La Capitale General Insurance

Professional Liability Insurance
Ordre des ergothérapeutes du Québec
Insured's declaration following
an incident or a claim

PREAMBLE

The professional must do the following as soon as a claim is filed against him or her, or as soon as he or she becomes aware of any facts, circumstances or allegations that could lead to a claim:

1. Dial **1 866 906-2120** to open a file and obtain a number. This number must be entered in Section 1 below and included when sending documents, as mentioned at the bottom of this declaration.
2. Fill out this declaration and return it to us by email to the address mentioned at the bottom of this declaration.
3. Attach all documents that are relevant to this claim.

SECTION 1

1. INSURED

Name of professional: Member / permit number:

File No. Date of first notice received by client:
(received when your file was opened)

Date of loss (date of treatment):

Clinic (name of clinic):

Address:

Telephone: Fax:

Professional's contact information:

Email:

Cellphone: Work tel.:

2. CLAIM DETAILS

Name of claimant or client named in claim:

Address:

Postal code: Email:

Telephone: Fax:

Claimant's lawyer (if applicable):

Name of lawyer's law firm (if applicable):

Address:

Postal code: Email:

Telephone: Fax:

Place of loss:

Clinic ◯

At the claimant's home ◯

Other location. ◯ Please specify:

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:

5. NATURE OF LOSS

Provide a chronological description of the facts and circumstances pertaining to the incident or claim (symptoms, examination, diagnosis, treatment, etc.). **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 _____

Per: _____

Name (please print)

Date: _____

AUTHORIZATION FOR COMMUNICATING INFORMATION

This declaration and the documents to be attached thereto will be sent by La Capitale 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 (RSQ, c. C-26), you are obliged to inform the secretary of the *Ordre des ergothérapeutes du Québec (OEQ)* of any declaration of loss that you file with La Capitale with regard to your professional liability. If you so authorize us, La Capitale will inform the OEQ that you submitted a declaration.

By signing this form, I authorize La Capitale to communicate my name, permit number and the date I submitted a claim to the to the secretary of the OEQ.

X _____

Per: _____

Name (please print)

Date: _____

Please return this form, a copy of the claimant's file and any other document related to this declaration by email to @ dsq.capitale.qc.ca.