

TitlePLUS® Proof of Loss

Policy Number: _____

Name of Registered Owners (Policyholders): _____

Property Address: Street: _____

City/Town: _____

Province: _____ Postal Code: _____

Contact Person: _____

Telephone: Day: () _____ Evening: () _____

E-mail: _____

Date of Transaction: _____

Notary/Lawyer: _____

Name: _____

Firm: _____

Address: _____

Telephone: () _____ Fax: () _____

E-mail: _____

Mortgage Lender: _____

Address of Mortgage Lender: Street: _____

City/Town: _____

Postal Code: _____

Contact (Loan Officer): _____ Telephone: () _____

When Did You Become Aware of this Claim? _____

Brief Description of Your Claim (*attach additional page if necessary*): _____

Please forward copies of any relevant documents that will help us assess your claim (e.g., Promise to Purchase, Transfer, Mortgage, Certificate of Location). Your claim will be assigned to a licensed claims adjuster in Québec.

Assurance LAWPRO®¹ Personal Information Notice for TitlePLUS Insureds regarding the Claims Process:

Please be advised that all personal information provided to and/or maintained by Assurance LAWPRO in respect of your claim may be (a) collected and used to handle your claim, which includes determining the extent of insurance coverage (if any) and investigating, evaluating, negotiating, litigating and/or resolving your claim; and (b) disclosed to third parties involved in the claim (including counsel, adjusters, experts, mediators and adjudicators, and other insurers), to the extent disclosure of the personal information is necessary for handling of the claim.

Date: _____

Signature: _____

Print Name: _____

Fax to: 1-800-286-7639
Attention: TitlePLUS New Claims Coordinator
250 Yonge Street
Suite 3101, P.O. Box 3
Toronto, Ontario
M5B 2L7

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