

# 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.



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:

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

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

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

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

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

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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?

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

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

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

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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?

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

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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** \_\_\_\_\_