beneva

Professional Liability Insurance
Ordre des infirmières et infirmiers auxiliaires 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

1. Insured

Name of professional order: _____

Name of member: _____ Member / licence No.: _____

File No.: _____ Date of first notice received by client: Y Y Y Y M M D D

(Obtained when the file was opened)

Date of loss (date of event): Y Y Y Y M M D D

Name of company (if applicable): _____

Address: _____

_____

Home phone: _____

Your contact information: _____

Work phone: _____ Email: _____

Cell phone: _____

2. Claim details

Name of claimant or client named in claim: _____

Address: _____

Postal code: | | | | | | Email: _____

Telephone: | | | | | | | | | | |

Claimant's lawyer (If applicable): _____

Name of law firm (If applicable): _____

Address (including postal code): _____

_____

Telephone: | | | | | | | | | | |

Email: _____

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 | Y | M | M | D | D |

Date on which you became aware of the claim or the possibility of a claim: | Y | Y | Y | Y | M | M | D | D |

5. Nature of loss

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

Section 2

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

List of attached documents
Please list the documents you have attached to this form

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

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. (hereafter referred to as Beneva) to the lawyer assigned to the file or the claims adjuster responsible for the investigation. Please note that under section 62.2 of the Professional Code (CQLR, c. C-26), you are obliged to inform the Ordre des infirmières et infirmiers auxiliaires du Québec (OIIAQ) of any declaration of loss that you file with Beneva with regard to your professional liability. If you so authorize us, Beneva will inform the OIIAQ that you submitted a declaration.

Beneva disclaims all liability for any use that may be made by the OIIAQ of the information sent to it with your approval.

By this signature, I authorize Beneva to transmit to the OIIAQ secretary the information indicated in section 1, as weel as certain information related to the settlement of the claim by Beneva, in particular the amount of the claim incurred and its details.

X _____ A A A A M M J J

Signature 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 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.