

Notice of Claim

Consumer Deposit Insurance

This form is provided for the reporting of Consumer Deposit 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.

This Notice of Claim form should be completed by the Claimant and sent with attachments to **the Real Estate Council of Ontario ("RECO")** to the attention of the Insurance Administrator **at the address noted below.**

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

Real Estate Council of Ontario
Insurance Administrator
Insurance@reco.on.ca

3300 Bloor Street West
West Tower, Suite 1400
Toronto, ON M8X 2X2

Phone: 416-407-4800
Toll Free: 1-800-245-6910
Fax: 416-207-9020

1. Identity of Claimant(s)*

(a) Name: _____

(b) Residential Address: _____

(c) Postal Code: _____ (d) Telephone Number (Res.): _____

(e) Business Address: _____

(f) Postal Code: _____ (g) Telephone Number (Bus.): _____

* If this application is being submitted for more than one claimant please list the names and addresses of each claimant on a separate sheet.

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

The Claimant hereby applies for payment of a claim in the amount of: \$ _____
(Please provide details in paragraph 6., below)

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.

2. Identity of Brokerage and Broker holding Claimant's deposit

- (a) Name of Broker/Salesperson: _____
(b) Name of Brokerage: _____
(c) Address of Brokerage: _____
(d) Postal Code: _____ (e) Telephone No.: _____
(f) Fax Number: _____

3. Details of agreement of purchase and sale

- (a) Purchase Price: _____
(b) Municipal address of property being purchased/sold: _____

(c) Name of Seller(s): _____
(d) Seller's Solicitor (if known): _____
(e) Name of Buyer(s): _____
(f) Vendor's Solicitor (if known): _____

(Please attach a photocopy of the Agreement of Purchase and Sale and any amendments.)

4. Date and amount of each deposit made by Purchaser(s) pursuant to agreement of purchase and sale

	Date (MM/DD/YYYY)	Amount*
Initial Deposit	_____	\$ _____
Second Deposit	_____	\$ _____
Third Deposit	_____	\$ _____
Other Deposits**	_____	\$ _____
Total (all deposits)		\$ _____

* Attach photocopies of each receipt and/or cheque(s) – front and back (if available)

** If any other deposits were made other than listed above please attach details.

5. Location of broker's statutory trust account (if known)

- (a) Name of Bank: _____ (b) Account No.: _____
(c) Address: _____

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6. Describe the reasons for the Brokerage's failure to return Claimant's deposit (if known)

Please describe circumstances to support the amount of claim made in question 1.

7. Date of discovery of loss

8. Describe circumstances surrounding discovery of loss:

9. Was loss reported to police: ☐ Yes ☐ No

If yes, date that the loss was reported to police:

Name and telephone number of investigating police officer:

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10. Describe all efforts made by the Claimant to recover the deposit

(e.g., any court proceedings which have been instituted, demand letters, face-to-face discussions between the claimant and the Broker relating to the Broker's failure to return the claimant's deposit)

(Please attach additional details not provided below, including all documents or correspondence exchanged between the Claimant and the Broker/Salesperson with respect to this claim)

11. The Claimant hereby states that he/she/they are not aware of any claim or counterclaim by the Broker Salesperson / Brokerage or any other party which set off against the amount claimed herein.

☐ Yes ☐ No

12. Authorization

The Claimant(s) hereby authorizes the Real Estate Council of Ontario and the Insurer, their agents, employees and representatives to investigate this claim on his/her/their behalf and to solicit from any party including but not limited to Broker(s), Salesperson(s), Brokerage(s), Receiver(s), Financial Institution(s) or other party(ies) who may have in their possession, care or control records, materials, documents or other property relevant to this claim. The Claimant(s) hereby directs any party to whom this document is presented to disclose any records, materials, documents or other property relevant to this claim that may be in their possession, care or control to the Real Estate Council of Ontario and its Insurer, their agents, employees and representatives and to cooperate with their investigation.

Signature of Claimant

Date

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