



FINANCIAL SERVICES INC.

10 King Street East, Suite 401  
Toronto ON M5C 1C3  
Tel: 1.888.800.4966 Fax: 416.941.9035

[www.bpfin.com](http://www.bpfin.com)

## SETTLEMENT LOAN APPLICATION FORM

### Maritimes

#### 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	Loan Amount Requested	Date of Loss
MM / DD / YYYY	\$	MM / DD / YYYY

**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

First Name	Middle Name	Last Name
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Home Address	Apartment Number	Telephone
		( ) -

City	Province	Postal Code	Mobile Phone
			( ) -

Email Address	Fax
	( ) -

Citizenship Status	In the preceding 24 months have you lived outside of your province?
Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Marital Status	Do you have any dependents?
Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" – how many?

Do you own or rent your home?	Are you currently in arrears for any spousal/child care payment obligations?
Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

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:

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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:

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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, or other financial obligations to government agencies or otherwise 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:

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*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
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Lawyer	Telephone
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( ) -

Email Address	Fax
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( ) -

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

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In which province did the accident/loss occur?	In which province is this action being litigated?
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NFLD  NB  NS  PEI

NFLD  NB  NS  PEI

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

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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:

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If the Client was involved in a motor vehicle accident, has the client been deemed "totally disabled" by the Accident Benefits Insurer? Yes  No  N/A

Is it likely the Client will meet the criteria for lifetime disability benefits through their Accident Benefits Insurer?

Yes  No  N/A  Comment:

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Employment Status
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**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 <input type="checkbox"/> No <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/>

**LITIGATION STATUS – ACCIDENT BENEFITS CLAIM**

What is the status of the Client's Accident Benefits Claim?

Not Yet Commenced  Ongoing  Settled

Name of Insurer	Policy Number
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If benefits are ongoing, is the Client receiving disability income benefits?	Amount (or Pre-Termination Amount)
Yes <input type="checkbox"/> No <input type="checkbox"/> Terminated <input type="checkbox"/> Termination Date: MM / DD / YYYY	\$                    per

If this claim is being litigated in Newfoundland/Labrador, did the Claimant purchase optional insurance for medical payments and Disability Income Benefits?  
Yes  No

<i>Housekeeping/Home Maintenance Benefits</i>	Amount (or Pre-Termination Amount)
Yes <input type="checkbox"/> No <input type="checkbox"/> Terminated <input type="checkbox"/> Termination Date: MM / DD / YYYY	\$                    per

<i>Other Benefits</i>	Amount (or Pre-Termination Amount)
Yes <input type="checkbox"/> No <input type="checkbox"/> Terminated <input type="checkbox"/> Termination Date: MM / DD / YYYY	\$                    per

*Describe Other Benefits if applicable:*

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Is the Client receiving disability benefits through municipal or provincial disability plan?	Amount (or Pre-Termination Amount)
Yes <input type="checkbox"/> No <input type="checkbox"/> Terminated <input type="checkbox"/> Termination Date: MM / DD / YYYY	\$                    per

Is the Client receiving disability benefits through the Canada Pension Plan?	Amount (or Pre-Termination Amount)
Yes <input type="checkbox"/> No <input type="checkbox"/> Terminated <input type="checkbox"/> Termination Date: MM / DD / YYYY	\$                    per

Is the Client receiving short or long term benefits through their employment?	Amount (or Pre-Termination Amount)
Yes <input type="checkbox"/> No <input type="checkbox"/> Terminated <input type="checkbox"/> Termination Date: MM / DD / YYYY	\$                    per

**LITIGATION STATUS – TORT CLAIM (if applicable)**

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 the Client received an advance from the Accident Benefits, Tort or Other Insurer?		Amount	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Received: MM / DD / YYYY	\$
If “No” – has an application for such an application for such an advance been made? Yes <input type="checkbox"/>			
No <input type="checkbox"/>			
Has the defendant made any offers to settle? Yes <input type="checkbox"/>			
No <input type="checkbox"/>			
Amount: \$			

**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

**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:

Accident Benefit 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:	\$
Other Claims (Including Social Assistance):	\$

**DOCUMENTATION AVAILABLE FOR REVIEW**

Statement of Claim <input type="checkbox"/>	Statement of Defence <input type="checkbox"/>	MVA Report <input type="checkbox"/>
Medical Records – Plaintiff <input type="checkbox"/>	Medical Records – Defence <input type="checkbox"/>	Investigation Report(s) <input type="checkbox"/>
Witness Statements <input type="checkbox"/>	Tax Returns <input type="checkbox"/>	Employment Records <input type="checkbox"/>
Future Care Report <input type="checkbox"/>	Economic Loss Report <input type="checkbox"/>	Vocational Assessment <input type="checkbox"/>

Other:

**ADDITIONAL COMMENTS**

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Form completed by:	Date
	Dated the                  day of                  , 2012

Please fax the completed Application Form to: 416.941.9035. If you require assistance, please call: 1.888.800.4966