



**CLAIM / INCIDENT REPORT FORM
ASSOCIATION OF ONTARIO LAND SURVEYORS**

Insured Firm: _____

Address: _____

Phone #: _____ Firm Contact Name: _____

Membership #: _____

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:





**CLAIM / INCIDENT REPORT FORM
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Date Service Provided: _____

Date You First Became Aware of Problem: _____

Brief Description of Claim/ Incident:

Estimate of Potential Damages: _____

Signature: _____ Date: _____

PLEASE FORWARD THIS FORM ALONG WITH A COPY OF ANY DEMAND LETTER AND/OR LEGAL PROCEEDING TO BOTH MALTMANS AND ARTHUR J. GALLAGHER CANADA LIMITED AT THE ADDRESS LISTED BELOW:

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120 South Town Centre Blvd.
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