



**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 Lloyd's Underwriters 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 **Real Estate Council of Ontario ("RECO")** 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 Department  
insurance@reco.on.ca

3300 Bloor Street West  
West Tower, Suite 1200  
Toronto, ON M8X 2X2

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

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

Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number (Res.): \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

\* If this application is being submitted for more than one claimant, please list the names and addresses of each claimant below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

(Please provide details in paragraph 6., below)

**RECO Insurance Program**  
Underwritten by certain Lloyd's Underwriters  
Endorsed by the Real Estate Council of Ontario  
Distributed by Alternative Risk Services,  
a division of 3303128 Canada Inc.

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

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Name of Broker / Salesperson:

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Name of Brokerage:

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Address of Brokerage:

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Postal Code:

Telephone Number:

Fax Number:

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

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Purchase Price:

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Municipal address of property being purchased/sold:

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Name of Seller(s):

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Seller's Solicitor (if known):

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Name of Buyer(s):

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Buyer's Solicitor (if known):

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*(Please attach a copy of the Agreement of Purchase and Sale including any amendments)*

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**4. Date and amount of deposits made by claimant(s) pursuant to the Agreement of Purchase and Sale**

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

\* 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.

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

Name of Bank:

Account No:

Address:

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

Please describe the 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 the circumstances surrounding the Discovery of Loss**

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**9. Was the Loss reported to the police?**     Yes     No

If yes, date the Loss was reported to police:

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Name and telephone number of the 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 / Salesperson relating to the Brokerage'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

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**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

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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), 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.**

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Claimant's Signature

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Date