



PROFESSIONAL INDEMNITY INSURANCE CLAIM NOTIFICATION FORM FOR SOLICITORS

1 DETAILS OF THE INSURED

Practice name	Main office telephone number
<input type="text"/>	<input type="text"/>
Main office address	Main office fax number
<input type="text"/>	<input type="text"/>
	Contact email address
	<input type="text"/>

2 FEE EARNER DETAILS (AS AT DATE OF ALLEGED ACT)

Please advise the following:

a) Name of conducting solicitors/legal exec	<input type="text"/>
b) Name of supervising partner	<input type="text"/>
c) Name(s) of other staff involved	<input type="text"/>

If any of the above are not presently with the insured firm, please advise current whereabouts:

3 CLAIMANT DETAILS

Name of claimant:	<input type="text"/>
Address of claimant:	<input type="text"/>
If NOT a client, please state relationship:	<input type="text"/>
Name of claimants solicitors:	<input type="text"/>
Address of claimants solicitors:	<input type="text"/>

4 DETAILS OF YOUR RETAINER – COMPLETE FULLY AND USE A SEPARATE SHEET IF NECESSARY

a) Date first instructed	<input type="text"/>
b) Date of termination	<input type="text"/>

c) Type of work

d) Purpose of retainer

e) Identity of ALL clients relating to this retainer

5. DETAILS OF CLAIM – COMPLETE FULLY AND USE A SEPARATE SHEET IF NECESSARY

a) State how claim arose

b) Acts or omissions alleged

c) Date of alleged act

d) Date of first awareness of circumstance giving rise to a claim

e) Date claim made to you

Please supply copies of all correspondence on claim made to date

6. PROCEEDINGS

Have proceedings been commenced?
(If proceedings have been commenced, copies should be enclosed with this form)

Yes No

7. LIABILITY - COMPLETE FULLY AND USE A SEPARATE SHEET IF NECESSARY

a) Do you think you were at fault?
Please state reasons for your views and supply supporting documentation:

Yes No

b) Do you think any other party was at fault?
If 'Yes', please state why:

Yes No

8. QUANTUM OF CLAIM

- a) Please list heads of claim and amounts:
If unknown, please give best estimate value of original/underlying transactions

- b) Please list documents available to support above (e.g. medical reports, Counsel's advice, contracts, valuations, wills) and supply copies if available

- c) Please give percentage assessment of prospects of success of original action (if appropriate)

9. YOUR FILE

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Is this file in your possession? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Has the file been requested by claimant or solicitors | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. a) Has the file been released? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) If 'Yes', has a full copy been retained? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If file requested, please ensure compliance with professional conduct guide and keep full copy

10. MITIGATION – COMPLETE FULLY AND USE A SEPARATE SHEET WHERE NECESSARY

- a) Is there any course of action available to the claimant which would reduce the potential loss caused by the alleged negligence? If 'Yes', please provide details: Yes No

- b) Please specify any time limits within which, such action must be taken?

- c) What are the prospects of success of remedial action?

- d) What is the claimants knowledge of any available mitigation?

11. PROFESSIONAL OBLIGATIONS

1. Has the claimant been informed of the facts? Yes No
If 'Yes', please send a copy of any letter /attendance note etc

2. If applicable, please provide details of other interested parties (e.g. Bank, OSS etc) and advise if they have been notified of the facts

3. Have the parties been sent a copy of the pre-action protocols? Yes No

12. ANY OTHER INFORMATION

Please provide details of any other information that feel may be useful to insurers with regard to this circumstance / claim notification.

I confirm that the information contained in this form is true and complete to the best of my knowledge.

THIS FORM MUST BE SIGNED BY A PRINCIPAL OF THE FIRM

Signature: _____ Date: _____

Print name: _____ Position: _____

Please return this Form along with any other supplementary information sheets to the address detailed below:-

SBJ Professional | Castlemead | Lower Castle Street | Bristol | BS1 3AG
T: 0117 929 3344 | F: 0117 925 1594 | E: enquiry@sbj-pi.com | W: www.sbj-pi.com

SBJ Professional Passionate about the professions

CLAIMS & CLAIM CIRCUMSTANCES GUIDE

A Guide to the Notification of professional indemnity claims and claim circumstances

All professional indemnity policies incorporate conditions precedent to insurers liability to indemnify you under the terms of your policy which impose a duty on you to notify insurers of:-

1. **Any communication whether in writing or oral intimating a claim or an intention to make a claim against you arising from any professional neglect in the conduct of your business, or for any loss which may be covered by the policy.**
2. **Any circumstances which may give rise to a claim against you.**
3. **In addition any notification of a claim or circumstance should be made immediately and before expiry of the policy otherwise there is a substantial risk that insurers may refuse to indemnify you.**

Problems can arise in identifying what is a 'claim' or 'circumstance' and the example definitions below may assist.

'Claim'

"Claim means a demand for, or an assertion of a right to, civil compensation or civil damages or an intimation of an intention to seek such compensation or damages"

'Circumstances'

"Circumstances means an incident, occurrence, fact, matter, act or omission which may give rise to a claim in respect of civil liability."

When considering whether to notify a **circumstance you should ignore:-**

- The amount of any loss- even matters which clearly fall below your policy excess should be notified
- Whether the facts as stated are accurate
- Your own personal views on any liability

If you have to think about whether you should notify or not then notify.

If a **Claim** is made against you, please remember that when dealing with the claimant or their representatives **you must not:-**

- Make any admissions of liability
- Make any offers of settlement without the prior agreement of insurers
- Provide details of the firm's professional indemnity policy or disclose that Insurers have been notified .

There are legal protocols applying to all professional negligence claims which impose time constraints and procedural rules as to how claims should be dealt with. It is most important that claims are notified **immediately.**