



STRICTLY CONFIDENTIAL

VICTORIAN BARRISTERS' PROFESSIONAL INDEMNITY INSURANCE

**NOTICE TO LEGAL PRACTITIONERS'
LIABILITY COMMITTEE**

LEGAL PRACTITIONERS'
LIABILITY COMMITTEE
ABN 45 838 419 536

Level 31, 570 Bourke Street
Melbourne VIC 3000
DX 431 Melbourne
Ph: 9672 3800
Fax: 9670 5538
www.lplc.com.au

1. INSURED BARRISTER: _____

2. ADDRESS: _____

3. EMAIL: _____
4. DATE BAR ROLL SIGNED: _____
5. ABN No. _____
6. HAVE YOU CLAIMED AN INPUT TAX CREDIT ON
YOUR PREMIUM? **YES/NO**
7. ARE YOU INTENDING TO CLAIM AN INPUT TAX
CREDIT ON YOUR PREMIUM? **YES/NO**
8. (a) Date of brief: _____ / ____ / ____.
- (b) Date of circumstances, acts or omissions allegedly giving rise
to claim or possible claim: _____ / ____ / ____.
- (c) Date such circumstances, acts or omissions first known
to insured: _____ / ____ / ____.
9. If claim made, date first made: _____ / ____ / ____.
10. Amount of claim or possible claim: \$ _____
11. Name of claimant or possible claimant: _____

12. Name and address of claimant's or possible claimant's solicitor:

13. Nature of brief:

14. Name of instructing solicitor:

15. Short description of the nature of the allegations made or anticipated (unless already fully advised in writing):

16. Has any complaint concerning these circumstances been made to the Victorian Bar? **YES/NO**

If yes,

(a) give details and date of complaint:

(b) do you authorise the Legal Practitioners' Liability Committee to inspect the Victorian Bar file? **YES/NO**

DATED THIS _____ DAY OF _____ 20_____

SIGNED: _____

Complete and return to:

**The Claims Solicitor
Legal Practitioners' Liability Committee
Level 31/570 Bourke Street
Melbourne VIC 3000
DX 431 MELBOURNE
Tel: 9672 3800
Fax: 9670 5538**