

RECO Insurance Program
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 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.

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

McLarens Canada
 Attention: Jan Perkins

16700 Bayview Avenue, Suite 211
 Newmarket, ON
 L3X 1W1

Phone: 1-877-740-1913
 Fax: 1-866-735-1033
 E-mail: claims@reco-claims.ca

REGISTRANT INFORMATION

NAME OF REGISTRANT:	Brokerage at Time of Trade:
Registrant Mailing Address:	Broker Address (include phone and fax number if different than above):
RECO Registration #:	Broker Name (and Registration Number, if available):
Business Phone No: ()	Business Fax: ()

Email Address: _____

Please advise if you prefer to correspond by fax or email (circle one)

CLAIM INFORMATION

PLEASE PROVIDE US WITH THE FOLLOWING:

1. ADDRESS OF TRADE (which must include first 3 characters of POSTAL CODE) _____
2. NAME OF CLAIMANT (even if potential only) _____
3. Advise the date you first became aware of a claim or potential claim _____
4. Provide copies of any correspondence you have received from the claimant
5. Provide copies of any correspondence received from a lawyer along with any court documentation
6. Advise where you were served with the litigation/court documents _____
7. Advise when you were served with the litigation/court documents _____

In order to facilitate the claims process, the undersigned hereby authorize Lloyd's underwriters 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 McLarens Canada to confirm the claim was received.