

# CPBA PROFESSIONAL LIABILITY INSURANCE PROGRAM CLAIM/INCIDENT REPORTING FORM

## How to Report a Claim

Please send this form along with all other pertinent documentation to:

**BMS Canada Risk Services Ltd.**

Email: [cpba.insurance@bmsgroup.com](mailto:cpba.insurance@bmsgroup.com)

### Please include:

- Your certificate of insurance
- Statement of claim, Declaration, Motion, College complaint letter, or other legal process
- Demand letter
- Other relevant documentation

Details of error or incident: (Please attach any additional information)

Has treating physician been notified of error or incident?  
Yes      No

Outline steps taken to rectify error or incident:

## Pharmacist's Details

Name of Pharmacist involved in incident:

Business Phone Number:

Residence Phone Number:

Email address:

Individual Professional Liability Insurance Certificate Number:

Are you aware of any verbal or written complaint or demand made by patient? (If yes, please attach)  
Yes      No

Have any ill effects been reported by patient?  
Yes      No

If yes, please describe:

## Details of Incident

Date of error or incident (dd/mm/yyyy):

Date of first knowledge of incident (dd/mm/yyyy):

Name of patient (first / middle / last):

PLEASE DO NOT ATTEMPT TO SETTLE OR RESOLVE ANY CLAIMS OR POTENTIAL CLAIMS WITHOUT THE INSURER'S CONSENT AS YOU MAY JEOPARDIZE COVERAGE UNDER YOUR PROFESSIONAL LIABILITY INSURANCE POLICY

Date:

Signature: