

# Professional Liability Insurance Ordre des conseillers en ressources humaines agréés du Québec

Insured's declaration following an incident or a claim

The professional must carry out the following actions immediately upon becoming aware of an incident or a claim:

1. Call 1 866 906-2120 to open a file and obtain the file number. This number must be indicated below and used when sending documents.

2. Complete this form and attach all documents relevant to the claim.

# Section 1

	nsured	l order:							
							e No.:		
							client: <u>Y,Y,Y,Y</u> M,M]D		
File	No.:(0		hen the file was	opened)		lotice received by			
Date	e of loss (date of	event):	Y Y Y M	MDD					
Nam	ie of company (if	applicable	):						
Addr	ress:								
Hom	e phone:								
Your	contact informat	tion:							
Worl	k phone:			Email:					
	phone:								
2. M	ember Profile								
Member Practice Status									
	Member in priva	ate practice	(consultant)	Corporate member					
Men	nber's job title								
	Analyst, agent, technician		Specialist advisor, Senior advisor		sor				
	Advisor, coordonnator		Supervisor, team leader			Senior executive, member of senior management			
Men	nber's years of e	experience	•						
	Less than 3 yea	ars	10 to 14 years	25 to 29 years					
	3 to 5 years		15 to 19 years	30 and over					
	6 to 9 years		20 to 24 years						
Who	o makes the clai	im?							
	Internal custome	er (employe	ee, employer)	External customer	Third parties				
Spé	cialization								
	Généralist	Type of	Orda	Organizational development		eration	Training	01	
		specialty:	Endowment			and Safety	Industrial relations	Other	

#### 3. Claim details

Name of claimant or client named in claim:
Address:
Postal code:
Telephone:
Claimant's lawyer (If applicable):
Name of law firm (If applicable):
Address (including postal code):
Telephone:
4. Circumstances (please summarize)

### 5. Claim amount

Note: Please provide us with your estimate of the claim value if no amount has been claimed yet: \$

Date on which professional services resulting in or likely to result in a claim were rendered:

Date on which you became aware of the claim or the possibility of a claim:

### 6. Nature of loss

Provide a chronological description of the facts and circumstances pertaining to the incident or claim. Attach extra pages as needed.

Do you believe yourself to be responsible? Explain: Yes No

#### List of attached documents

Please list the documents you have attached to this form

Important Note : This declaration is strictly configurate. It will be transmitted only to the lawyer or expert to whom the investigation will be entrusted. Your professional association will have no knowledge of it.

## **Professionnal signature**

I certify that all information contained in this declaration and the supporting documents are true and genuine.

#### Х

Signature
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Per : \_\_\_\_

Signature

Name (Please print)



#### **Important Note**

#### Protection of personal information

At Beneva, protecting your personal information is a priority. To learn more about how we collect, use and communicate this information, see our Privacy statement.

Please return this form, a copy of the claimant's file and any other document related to this declaration by email to: courrier@beneva.ca

Note: Please include the file number in the email subject.