



Lawcover Insurance Pty Limited  
ABN 15 095 082 509  
Level 13, 383 Kent Street  
Sydney NSW 2000  
DX 13013 Sydney Market Street  
Telephone: 1800 650 748  
(02) 9264 8855  
Facsimile: (02) 9264 8332  
Website: lawcover.com.au

# Lawyers Management Liability Policy Notification of Claim or Circumstance Form

## Details of the Insured

Full name of Firm (for partnerships), ILP or Sole Practitioner		
Service Companies:		
<hr/> <hr/>		
Policy number		
Main address		
Suburb	State	Postcode
<hr/>	<hr/>	<hr/>

## Details of the person providing notification

Name		
<hr/>		
Position		
<hr/>		
Email		
<hr/>		
Postal address		
<hr/>		
Suburb	State	Postcode
<hr/>	<hr/>	<hr/>
DX number	Suburb	
<hr/>	<hr/>	
Phone (w)	Phone (mob)	
<hr/>	<hr/>	

**Insuring Agreement under which the Claim or Circumstance is notified. Please tick:**

**Section 1**

Insuring Agreement – Public Liability

**Section 2**

A. Insuring Agreement – Employment Practices Liability

B. Insuring Agreement – Internal Crime

C. Insuring Agreement – Statutory Liability

D. Insuring Agreement – Mitigation Costs

E. Insuring Agreement – Tax Audit

F. Insuring Agreement – Directors and Officers

Name of the Insured legal practice or service company or Insured Person the subject of this notification:

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Name of the claimant or involved third parties, and relationship to the Insured legal practice or service company or Insured Person:

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Details of the Claim or circumstance:

- (a) Describe the claim and/or the event or circumstances giving rise to this notification, including dates and locations and names of persons involved:

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- (b) Provide any additional background information and append any supporting documentation that may assist us.

*Refer to the final page of this Form for guidance on the supporting documentation to be provided.*

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(c) What is the date on which you first became aware of the claim or event or circumstances that may give rise to a claim?

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(d) What is the quantum of the claim or potential claim?

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(e) Provide the names of any third parties involved in or witness to the event, including any police officers or other authorities involved in the matters:

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(f) Describe any proposed mitigation steps that you consider suitable for the purpose of preventing, limiting, reducing or mitigating the effects of any claim.

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(g) Please provide any additional comments or information applicable to the claim or circumstance.

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(h) Please provide details of any other insurance policies under which this claim or circumstance has been notified, or which may extend to cover this claim or circumstance.

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## Acknowledgement

I have checked the information I have disclosed in this form and to the best of my knowledge I confirm that it is true and complete.

I acknowledge that the information disclosed in this form is without prejudice to the rights of Lawcover to determine indemnity pursuant to the Lawyers Management Liability Policy.

I consent to the collection, use and disclosure of information as set out in the Lawcover [Privacy Policy](#), which I have read.

Signature:   **Sign here** Date:        
Day Month Year

Printed name:

Position at Law Practice:

- Partner  Former Partner  Director of officer ILP  Director or officer of service company  
 Other:

## Guide to Supporting Documentation to be provided with your Notification of Claim or Circumstance Form

Where circumstances may give rise to a claim under the following insuring agreements of a Lawcover Practice Management Liability Policy, please provide the documents listed, and/or other documents as relevant:

### Public Liability

- Third Party Claim or Correspondence
- Police Reports and/or Police Report Number

### Employment Practices Liability

- Third Party Claim, Complaint or Correspondence
- Relevant Contract of Employment
- Copy of the Claimant's Termination Notice (if applicable)
- Fair Work Australia Application - Applicant's Response (if applicable)
- Your response to the allegations or dispute (Employer's Response)
- Copies of itemised legal bills and retainer (If the Insured has obtained own legal representation)
- Copies of any FWA judgement and Deed of Settlement

### Internal Crime

- Police Reports and/or Police Report Number
- Loss Assessors Reports
- Audit Reports
- Proposed Investigator and Costs
- Internal investigation Reports
- Statements from Witnesses
- Signed Confessions
- Account Statements
- Receipts and Invoices
- Cheque Requisitions and Cheques
- Money Orders and Cash Receipts
- Internal Procedures for Issuing and Drawing Cheques, Account Withdrawals or Fund Transfers (as applicable)

### Statutory Liability

- Notice of Investigation
- Statement of Claim
- Fine or Penalty Notice
- Judgement

### Mitigation Costs

- Proposed Third Party Provider and Quote of Costs
- Invoiced Costs

### Tax Audit

- Tax Audit Notice served on the Insured
- Tax Return the Subject of the Tax Audit Notice and details of the Accountant or Agent who Prepared the Tax Return
- Tax Audit Costs Invoice

### Directors and Officers

- Third Party Claim, Complaint or Correspondence