

INCIDENT/CLAIM REPORTING FORM

IF YOU HAVE RECEIVED VERBAL OR WRITTEN NOTICE OF A CLAIM BEING
MADE AGAINST YOU

OR

IF YOU BECOME AWARE OF AN INCIDENT WHICH COULD RESULT IN A
CLAIM BEING MADE AGAINST YOU FOR AN ALLEGED ERROR, OMISSION
OR NEGLIGENT ACT

PROVIDE IMMEDIATE NOTICE TO:

VERITY CLAIMS MANAGEMENT—GESTION DES RÉCLAMATIONS
(9776478 Canada Inc.)
Suite 420
1860 Appleby Line
Burlington, ON L7L 7H7
647-884-5065
Attention: Katja Kim
katjak@verityclaims.ca

PLEASE COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY AND EMAIL
OR MAIL IT TO VERITY CLAIMS MANAGEMENT—GESTION DES
RÉCLAMATIONS

PART I – MEMBER’S INFORMATION



NAME OF APPRAISER:

MEMBER NO.:

DESIGNATION:

FEE STATUS AT TIME OF APPRAISAL:

NAME OF FIRM AT TIME OF REPORT IN ISSUE:

CURRENT FIRM BUSINESS ADDRESS:

TELEPHONE:

EMAIL:

NAME OF CO-SIGNOR(S), IF ANY (WITH MEMBER NOS. AND CONTACT INFORMATION):

DO YOU CARRY OTHER INSURANCE (EXCESS OR ADDITIONAL) THAT MAY APPLY TO THIS MATTER? (IF YES, PLEASE PROVIDE DETAILS):

PART II – PROPERTY/APPRaisal IN ISSUE

APPRAISAL PREPARED FOR:

ADDRESS:

CONTACT:

ADDRESS OF PROPERTY APPRAISED, IF DIFFERENT THAN ABOVE:

OWNER:

APPRAISAL TYPE:

PROPERTY TYPE:

DATE OF REPORT:

PURPOSE OF REPORT:

APPRAISED VALUE:

WAS A MORTGAGE BROKER INVOLVED? (IF YES, PLEASE PROVIDE DETAILS):

WAS A LENDER INVOLVED? (IF YES, PLEASE PROVIDE DETAILS):

WAS AN APPRAISAL MANAGEMENT COMPANY INVOLVED? (IF YES, PLEASE PROVIDE DETAILS):

PART III – CLAIMANT INFORMATION



NAME:

ADDRESS:

TELEPHONE:

RELATIONSHIP OF CLAIMANT TO PROPERTY:

DOES CLAIMANT HAVE LEGAL REPRESENTATION? (IF YES, PLEASE PROVIDE DETAILS)”

PART IV – HISTORY OF INCIDENT OR CLAIM

DATE YOU FIRST HAD KNOWLEDGE OF THE PROBLEM/ISSUE/INCIDENT:

HOW DID YOU BECOME/WERE MADE AWARE OF THE PROBLEM?:

PART V – STATEMENT OF FACTS

PLEASE RELATE ALL RELEVANT FACTS PERTAINING TO THIS CLAIM/INCIDENT/ISSUE AS YOU REMEMBER THEM (IN CHRONOLOGICAL ORDER FROM THE TIME YOU WERE RETAINED TO THE TIME YOU BECAME AWARE OF THE CLAIM/INCIDENT/ISSUE (PLEASE ADD EXTRA PAGES AS NECESSARY):

PART VI – DOCUMENTS CHECKLIST

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR
INCIDENT/CLAIM NOTIFICATION:

- CORRESPONDENCE
- APPRAISAL
- LETTER OF ENGAGEMENT
- STATEMENT OF CLAIM (OR OTHER DOCUMENT EVIDENCING CLAIM)
- NOTES
- YOUR INSURANCE CERTIFICATE
- OTHER PERTINENT DOCUMENT:
- OTHER PERTINENT DOCUMENT:

SIGNATURE OF PERSON SUBMITTING THIS INCIDENT/CLAIM REPORT:

NAME: _____

SIGNATURE: _____

DATE: _____