



NOTICE OF CLAIM Claimant's Form

Kindly take notice of the Consent below

Please consult the Claimant's Guide before completing the present form

I. Claimant information

Name : _____

Address : _____ Postal Code : _____

Home telephone: (_____) _____ - _____ Work telephone: (_____) _____ - _____

E-mail address : _____

II. Information on the lawyer who is the subject of the claim

Name: _____

Name of the firm (if relevant) : _____

Address : _____ Postal Code: _____

Work telephone: (_____) _____ - _____ E-mail address: _____

Who was the lawyer acting for? You ☐ Someone else ☐ (In this case, proceed to question III 3) :

III. Claim information

1. When was the lawyer first consulted?

2. Why did you consult the lawyer and what did you hire him to do?

3. When did you first become aware of a potential error, fault or omission by the lawyer?

4. What error, fault or omission do you allege?

Join any pertinent document in support of your claim.

5. Describe the damages you claim to have suffered:

6. Details of amounts claimed:

The reimbursement of an insured's legal fees is not covered by the insurance contract

Attach all relevant documents in support of the alleged damages and/or the amounts claimed.

Please note that we will forward a copy of any document obtained, together with the completed Notice of Claim, to the insured.

Signature _____ Date _____

Please save the present form, complete it, print it, **sign** it and send it with all relevant documents to the *Fonds d'assurance responsabilité professionnelle du Barreau du Québec*:

by fax: **514 954-3454** or

by e-mail to: assuranceresponsabilite@farpbq.ca or

by mail for the attention of:

The Director of Insurance Affairs
Fonds d'assurance responsabilité professionnelle
du Barreau du Québec
445, boulevard Saint-Laurent, bureau 300
Montréal (Québec) H2Y 3T8

CONSENT

As part of your notice of claim, the *Fonds d'assurance responsabilité professionnelle du Barreau du Québec* (hereinafter the “*Fonds d'assurance*”) must collect, use, disclose, and process personal information for the following purposes:

- To confirm your identity, verify the accuracy of personal information, and update it if necessary;
- To communicate with you in connection with insurance activities :
 - Analyze the claim and assess the risks;
 - Defend the insureds of the *Fonds d'assurance*
- To process claims and manage case files;

- To comply with legal and regulatory requirements.

Your rights regarding your personal information

You may at any time request access or correction of your personal information, ask us questions to understand how your personal information is handled, or file a complaint regarding the processing of your personal information, by writing to the following email address: vieprivee@barreau.qc.ca

Please note that the use of personal information is restricted to what is strictly necessary for our activities. Therefore, withdrawing your consent would make it impossible for us to act with regards to your claim.

Disclosure of your personal information

For the above mentioned purposes, the *Fonds d'assurance* may disclose your personal information to third parties, service providers (accounting and legal services), technology solution providers, and affiliated organizations, including the *Syndic du Barreau* and the *Comité de l'inspection professionnelle*, in accordance with the law.

Your personal information is generally retained in Quebec. However, the disclosure of your personal information to certain providers may result in its transfer outside Quebec. In such cases, the *Fonds d'assurance* will first ensure that the providers are required to adequately protect your personal information.

For more information about our privacy practices, please consult the policy of the *Barreau du Québec* with respect to the protection of personal information.