



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

FMAIL ADDRESS

Any other element related to your claim

SECTION I – IDENTIFICATION OF CLAIMANT

Please note that your personal information contained, in particular, in your request-claim or its supporting documents will be disclosed to the agencies and brokers involved in your request-claim for the purposes of verifying your identity and processing, investigating and analyzing your request-claim. In some cases prescribed by law, your personal information may be used for purposes other than those described above or disclosed to third parties without your consent.

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

Claimant 1 Mr. Mrs. **Address** NUMBER APT. / SUITE / SPACE MUNICIPALITY POSTAL CODE **PROVINCE** WORK PHONE NUMBER AREA CODE AREA CODE HOME PHONE NUMBER AREA CODE CELL PHONE NUMBER EMAIL ADDRESS Mr. Mrs. Claimant 2 (if any) LAST NAME FIRST NAME **Address** NUMBER APT. / SUITE / SPACE MUNICIPALITY PROVINCE POSTAL CODE AREA CODE HOME PHONE NUMBER AREA CODE WORK PHONE NUMBER AREA CODE CELLPHONE NUMBER

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 | LICENCI | E NUM | BER | | | | | | | Αg | gen | су | LICE | NCE N | UMBE | <u> </u> | | | | | | | | | | | | | | | | | | |
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| SECTION | III — | INF | OF | RM.∕ | ATI(| ON | ON | ТН | ET | R/ | AN: | SA | СТІ | ON | СО | NC | ER | NE | D | | | • • • • • • | | • • • • • • | | | | | | | | | | |
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| Address of | mmo | vab | ole c | or e | nter | pris | е | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SECTION III – INFORMATION ON THE TRANSACTION CONCERNED (continued) |
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| OR |
| In the case of one or more lots (if applicable) |
| CADASTRAL NUMBER OF THE LOT(S) |
| IMPORTANT DATES |
| On what date or period did the problem arise? |
| DAY MONTH YEAR DAY MONTH YEAR |
| On what date did you discover or become aware of the problem alleged? |
| DAY MONTH YEAR |
| |
| SECTION IV – DESCRIPTION OF THE FACTS AND ALLEGATIONS RELATING TO YOUR CLAIM |
| Provide details of the reasons related to your claim that led you to believe that a fault, error or omission has been committed. Provide a chronological description of the events, indicate the date and place of the events, and describe the damage suffered. |

If there is not enough space, please check the box opposite and complete the **ANNEX – ADDITIONAL INFORMATION**.

SECTION V - DETAILS OF YOUR CLAIM

You must prove the amounts you are claiming by including supporting documents such as annexes, documents describing the immovable, quotations or estimates, invoices, email exchanges, etc. Make sure you keep the originals of these supporting documents.

| Damage | Supporting document | Amount claimed |
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| | Total amount claimed: | \$ |

| 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 FARCIQ 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 FARCIQ does not provide legal advice. FARCIQ 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.

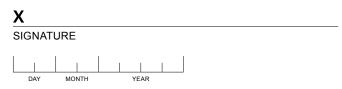
I CONFIRM that I have read these declarations

SECTION VI - STEPS TAKEN REGARDING YOUR CLAIM

SECTION IX - SIGNATURE OF THE CLAIMANT(S)

SUBMIT THE CLAIM

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



Please sign the form AFTER completing ALL the sections.

SUBMIT THE CLAIM

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



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

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