

# Advocis Protective Association E&O Plan

Professional Liability Insurance Claim Reporting Form



**Insurer:** – Liberty International Underwriters, a division of Liberty Mutual Insurance Company

*\*Use additional pages if necessary*

**1 Your Name** (as it appears on your Certificate of Insurance): \_\_\_\_\_

**2 Firm Information**

Firm Name	Date Reported	
Master Policy # <b>FITO533777008</b>	Certificate #	
Mailing Address		
City	Province	Postal Code
Telephone	Fax	
E-mail		

**3 Person alleged to have committed error:**

Name	Position
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**4 Claimant Information:**

Name		
Mailing Address		
City	Province	Postal Code
Telephone	Fax	

**Claimant's Lawyer Information:**

Name		
Mailing Address		
City	Province	Postal Code
Telephone	Fax	

**5 Did you receive a Statement of Claim or any other Court documents?**  Yes  No

If **yes**, when were you served? \_\_\_\_\_

**6 When did you first become aware of the potential claim?** \_\_\_\_\_

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**7** If no, when did you first receive notice of potential claim? \_\_\_\_\_

**Type of product involved in alleged error** \_\_\_\_\_

**Provider Involved:**

Name		
Mailing Address		
City	Province	Postal Code

**8** Describe nature of error alleged to have been committed: \_\_\_\_\_

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**9** Describe nature of and estimated amount of damage or loss by the claimant: \_\_\_\_\_

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**10** Additional comments which may be of assistance in handling this claim: \_\_\_\_\_

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**Person in your office to contact for additional information:**

Name	Telephone
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**Reported by:**

Name	
Signature	Date

**Contact Information:**

Please fax copies of any and all documentation related to this matter. Furthermore, include a copy of your certificate of insurance along with this form and the related correspondence.



**ClaimsPro Inc.**

Attention: APA Claims Team

Tel: 866-638-0057

Fax: 866-638-0058

Email: [advocis@scm.ca](mailto:advocis@scm.ca)