SOLICITORS PROFESSIONAL INDEMNITY INSURANCE

CLAIM AND CIRCUMSTANCE NOTIFICATION FORM

STRICTLY PRIVILEGED AND CONFIDENTIAL

Please answer all questions (or respond not applicable or unknown as necessary), attach copies of all relevant documentation including any letters of claim, pre-action notice letters or proceedings etc. and if you need to expand upon any of the above answers please do so on additional sheets of paper.

1. YOUR DETAILS

1.1	Insured/Insured Firm Name:	
	Policy number:	
1.2	Address:	
1.3	DX:	
1.4	Telephone Number:	
1.5	Claims Handler at Insured/ Insured Firm:	
1.6	Email:	
1.7	Name of firm from which claim arose (if different to above):	

2. CLAIMANT DETAILS

2.1	Name of Claimant:	
2.2	Address of Claimant:	
2.3	Name of Claimant's Solicitors:	
2.4	Address of Claimant's Solicitors:	
2.5	DX:	
2.6	Telephone Number:	
2.7	Contact Name:	

3. INSURED/INSURED FIRM FEE EARNER DETAILS

3.1	Name:	
3.2	Status:	
3.3	Current Whereabouts:	
3.4	Supervisor:	
3.5	Other Staff Involved:	
3.6	Current Whereabouts:	

4. RETAINER DETAILS

4.1	Date of Instructions:	
4.2	Date Retainer Ended:	
4.3	Work Type:	
4.4	Purpose of Retainer:	
4.5	List all Clients under Retainer:	

5. CLAIM OR CIRCUMSTANCE WHICH MAY GIVE RISE TO A CLAIM – DETAILS

5.1	Date when any member of your firm first became aware of the **Claim**, or **Circumstance** from which it arose if earlier:	
5.2	Date the **Claim** was first made against **Insured**/**Insured Firm**:	
5.3	Date of your alleged act, error or omission or explanation of date of first awareness or discovery of the **Claim** or **Circumstance** (with explanation for selection of this date):	

5.4 Background to **Claim** or **Circumstance** including chronology and details of all parties involved:

5. CLAIM OR CIRCUMSTANCE WHICH MAY GIVE RISE TO A CLAIM – DETAILS

5.5 Specify details of the alleged act, error or omission for the Claim or Circumstance which is the subject of this notification and provide supporting documents where possible (eg copy proceedings, pre-action notice letters, emails, telephone notes):

5.6 Do you consider that you are liable to the claimant or potential claimant?
(Please provide an explanation) YES ☐ NO☐

5. CLAIM OR CIRCUMSTANCE WHICH MAY GIVE RISE TO A CLAIM – DETAILS

5.7 Is any other party or service provider liable or potentially liable?
(If yes, please provide an explanation) YES ☐ NO☐

5.8 Mitigation details:
(Explain steps taken or recommend to mitigate any Claim or Circumstance)

6. QUANTUM DETAILS

6.1 Specify the quantum of **Claim** or amount in dispute claimed by the claimant or your estimate of the maximum value of the **Circumstance** on a worst outcome basis:
(List of heads and amount of claim)

6.2 Provide your quantification of the **Claim** or amount in dispute or value of the **Circumstance** taking into account your own estimate of your firm's potential liability ie your realistic view of the likely outcome before application of your policy Retention or Excess:
(List of heads and amount of claim)

7. QUANTUM DETAILS

7.1	Have you retained your file or a copy?	FILE ☐	COPY ☐
7.2	Does the Claimant/Claimant's Solicitor have the file or a copy?	FILE ☐	COPY ☐
7.3	Are you exercising a lien or do you intend to do so?	FILE ☐	COPY ☐

8. DECLARATION

This form must be signed by a Partner or Principal of an Insured Firm, or if submitted electronically, the transmission of the form will be regarded as having been approved and sent by a Partner or Principal of Insured Firm.

Send the completed form and attachments to:

E-mail: BenNevisClaims@rpclegal.com

☐ By ticking here, you declare to the best of your knowledge the information contained in this form is complete and correct.

AUTHORISED SIGNATORY

Signature:	Partner/Principal of Insured Firm
Name:	
Date:	
For and on behalf of (interest name of firm/business):	