

Professional Liability Insurance Ordre des ergothérapeuthes du Québec Insured's declaration following an incident or a claim

Preamble

The professional must do the following as soon as a claim is filed against him or her, or as soon as he or she becomes aware of any facts, circumstances or allegations that could lead to a claim:

- 1. Dial 1 866 906-2120 to open a file and obtain a number. This number must be entered in Section 1 below and included when sending documents, as mentioned at the bottom of this declaration.
- 2. Fill out this declaration and return it to us by email to the address mentioned at the bottom of this declaration.
- 3. Attach all documents that are relevant to this claim.

Section 1

1. Insured Name of professional:	Member / permit number:
File No(received when your file was opened)	Date of first notice received by client: Y, Y, Y, Y, M, M, D, D
Date of loss (date of treatment): \(\begin{array}{c cccc} Y & Y & Y & Y & M & M & D & D \end{array} \)	
Clinic (name of clinic):	
Address:	
Telephone:	
Professional's contact information:	
Email:	
Telephone: Telephone (c	office):

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2. Claim Details

Name of claimant or client named in claim:				
Address:				
Postal code: Email:				
Telephone:				
Claimant's lawyer (if applicable):				
Name of lawyer's law firm (if applicable):				
Address:				
Postal code: Email:				
Telephone:				
Place of loss:				
☐ Clinic				
At the claimant's home				
Other location. Please specify:				
3. Circumstances (please summarize)				
4. 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: Y Y Y M M D D				
Date on which you became aware of the claim or the possibility of a claim: \(\begin{array}{cccccccccccccccccccccccccccccccccccc				

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5. Nature of Loss Provide a chronological description of the facts and circumstances pertaining to the incident or claim (symptoms, examination, diagnosis, treatment, etc.). Attach extra pages as needed.

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Section 2

Do you believe yourself to be Yes No responsible? Explain:				
List of attached documents				
Please list the documents you ha	ave attached to this form			

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x	[A,A,A,A[M,M]J,J]		
Signature	Date		
Per :Name (Please print)			
Authorization for communicating information This declaration and the documents to be attached thereto will be sent by Beneva Inc assigned to the file or the claims adjuster responsible for the investigation. Please not (CQLR, c. C-26), you are obliged to inform the Ordre des ergothérapeutes du Québec Beneva with regard to your professional liability. If you so authorize us, Beneva will interest the communication of the commu	te that under section 62.2 of the Professional Code c (OEQ) of any declaration of loss that you file with form the OEQ that you submitted a declaration.		
Beneva disclaims all liability for any use that may be made by the OEQ of the information By this signature, I authorize Beneva to transmit to the OEQ secretary the information related to the settlement of the claim by Beneva, in particular the amount of the claim	indicated in section 1, as weel as certain information		
X Signature	LA A A A M M J J J Date		
Per :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			

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

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.

Privacy statement.

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