



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

SETTLEMENT LOAN APPLICATION FORM

Ontario

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 Ontario? 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 WSIB (Workers Safety & Insurance 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:

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
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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

Did the incident causing loss occur in the province of Ontario?	Is this action being litigated in the province of Ontario?
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 Workplace Safety & Insurance Board?

Yes No If "Yes" – please explain:

If the Client was involved in a motor vehicle accident, have the injuries been deemed catastrophic under SABS?

Yes No N/A

Is it likely the Client will meet the criteria for catastrophic impairment at a future date?

Yes No N/A Comment:

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 <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?	Expiry date of insurance policy issued in 2009
Not Yet Commenced <input type="checkbox"/> Ongoing <input type="checkbox"/> Settled <input type="checkbox"/>	

For policies issued post September 1, 2010, did the claimant purchase optional benefits?

Yes No If "Yes" – please provide details:

What are the liability limits of the policy?

\$

Is the Client's claim determined by the insurer to be subject to the M.I.G. Provisions of the SABS?

Yes No

Name of Insurer	Policy Number	Effective Date of Policy
		MM / DD / YYYY

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

What is the status of other accident benefits under SABS?

<i>Non-Earner 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>Caregiver 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>Attendant Care 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>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:

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

LITIGATION STATUS – TORT CLAIM (if applicable)

Is litigation under simplified procedure rules? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Received: MM / DD / YYYY			Amount \$ _____
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 <input type="checkbox"/> No <input type="checkbox"/> If “Yes” – please provide the following information concerning treatment received by your Client to date:

PROGRAM DETAILS

Form of Treatment:	
Provider:	
Start Date: MM / DD / YYYY	End Date: MM / DD / YYYY
Cost: \$ _____	Paid by Insurer:

