La Capitale General Insurance

Professional Liability Insurance
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:

(Obtained when the file was opened)

Date of loss (date of event):

Name of company (if applicable):

Address:

Home phone: Fax:

Your contact information:

Work phone: Email:

Cell phone:

2. CLAIM DETAILS

Nom du Name of claimant or client named in claim:

Address: _____

Postal code: Email:

Telephone: Fax:

Claimant's lawyer **(If applicable)**:

Name of law firm **(If applicable)**:

Address **(including postal code)**: _____

_____

Telephone: Fax:

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:

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

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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

Explanation:

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

Strictly confidential. This declaration will not be sent to anyone other than the lawyer or claims adjuster responsible for the investigation. The Order will not be informed.

PROFESSIONAL'S SIGNATURE

X _____

Per: _____

Name (please print)

Date: _____

Please return this form along with any related documents by email to

@ dsq.capitale.qc.ca.