

**RECO Insurance Program  
Notice of Claim  
CONSUMER DEPOSIT INSURANCE**

This form is provided for the reporting of Consumer Deposit claims pursuant to a Master Insurance Policy issued by certain underwriters of Lloyd's of London ("Lloyd's") to the Real Estate Council of Ontario ("RECO") and is without prejudice to the liability effected with Lloyd's.

This Notice of Claim form should be completed by the Claimant and sent with attachments to the attention of the Insurance Administrator **at the address noted below.**

**Please send this Notice and all documentation to the attention of:**

**Real Estate Council of Ontario  
Insurance Administrator**

3250 Bloor Street West  
East Tower, Suite 600  
Toronto, ON M8X 2X9

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

**1. Identity of Claimant(s)\***

|       |         |
|-------|---------|
| Name: | S.I.N.: |
|-------|---------|

Residential Address:

|              |                          |
|--------------|--------------------------|
| Postal Code: | Telephone Number (Res.): |
|--------------|--------------------------|

Business Address:

|              |                         |
|--------------|-------------------------|
| Postal Code: | Telephone Number (Bus): |
|--------------|-------------------------|

**The Claimant(s) hereby applies for payment of a claim in the amount of : \$ \_\_\_\_\_ \*\***

\* If this application is being submitted for more than one claimant please list the names and addresses of each claimant on the reverse side of this form  
 \*\* Please provide details in paragraph 6 below

**2. Identity of Brokerage and Broker Holding Claimant's Deposit**

Name of Broker:

Name of Brokerage:

Address of Brokerage:

|              |                   |             |
|--------------|-------------------|-------------|
| Postal Code: | Telephone Number: | Fax Number: |
|--------------|-------------------|-------------|

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 Managed by Dion, Durrell + Associates Inc.

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**3. Details of Agreement of Purchase and Sale**

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Purchase Price:

Municipal address of property being purchased/sold:

Name of Vendor(s):

Vendor's Solicitor (if known):

Name of Purchaser(s):

Purchaser's Solicitor (if known):

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*(Attach photocopy of Agreement of Purchase and Sale and any amendments)*

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**4. Date and amount of each deposit made by claimant pursuant to Agreement of Purchase and Sale**

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|                  | Date                         | Amount* |
|------------------|------------------------------|---------|
| Initial Deposit  | _____                        | _____   |
| Second Deposit   | _____                        | _____   |
| Third Deposit    | _____                        | _____   |
| Other Deposits** | _____                        | _____   |
|                  | <b>TOTAL (All Deposits):</b> | _____   |

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

\*\* If any other deposits made other than listed above please provide details on reverse side of this Proof of Loss form

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**5. Location of Broker's Statutory Trust Account (if known)**

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Name of Bank:

Account No:

Address:

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**6. Describe the reasons for the Broker's failure to return Claimant's Deposit (if known)\***

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\* Please describe circumstances to support the amount of claim made in paragraph 1

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**7. Date of Discovery of Loss**

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**8. Describe circumstances surrounding Discovery of Loss**

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**9. Was Loss reported to police**

If so, date that Loss was reported to police

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Name and Telephone Number of Investigating Police Officer

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**10. Describe all efforts made by the Claimant to recover 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 (use back of this page is necessary)**

(Attach all documents or correspondence exchanged between the Claimant and the Broker with respect to this claim)

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**11. The Claimant Hereby States that he/she is not aware if any claim or counterclaim by the broker or any other party which set off against the commission claimed herein.**

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12. 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), 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 part 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 of the Real Estate Council of Ontario and its Insurer, their agents, employees and representatives and to cooperate with their investigation.

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**Claimant's Signature**

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**Date**

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