

FARCIQ offers a professional liability protection in case of unintentional fault, error or omission committed by policyholders, broker or agency, in the course of their professional activities. For one's professional liability to be at stake, all the following criteria must be met:

- **FAULT:** an unintentional fault, error or omission was committed by an insured;
- **DAMAGE:** a financial loss was sustained by the claimant; and
- **CAUSAL LINK:** the financial loss was caused by the insured's fault, error or omission.

Note that there are, however, many factors including defences and the potential liability of other parties that may influence the professional liability assessment. In addition, professional liability and ethics are quite distinct. Therefore, violating ethical rules does not necessarily result in monetary compensation. Please visit the **Claims section on FARCIQ's website**.

TO MAKE A CLAIM: You must provide the context of your claim by describing the alleged fault, error or omission, as well as the damage suffered. To support your claim, you must send your supporting documents and this completed form to assurance@farciq.com. For example, your records should include:

- Transaction documents
- Quotes, estimates and invoices
- Email exchanges
- Any other element related to your claim

We also encourage you to visit the **OACIQ website** to learn about other public protection mechanisms, especially for fraud situations.

SECTION I – IDENTIFICATION OF CLAIMANT

Claimant 1

Mr. Mrs.

LAST NAME	FIRST NAME

Address

NUMBER	STREET	APT. / SUITE / SPACE			
MUNICIPALITY	PROVINCE	POSTAL CODE			
AREA CODE	HOME PHONE NUMBER	AREA CODE	WORK PHONE NUMBER	AREA CODE	CELLPHONE NUMBER
EMAIL ADDRESS					

Claimant 2 (if any)

Mr. Mrs.

LAST NAME	FIRST NAME

Address

NUMBER	STREET	APT. / SUITE / SPACE			
MUNICIPALITY	PROVINCE	POSTAL CODE			
AREA CODE	HOME PHONE NUMBER	AREA CODE	WORK PHONE NUMBER	AREA CODE	CELLPHONE NUMBER
EMAIL ADDRESS					

If there are more than two claimants, please check the box opposite and complete the **ANNEX – ADDITIONAL INFORMATION**.

SECTION II – IDENTIFICATION OF LICENCE HOLDER(S), BROKER(S) OR AGENCY(IES), CONCERNED BY YOUR CLAIM

BROKER OR AGENCY 1

Broker Agency

LAST NAME FIRST NAME

Position or title

Agency

NAME

Address

NUMBER STREET APT. / SUITE / SPACE

MUNICIPALITY PROVINCE POSTAL CODE

AREA CODE WORK PHONE NUMBER AREA CODE CELLPHONE NUMBER EMAIL ADDRESS

BROKER OR AGENCY 2 (if any)

Broker Agency

LAST NAME FIRST NAME

Position or title

Agency

NAME

Address

NUMBER STREET APT. / SUITE / SPACE

MUNICIPALITY PROVINCE POSTAL CODE

AREA CODE WORK PHONE NUMBER AREA CODE CELLPHONE NUMBER EMAIL ADDRESS

If there are more than two brokers concerned, please check the box opposite and complete the **ANNEX – ADDITIONAL INFORMATION**.

SECTION III – INFORMATION ON THE TRANSACTION CONCERNED

Date of transaction Purchase Sale Leasing

(DAY/MONTH/YEAR) Other (please specify): _____

Address of immovable or enterprise

NUMBER STREET APT. / SUITE / SPACE

MUNICIPALITY PROVINCE POSTAL CODE

SECTION VI – STEPS TAKEN REGARDING YOUR CLAIM

1. Have you sent a formal notice regarding this claim?

Yes No

If yes, specify the recipient to whom you sent the formal demand and attach a copy of the document to this form.

2. Have you taken legal action in connection with this claim?

Yes No

If yes, indicate the court file number: _____

What is the name of the lawyer representing you? _____

3. Did you submit a reimbursement request to your insurer in connection with this claim?

Yes No

4. Have you been or do you expect to be compensated for a certain amount, in connection with this claim, by an out-of-court settlement or an amount paid by a third party or insurer?

Yes No

If yes, how much? _____ And by whom? _____

5. Did you sign a release or other document related to this claim?

Yes No

6. Did a broker suggest that you complete this claim?

Yes No

If yes, indicate his name and contact details: _____

SECTION VII – DECLARATIONS

I certify that the information contained in this form is complete and accurate. I undertake to fully cooperate with the FARCICQ staff by providing, if applicable, additional information or documents that may be required.

I understand that my claim does not have the effect of interrupting the legal period within which I am required to institute legal proceedings and assert my rights before civil courts. This limitation period is usually three years.

I understand that FARCICQ does not provide legal advice. FARCICQ cannot advise me on the content of my claim and suggests that I seek the help of a legal counsel who will be able to inform me about my rights and remedies.

I confirm that I have read these declarations

SECTION VIII – SIGNATURE OF THE CLAIMANT(S)

SUBMIT THE CLAIM

By checking this box, I agree, as **claimant 1**, to submit this claim.

X

SIGNATURE _____

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(DAY/MONTH/YEAR)

SUBMIT THE CLAIM

By checking this box, I agree, as **claimant 2**, to submit this claim.

X

SIGNATURE _____

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(DAY/MONTH/YEAR)

Please sign the form AFTER completing ALL the sections.

PLEASE SEND YOUR DOCUMENTS
to FARCIQ by email at **ASSURANCE@FARCIQ.COM**,
or by mail to the address below.

Fonds d'assurance responsabilité professionnelle du courtage immobilier du Québec
4905 Lapinière Blvd., Suite 2800, Brossard (Quebec) J4Z 0G2
450-656-5959 ou 1-866-956-5959 • assurance@farciq.com • farciq.com