

Law Office Contacts and Basic Information

Your Full Name _____

SIN: _____ Telephone #: _____

LSBC # _____ Date of Birth: _____

CBA # _____ Place of Birth: _____

HST # _____

Law Corporation Name: _____

Incorporation date: _____ CRA tax #: _____

Incorporation #: _____

Office Address: _____

PID # (if office is owned by you or your law corporation): _____

Office Phone: _____ Work Cell Phone: _____

Email Address: _____ Website: _____

Home

Address: _____

Phone: _____ Personal Cell Phone: _____

Spouse/Next of Kin

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Office Manager

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Secretary

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Bookkeeper

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Computer, Telephone, Cell Phone, Website (numbers, user names and password) (Contact person who knows where this information is stored)

Name: _____ Relationship: _____

Best way to contact: _____

Landlord

Name: _____ Contact Person: _____

Address: _____

Phone: _____

Lease or other term of rental: _____

Lease or rental termination date: _____

Location of documents: _____

Will

Executor:
Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Alternate Executor:
Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Location of Will: _____

Power of Attorney (Personal)

Attorney:
Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Alternate Attorney:
Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Location of personal Power of Attorney: _____

Accountant

Name: _____ Firm Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Practice Attorney/Trustee

Name: _____ Firm Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Gatekeeper

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Practice Bank Accounts (expand list as necessary)

General Account(s):

Institution: _____ Phone: _____

Address: _____

Bank Contact Person: _____ Other Signatory: _____

Account Number(s): _____

Trust Account(s):

Institution: _____ Phone: _____

Address: _____

Bank Contact Person: _____ Other Signatory: _____

Account Number(s): _____

Safety Deposit Box(es) for Practice: (expand list as necessary)

Institution: _____ Phone: _____

Address: _____

Bank Contact Person: _____ Box Number(s): _____

Location of key(s): _____ Other Signatory: _____

General Office Insurance (theft, fire, liability)

Insurer: _____ Phone: _____

Contact Person: _____

Address: _____

Policy #: _____

Excess Professional Liability Insurance

Insurer: _____ Phone: _____

Contact Person: _____

Address: _____

Policy #: _____

Disability Insurance for Practice Coverage

Insurer: _____ Phone: _____

Contact Person: _____

Address: _____

Policy #: _____ Beneficiary: Practice Attorney/ Trustee

Life Insurance for Practice Coverage

Insurer: _____ Phone: _____

Contact Person: _____ Beneficiary: Practice Attorney/Trustee

Address: _____

Policy #: _____ Beneficiary: Practice Attorney/Trustee

Location of Storage for Closed Files: (expand as necessary)

Storage Company: _____ Phone: _____

Address: _____

Locker #: _____

Access Requirements: _____

Leases of Equipment, etc: (expand as necessary)

Item leased: _____

Lessor: _____ Phone: _____

Contact Person: _____

Address: _____

Expiration Date: _____

Business Credit Cards (expand the list as necessary)

Institution: _____ Phone: _____

Address: _____

Account number(s): _____

Other Signatory: _____

Maintenance Contracts (cleaning, equipment, etc) (expand list as necessary)

Item or job covered: _____

“Maintainor”: _____ Phone: _____

Address: _____