

# INfact

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## What is the difference between a “claims made” and an “occurrence” policy?

“**Claims Made**” is the basis of coverage on all Professional Liability insurance policies. This means that in order for the insurance to respond, the policy must be in effect at the time an allegation is first made, regardless of when the alleged error or omission may have taken place. Furthermore, when the policy lapses or is cancelled, there ceases to be any Professional Liability coverage available, even if coverage was carried when the alleged error or omission occurred.

### Example:

A policy is purchased May 1, 2008 to May 1, 2009.

The policy is not renewed at expiry on May 1, 2009.

A claim is presented in September 2009 for work done in June 2008.

The policy will not respond, as coverage was not in effect at the time the claim was made.

“**Occurrence**” is the basis of coverage on a Commercial General Liability insurance policy. This means that in order for the insurance to respond, the policy must be in effect at the time of the incident that gives rise to a claim for third party bodily injury or property damage. As long as the policy was in effect when the “occurrence” happened, the policy will respond, even though the “occurrence” manifests itself in the form of injury or damage, months or even years later.

### Example:

Coverage is purchased May 1, 2008 to May 1, 2009.

The policy is not renewed at expiry on May 1, 2009.

An insured claim is presented in September 2009 for bodily injury caused in June 2008.

The policy that was in effect for the term May 1, 2008 to May 1, 2009 will respond.

For more information about the Professional Liability insurance program (and companion Commercial General Liability coverage) that has been arranged by your Society, please obtain an information package from your Society website or contact:

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