



FINANCIAL SERVICES INC.

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www.bpfin.com

SETTLEMENT LOAN APPLICATION FORM

British Columbia

Plaintiff Instructions

Please complete Section A of this form.

1. Enter the requested information into the appropriate spaces on the form. Please answer all questions.
2. Review the information you entered for accuracy.
3. Forward the form to your law firm so that they may complete Section B.

Counsel Instructions

Please complete Section B of this form.

1. Enter the requested information into the appropriate spaces on this form as applicable.
2. Once completed, please return by fax to our office at (416) 941-9035.

Understanding Our Process

At BridgePoint we take pride in our efficiency and the promptness of our application process.

STEP 1 - APPLICATION

The application is completed with basic information about your case, assisting us in making an informed lending decision.

STEP 2 - ASSESSMENT

The application is reviewed by BridgePoint and you and/or your legal counsel will be contacted by someone from our assessment team as required. Copies of pertinent documentation from your file will be requested by the assessor as part of this process.

STEP 3 - APPROVAL

You will be contacted by a BridgePoint representative and informed of the lending decision shortly thereafter. If our loan offer is accepted BridgePoint will prepare the loan documentation for your review and signature.

STEP 4 - ADVANCE OF LOAN

Loan proceeds can be advanced using a direct wire transfer, or by certified cheque, typically within 24 hours of receiving the requested documentation necessary to assess the application.

Privacy

All information provided to BridgePoint remains private & confidential. We do not seek information that is subject to Solicitor-Client privilege. We require factual information that would be available to all parties involved in the litigation.

It is essential to have the cooperation of both you and your legal counsel to complete the assessment process in an expeditious manner.

CONTACT US FOR MORE INFORMATION:
1.888.800.4966

Date MM / DD / YYYY	Loan Amount Requested \$	Date of Loss MM / DD / YYYY
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SECTION A **APPLICANT'S PERSONAL INFORMATION**

To Be Completed by Loan Applicant (or Representative)

Ms <input type="checkbox"/> Mr <input type="checkbox"/>	Date of Birth MM / DD / YYYY
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First Name	Middle Name	Last Name
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Home Address	Apartment Number	Telephone () -
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City	Province	Postal Code	Mobile Phone () -
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Email Address	Fax () -
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Citizenship Status Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other <input type="checkbox"/>	In the preceding 24 months have you lived outside the province of BC? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Do you have any dependents? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" – how many?
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Do you own or rent your home? Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Are you currently in arrears for any spousal/child care payment obligations? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Have you ever changed your legal name by marriage or otherwise?

Yes No If "Yes" – please state previous name: _____

Did the accident or event causing harm occur while you were performing duties as an employee or contractor in the course of your employment or did it occur at an event attended by other employees or contractors (social or otherwise) sponsored by your employer? Yes No If "Yes" – please explain:

If the accident was a motor vehicle accident, was the car in which you were injured owned, leased, or rented by your employer? Yes No

Did the accident or event causing harm occur on your employer's property while you were traveling to work or leaving work? Yes No If "Yes" – please explain:

If you answered “Yes” to the previous question, did you report the accident or event to your employer? Yes No

If you answered “Yes” to the previous question, did either you or your employer report the accident or event to the WCB (Workers Compensation Board)? Yes No

Do you have any pre-existing litigation loans or other borrowings relating to your legal claim? Yes No

If “Yes” – please note outstanding loan amount & lender:

Loan Amount	Lender
\$	

Have you been declared Bankrupt or are you undergoing Bankruptcy proceedings? Yes No

If “Yes” – please provide details and a copy of any documentation evidencing Discharge and/or status of current Bankruptcy:

I certify that all information provided to BridgePoint in this application is true, accurate, and complete. I authorize and provide BridgePoint with the necessary consent to independently verify the accuracy of this information for the purpose of evaluating my loan application.

I authorize my lawyer, _____ to provide BridgePoint with all relevant details concerning my legal claims.

Signature	Date
	MM / DD / YYYY

If you have further questions or require assistance with the application, please call 1.888.800.4966.

SECTION B

LEGAL CLAIM

To Be Completed by Legal Counsel

Law Firm	
Lawyer	Telephone () -
Email Address	Fax () -

Has this Client's file been transferred from another lawyer/law-firm: Yes No

If "Yes" – please identify previous lawyer/law-firm:

Internal File Number:

Cause of Injuries

MVA Slip & Fall STD and/or LTD Other:

Nature of Injuries/Impairment

Did the incident causing loss occur in the province of British Columbia?	Is this action being litigated in the province of British Columbia?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is liability an issue? Yes No If "Yes" – please explain:

If this is an STD and/or LTD claim or dispute, are copies of the relevant policies available? Yes No

Is there a risk that the Client's claim may be subject to adjudication by the Workers' Compensation Board?

Yes No If "Yes" – please explain:

If the Client's claim is in relation to a motor vehicle accident, has it been determined by the ICBC to be a low velocity impact accident claim ("LVIA Claim") Yes No If "Yes" – please explain:

Has the ICBC made a final determination as to whether the claim is an LVIA Claim? Yes No

Is there a police or other report specifying the speed at which the vehicles were likely traveling? Yes No

If “Yes” – state the velocity of vehicles cited in the police or other report: (km/h)

Plaintiff:

Defendant:

Other:

Can you provide an estimate of the damages suffered by each of the vehicles involved in this accident?

Plaintiff \$

Defendant \$

Other \$

Employment Status

Client’s employment status at time of accident?

Full Time Part Time Self-employed Unemployed

Occupation Pre-Accident

Approximate Annual Income at Time of Accident

\$

Do Client’s tax statements support this amount?

Client’s Current Employment Status

Yes No

Full Time Part Time Self-employed Unemployed

BENEFITS

If this is a Motor Vehicle Accident, what is the status of the “Part 7” benefits?

Ongoing Settled

If benefits are ongoing, is the Client receiving income replacement benefits?

Yes No Terminated Termination Date: MM / DD / YYYY

Is the Client receiving disability benefits through a public/private organization providing disability benefits (other than the Canada Pension Plan)?

Yes No

Is the Client receiving disability benefits through the Canada Pension Plan?

Yes No

Is the Client receiving short or long term benefits through their employment?

Yes No N/A

Has the Client received an advance of funds from the ICBC?

Yes \$

No

UNDERINSURED MOTORIST PROTECTION

Has the Plaintiff purchased additional UMP coverage?

Yes No If “Yes” – please provide the policy limits associated with this excess coverage: \$

Is a UMP claim being litigated or otherwise contemplated?

Yes No N/A

Please provide further details with respect to the status (i.e. arbitration, claim issued) if you are representing the Client with respect to a UMP:

LITIGATION STATUS – TORT CLAIM

Pleadings:	Court File Number:	Not Yet Commenced	<input type="checkbox"/>
Discoveries:	Scheduled For: MM / DD / YYYY	Completed: MM / DD / YYYY	Not Yet Scheduled <input type="checkbox"/>
Mediation:	Scheduled For: MM / DD / YYYY	Completed: MM / DD / YYYY	Not Yet Scheduled <input type="checkbox"/>
Pre-Trial:	Scheduled For: MM / DD / YYYY	Completed: MM / DD / YYYY	Not Yet Scheduled <input type="checkbox"/>
Trial Date:	Scheduled For: MM / DD / YYYY	Not Set Down	<input type="checkbox"/>

Has any offer been made to settle this Claim? Yes No Amount: \$

Is litigation proceeding under Rule 15 (Expedited Litigation)? Yes No

TREATMENT

BridgePoint Financial Services offers a specialized programme for financing the cost of treatment for personal injury claimants.

Is this application submitted for the purpose of financing treatment through BridgePoint’s Treatment Financing Programme?

Yes No If “Yes” – please provide the following information concerning treatment received by your Client to date:

PROGRAM DETAILS

Form of Treatment:

Provider:

Start Date:	End Date:
MM / DD / YYYY	MM / DD / YYYY
Cost:	Paid by Insurer:
\$	

If there are additional treatments, please provide details on a separate sheet.

ANTICIPATED OUTCOME

Please provide an estimate of timing for the resolution of the applicable claims noted below:

Part VII Claim:	2012 <input type="checkbox"/>	2013 <input type="checkbox"/>	2014 <input type="checkbox"/>	Later:
Tort Claim:	2012 <input type="checkbox"/>	2013 <input type="checkbox"/>	2014 <input type="checkbox"/>	Later:
Other Claim:	2012 <input type="checkbox"/>	2013 <input type="checkbox"/>	2014 <input type="checkbox"/>	Later:

ASSIGNMENTS ON FILE

Previous solicitor’s fees and/or disbursements:	\$
Other disbursements:	\$
Other litigation loans:	\$
DIAND (Department of Indian Affairs and Northern Development):	\$

