. (If more space is needed, please include a separate document.)

How could this claim or 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.