

ACKNOWLEDGMENT OF PAYMENT OF INSURANCE POLICY LIMITS

WHEREAS name ("the claimant) has asserted claims for insurance coverage against **certain underwriters at Lloyd's/Trisura Guarantee Insurance Company ("the insurer")** in respect of claims for loss of commissions in real estate transactions pursuant to the Commission Protection Insurance Extension of Profession Liability Insurance Policy NO. RECO092024-01 issued by the insurer to the REAL ESTATE COUNCIL OF ONTARIO ("the policy").

AND WHEREAS the insurer has reviewed the claims asserted by the claimant and has agreed to pay at the present time, a sum equal to 50% of those claims to the claimant.

1. The undersigned states that the amounts claimed for commission has not been received by the claimant nor otherwise been assigned for real estate transactions for the property (properties) municipally known as **ADDRESS**.
2. The undersigned acknowledges that on receipt of payment of the sum of \$ from the insurer, the claimant will have received 50% of the total commissions owed to the claimant for the property (properties) referenced in Paragraph 1 herein.

IT IS HEREBY ACKNOWLEDGED AND AGREED that signature of this Acknowledgement by electronic signatures or "e-signature", whether digital or encrypted, and whether completed using DocuSign or other similar software, of the parties included in this Acknowledgement are intended to authenticate this writing and to have the same force and effect as manual signatures. Delivery of a copy of this Acknowledgement or any other document contemplated hereby bearing an original or electronic signature by facsimile transmission (whether directly from one facsimile device to another by means of a dial-up connection or whether mediated by the worldwide web), by electronic mail in "portable document format" ("pdf") form, or by any other electronic means intended to preserve the original graphic and pictorial appearance of a document, will have the same effect as physical delivery of the paper document bearing an original or electronic signature.

WITNESS

CLAIMANT