

Notification of Claim Form

Reference Number
Name of Holder
Address / Telephone / Facsimile numbers of Principal Office

Please complete this form with a thorough description of the circumstances in the space provided. The terms "Claim" and "Claimant" also include and/or refer to a "Potential Claim" and a "Potential Claimant". This form was designed as an overview of the claim.

1. Name of Holder of Certificate of Practice:

Telephone No. () _____

2. Certificate of Insurance: _____

3. Project address:

Name of individual Architect(s) responsible for project: _____

4. Classification of Project:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Institutional (government) | <input type="checkbox"/> Institutional (other) | <input type="checkbox"/> Health Facility | <input type="checkbox"/> Educational Facility |
| <input type="checkbox"/> Rec/Sports Facility | <input type="checkbox"/> Commercial High Rise | <input type="checkbox"/> Commercial Low Rise | <input type="checkbox"/> Hotel/Motel/Resort |
| <input type="checkbox"/> Industrial (heavy) | <input type="checkbox"/> Industrial (light) | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Residential High Rise |
| <input type="checkbox"/> Residential Low Rise | <input type="checkbox"/> Detached Single/Semi | | |
| <input type="checkbox"/> None of the Above | | | |

Please advise if this Project is: New Building Addition Alteration Planning/Feasibility

Number of Storeys: 1 to 3 4 to 12 13 to 30 30 and up

Construction Value: \$ _____ Agreed Fees for Project _____

5. Owner's name and address:

6. Type of Owner: Co-Op/Condo. Corp. School Board Institutional Commercial Corp.
 Private Person(s) Builder Government Industrial Corp.

7. Claimant's name and address:

8. Type of Claimant: Owner(s) Condo. Corp. Contractor Sub-Contractor
 Lender Tenant Tarion Bonding Co.
 Other

9. Allegations made or having potential to be made against you:

10. Your comments on each allegation or potential allegation that may be made against you:

11. How was complaint made against you or how did you hear of potential complaint?

12. Date(s) of allegations or threats of potential claim:

13. Nature of problem or dispute, or potential problem or dispute:

14. Your opinion as to the cause of the problem or potential problem:

15. Amount claimed or may be claimed: \$ _____

16. Proposed potential or actual cost of remedial work: \$ _____

17. Who directed the remedial work or may direct any such work?

18. Estimate cost of future remedial work, or possible cost of such work, delays or other costs:

19. What recommendations have been made for remedial work or to prevent the problems and by whom?

20. What was the owner's response to these recommendations?

21. Are your fees being paid? Yes No

If not, what amounts are owing? _____

What action, if any, will be taken to collect these fees?

22. Describe the atmosphere amongst the various parties involved in solving the problem:

23. Type of Contract (Client/Architect)

- Full Service Traditional Partial Service
 Review for Lender Builder Service
 Advocate Architect Design/Build
 Construction Management
 None of the Above

Type of Contract (Construction)

- Standard CCDC2 Non-Standard
 Cost-Plus CCDC3 Non-Standard Cost+
 Builder (Subs. Only) Design/Build
 Government Construction Management
 None of the Above

24. Explain your scope of services for the project:

25. List other Consultants:

Name	Discipline	Retained by Whom	Paid by Whom

26. Name of General Contractor: _____

27. List of applicable Sub-Contractors:

Name	Work Performed

28. Date design started: _____

Date construction started: _____ Date construction terminated: _____

Date of substantial completion: _____ Date of Owner's final acceptance: _____

Budgeted Cost \$ _____ Accepted Bid \$ _____ Final Cost \$ _____

Signature _____

Date _____