



ANNEX ADDITIONAL INFORMATION

To add more information to your initial claim, please complete the following form.

SECTION I - IDENTIFICATION OF ADDITIONAL CLAIMANT(S) OR PERSONS CONCERNED BY THE CLAIM

Licence holder Claimant Other (please specify):

Additional person 1 Licence number (if any) Mr. Mrs.

Form fields for last name and first name.

Address

Form fields for address, municipality, province, postal code, area code, home phone number, work phone number, and cellphone number.

Licence holder Claimant Other (please specify):

Additional person 2 Licence number (if any) Mr. Mrs.

Form fields for last name and first name.

Address

Form fields for address, municipality, province, postal code, area code, home phone number, work phone number, and cellphone number.

NOTE: Don't forget to sign in SECTION IV

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**SECTION II – ADDITIONAL DESCRIPTION OF THE FACTS, ALLEGATIONS, OR DAMAGE**

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Please describe in detail the history of the events. Make sure to describe the problem, allegations or any additional information. Please send us any written documents relating to the event.

A large, empty gray rectangular area intended for the user to provide a detailed description of the events, including the problem, allegations, or any additional information. This area is currently blank.

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### SECTION III – DECLARATIONS

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I certify that the information contained in this form is true.

I undertake to fully cooperate with the FARCIQ staff by providing, if applicable, any additional information or documents when required.

I confirm that I have read these declarations.

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### SECTION IV – SIGNATURE

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#### SUBMIT THE ANNEX – ADDITIONAL INFORMATION

By checking this box, I agree to submit this declaration and this additional annex.

**X**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
(DAY/MONTH/YEAR)

#### SUBMIT THE ANNEX – ADDITIONAL INFORMATION

By checking this box, I agree to submit this declaration and this additional annex.

**X**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
(DAY/MONTH/YEAR)

#### SUBMIT THE ANNEX – ADDITIONAL INFORMATION

By checking this box, I agree to submit this declaration and this additional annex.

**X**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
(DAY/MONTH/YEAR)

#### SUBMIT THE ANNEX – ADDITIONAL INFORMATION

By checking this box, I agree to submit this declaration and this additional annex.

**X**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
(DAY/MONTH/YEAR)

**Please sign the form AFTER  
completing ALL the sections.**

**PLEASE SEND YOUR DOCUMENTS**  
to FARCIQ by email at [ASSURANCE@FARCIQ.COM](mailto:ASSURANCE@FARCIQ.COM),  
or by mail to the address below.

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**Fonds d'assurance responsabilité professionnelle du courtage immobilier du Québec**  
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