PRODEMNITY
INSURANCE COMPANY

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NOTIFICATION OF CLAIM FORM

Reference Number

Name of Holder of a Certificate of Practice

Address of Principal Office

Telephone of Principal Office

E-mail Address 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. Policy Number:

3. Project address:

Name of individual Architect(s) responsible for project:

4. Type of Project:

- ☐ Office - Commercial
- ☐ Residential (Single Family Homes)
- ☐ Performing Arts - Museum
- ☐ Education - Universities - Schools
- ☐ Apartments - Condos - Townhouses (Multi Dwelling Residences)
- ☐ Places of worship
- ☐ Retail - Mall - Shopping
- ☐ Industrial Buildings - Warehouse
- ☐ Transportation
- ☐ Hospital - Retirement - Convalescent
- ☐ Community Center - Recreational - Sports Facility
- ☐ Other
- ☐ Utilities - Power Plants

4(a). Project Scope:

(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

Total Project Cost: $ Agreed Fees for Project:

4(b). Project Scope Details:

- ☐ Heritage
- ☐ Landscape
- ☐ Parking Below Grade
- ☐ Interiors
- ☐ Demolition
- ☐ Fee Dispute
- ☐ Site Development
- ☐ Parking Above Grade

5. Client's name and address:

6. Type of Client:

- ☐ Municipal Government
- ☐ Federal Government
- ☐ Institutional
- ☐ Condo Corp.
- ☐ Provincial Government
- ☐ Developer
- ☐ Government
- ☐ Home Owner
- ☐ For Profit Commercial Entity
- ☐ Not for Profit Commercial Entity

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. Amount claimed or may be claimed: $ _____

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

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

16. Are your fees being paid? ☐ Yes ☐ No

If not, what amounts are owing? _____

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

_____

_____

_____

17. Type of Contract (Client/Architect)

☐ Standard (OAA/RAIC) ☐ Client Drafted Agreement (Developer) ☐ Verbal Agreement

☐ Holder's Own Agreement ☐ Client Drafted Agreement (Other) ☐ Other _____

18. Explain your scope of services for the project:

_____

_____

_____

19. List other Consultants:

Name	Discipline	Retained by Whom	Paid by Whom

20. Name of General Contractor: _____

21. List of applicable Sub-Contractors:

Name	Work Performed

Signature _____ **Date** _____