

6. SUCCESSION PLANS (Regulation 4.6)

As per [Regulation 4.6](#), does your firm (or sole practice) maintain a succession plan that contemplates the unique arrangements that will be necessary in the event of the cessation of each lawyer’s practice for any reason, including:

- (a) temporary disability or incapacity;
- (b) long term disability or incapacity; and
- (c) death of the lawyer.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
If “No” or “Uncertain” please explain:		

Have you reviewed your succession plan during the past 12 months to ensure it is current and accurate?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
If “No” or “Uncertain” please explain:		

It is important the Society knows who to contact in the event that practice succession is suddenly required. If you are a sole practitioner and your plan was created or updated in the past 12 months, please provide the names of the practising lawyer(s) who’ve agreed to take on any or all duties (e.g. distribute or supervise distribution of open files; take control of your trust accounts):

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Note that at minimum, a succession plan must include information and adequate arrangements to allow for the handling of clients and management of the practice in regard to the following, where applicable:

- (a) open and closed files;
- (b) wills and wills indices;
- (c) foundation documents and other important records;
- (d) other valuable property;
- (e) passwords and the means to access computers, email, accounting and other electronic records;
- (f) trust accounts and trust funds;
- (g) other accounts related to the member’s practice; and
- (h) any other arrangements necessary to carry on or wind up the lawyer’s unique practice.

If you are a sole practitioner, have you set up your trust account(s) so that your practice successor can take control in a timely way and confirmed that arrangement with your successor and financial institution(s)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	<input type="checkbox"/> N/A
Comments:			

The NSBS Succession Planning Toolkit is available to assist you in creating your firm’s succession plan. The Toolkit includes:

- [Succession Planning Guide](#)
- [File Retention Destruction Policy Template](#)
- [Checklist Succession Planning Considerations](#)
- [Targeted Paper Reduction Guide](#)
- [Template Succession Plan](#)
- [Template Simple Succession Plan](#)

Contact LSS@nsbs.org if you have questions or need assistance creating your plan or preparing for practice succession.

7. CYBER SECURITY/INSURANCE

The CLIA coverage for lawyers in the province includes cyber insurance coverage. Please note that, in addition to standard risk management practices, the cyber insurance coverage provided by CLIA excludes coverage for any claim that arises out of, is based upon or is attributable to the failure of any insured to (i) install, activate and maintain internet firewalls or endpoint protection or (ii) maintain weekly data backups or client data.

Please confirm if you (firm or sole practitioner) have taken the steps required by the cyber insurance group program.

Conducts weekly data backups of all firm and client data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Stores backup data off-site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Install, maintain and actively monitor up-to-date internet firewalls and end point protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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Update your computer network with new protection patches, anti-virus software, and anti-spyware within two weeks of critical patches being released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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(Note: Other terms and conditions of the insurance policy may apply to exclude coverage for a particular claim. We are only asking these questions because in our opinion, prudence dictates that all lawyers and law firms take these steps, at a minimum, to protect their data.)

8. CLIENT IDENTIFICATION

The firm's lawyers and staff who assist in legal services delivery know of and have complied with the firm's obligations regarding client identification, under regulation 4.13.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:		

Are there procedures in place to identify and verify clients (this includes individuals, organizations and instructing individuals)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:		

Has the firm retained copies of the supporting documents used to verify their clients?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Does the firm monitor current clients periodically by determining whether the following are consistent with the purpose of the retainer and the information obtained about the client:

- o the client’s information in respect of their activities;
- o the client’s information in respect of the source of funds, and
- o the client’s instructions in respect of transactions.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:		

Does the firm represent clients who are not physically present in Canada?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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9. EQUITY, DIVERSITY AND INCLUSION

Do you have any equity, diversity and inclusion initiatives within your firm?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide detail:	

10. CONTINUING PROFESSIONAL DEVELOPMENT

Each practising lawyer in the firm has prepared and is implementing a continuing professional development plan for the current CPD reporting period, pursuant to subregulation 8.3.8.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
If “No” or “Uncertain” please explain:		

11. TRUST ACCOUNT REPORT (Reg 4.11.2)

Please select one of the two options below. If your firm operates a trust account(s), you must complete the Trust Account Report section.

I confirm that our firm operates a trust account(s) and must complete the Trust Account Report.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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12. CERTIFICATION

I confirm that I have made reasonable efforts to ensure that the information in this report is accurate and complete.

Signature of Designated Lawyer (Reg 4.7.3)

Date