

## 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:

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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. 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?

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