

## Notice of Claim Commission Protection Insurance

This form is provided for the reporting of Commission Protection 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
<a href="mailto:claims@reco-claims.ca">claims@reco-claims.ca</a>	Markham, ON L3T 7P6	

**Please note the following:**

- 1. You should complete ONE (1) form for each trade.**
- 2. A failure to provide the insurers with a properly completed form and/or supporting documentation may result in a delay or possible denial of your claim.**

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### Claim Reporting Form

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#### 1. RECO insurance program registrant information

Listing Brokerage       Cooperating Brokerage

(a) Name of Claimant (Registrant or Cooperating Brokerage): \_\_\_\_\_

(b) Registration Number: \_\_\_\_\_

(c) Residential Address: \_\_\_\_\_

(d) Postal Code: \_\_\_\_\_ (e) Telephone Number (Res.): \_\_\_\_\_

(f) Cell Number: \_\_\_\_\_ (g) Email Address: \_\_\_\_\_

(h) Business Address: \_\_\_\_\_

(i) Telephone Number (Bus.): \_\_\_\_\_

#### 2. Claim information

(a) The Claimant(s) hereby applies for the following insurance payment amount in respect of this trade (amount should be net of HST and fee split): \$ \_\_\_\_\_

(b) If you have received any payment or partial payment of commissions or advances, please indicate amount: \$ \_\_\_\_\_

(c) Is the amount set out in 2. (b) included in 2. (a)?     Yes     No

#### 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. Identity of brokerage and broker holding Claimant's commission**

- (a) Name of Brokerage/Broker: \_\_\_\_\_
- (b) Address of Brokerage: \_\_\_\_\_
- (c) Postal Code: \_\_\_\_\_ (d) Telephone Number: \_\_\_\_\_
- (e) Fax Number: \_\_\_\_\_

**4. Identification of Vendor(s) / Purchaser(s) with whom the purchase agreement was made**

- (a) Name of Vendor(s): \_\_\_\_\_
- (b) Name of Purchaser(s): \_\_\_\_\_
- (c) Address of parties (if known): \_\_\_\_\_
- (d) Name of Vendor's Solicitor (if known): \_\_\_\_\_
- (e) Name of Purchaser's Solicitor (if known): \_\_\_\_\_

**5. Date of agreement of purchase and sale**

\_\_\_\_\_

**6. Date agreement of purchase and sale is scheduled to close**

\_\_\_\_\_

**7. Identification of property for which claim is made**

- (a) Municipal Address: \_\_\_\_\_

**8. Date and amount of each deposit made by purchaser(s) pursuant to agreement of purchase and sale**

	Date	Amount
<b>Initial Deposit</b>	_____	_____
<b>Second Deposit</b>	_____	_____
<b>Third Deposit</b>	_____	_____
		_____ <b>Total</b>

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

**9. Describe the reasons for the broker's failure to perform its obligation to pay the commission (if known)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**10. Describe any communications (i.e., face-to-face discussions, telephone discussions, correspondence, etc.) between the Claimant and the Broker relating to the Broker's failure to perform its obligation to pay the commission**

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**11. Describe all efforts (other than described in above question 10.) made by the Claimant to recover payment of commission (e.g., any court proceedings which have been instituted, demand letters, etc.)**

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**12. Please attach the following documents along with this claim form**

- (a) Brokerage, Employment or Independent Contractor Agreement
- (b) Agreement of Purchase and Sale and any Amendments
- (c) Trade Record Sheet
- (d) Copy of all cheques (tendered or cancelled)
- (e) Any documentation supporting the trade in real estate
- (f) Commission Invoice if available.

**13. Location of Commission trust account**

- (a) Name of Bank: \_\_\_\_\_
- (b) Account Number: \_\_\_\_\_
- (c) Bank Address: \_\_\_\_\_

**14. Claim warranty and authority**

- (a) The Claimant warrants 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. The Claimant further warrants that the commission claim has not been assigned transferred or sold the commissions to any other entity or person.
- (b) The Claimant(s) hereby authorizes the insurer, its agents, employees and representatives to investigate this claim on his/her 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

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relevant to this claim that may be in their possession, care or control of the Insurer, their agents, employees and representatives and to cooperate with their investigation.

- (c) In order to facilitate the claims process, the Claimant authorizes certain 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, and exchange information with other insurance service or information providers as dictated by prudent insurance practices.
- (d) In order to facilitate the claims process, the Claimant authorizes certain 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, and exchange information with other insurance service or information providers as dictated by prudent insurance practices.
- (e) The Claimant hereby assigns his/her right to certain Lloyd's Underwriters and Trisura Guarantee Insurance Company relating to the enforcement of any right to collect payment of any commission owed to the Claimant by a broker or any other person who may be in possession or control of funds that constitute a commission owed to the Claimant.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Claimant (Print)

\_\_\_\_\_  
Name of Witness (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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