



CLAIM REPORT FORM

ASSOCIATION OF ONTARIO LAND SURVEYORS

Insured Firm: _____

Address: _____

Phone #: _____

Firm Contact Name: _____

Certificate #: _____

Type of Claim: Potential Claim Only:
 Claim Report:
 Lawyer's Letter:
 Statement of Claim:

Identity of Party Making Claim or Potential Claim:

Name: _____

Address: _____

Phone #: _____

Contact: _____

Lawyer: Yes No

Name: _____ Phone # _____

Type of Survey Services Provided:

Date Service Provided: _____

Date You First Became Aware of Problem: _____

What is Claim All About:

Estimate of Potential Damages: _____

Date: _____

Copy 1 to CG&B: Fax #905-479-9164

Copy 2 to Association of Ontario Land Surveyors: Fax #416-491-2576