



Notice of Claim
Errors & Omissions Insurance

This form is provided for the reporting of Errors and Omissions claims pursuant to a Master Insurance Policy issued to the Real Estate Council of Ontario ("RECO") and is without prejudice to the liability effected with the insurers.

Please send this notice of claim and all attachments requested to the attention of:

ClaimsPro LP	175 Commerce Valley Drive West	Phone: 1-877-740-1913
Attention: Jan Perkins	Suite 600	Fax: 1-866-735-1033
claims@reco-claims.ca	Markham, ON L3T 7P6	

1. REGISTRANT - Contact Information (Please Print Clearly)

- (a) Name of Registrant: _____
- (b) Registrant Mailing Address: _____
- (c) RECO Registrant No.: _____ (d) No. of Years Trading in Real Estate: _____
- (e) Business Phone No.: _____ (f) Mobile Phone No.: _____
- (g) Business Fax: _____ (h) Email Address: _____
- (i) Preferred Method of Correspondence: Email Fax

2. BROKERAGE/BROKER OF RECORD - Contact Information (Please Print Clearly)

- (a) Brokerage at Time of Trade: _____
- (b) Broker Mailing Address (include contact details if different than Registrant's): _____

- (c) Broker of Record: _____ (d) Business Phone No.: _____
- (e) Mobile Phone No.: _____ (f) Business Fax: _____
- (g) Email Address: _____
- (h) Preferred Method of Correspondence: Email Fax

PROFESSIONAL LIABILITY INSURANCE
Underwritten by Certain Underwriters at Lloyd's and Trisura Guarantee Insurance Company
Administered by the Real Estate Council of Ontario
Distributed and Managed by Alternative Risk Services, a division of 3303128 Canada Inc.

3. Claim Information (Please Provide Each of The Following)

(a) Address of Trade (must include postal code): _____

(b) Name of Claimant (even if potential only): _____

(c) Date you first became aware of a claim or potential claim: _____

(d) Date you were served with the litigation/court documents (if applicable): _____

(e) The litigation/court documents were delivered:

By Hand

By Mail

By Courier

Other, please specify: _____

(f) Copies of any correspondence you have received from the claimant:

The requested document is attached.

(g) Copies of any correspondence received from a lawyer along with any court documentation:

The requested document is attached.

4. Authorization

In order to facilitate the claims process, the undersigned hereby authorizes Lloyd's underwriters and Trisura Guarantee Insurance Company and its authorized representatives to collect, use, and disclose personal information as permitted by law and for the purpose necessary to investigate, defend and settle claims, detect fraud, validate information provided, implement loss control and risk management programs and initiatives, and exchange information with other insurance service or information providers as dictated by prudent insurance practices.

Registrant Signature

Broker of Record Signature (if available)

Date

Date

IMPORTANT - If acknowledgement of your claim is not received within 48 business hours, please call ClaimsPro LP to confirm the claim was received

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