

TitlePLUS[®] Proof of Loss

Policy Number: _____

Name of Registered Owners (Policyholders): _____

Address of Property: Street: _____

Town/City: _____

Postal Code: _____

Contact Person: _____

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

E-mail: _____

Date of Transaction: _____

Lawyer: Name: _____

Firm: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

E-mail: _____

Mortgage Company: _____

Address of Mortgage Company: Street: _____

Town/City: _____

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., Agreement of Purchase and Sale, Deed, Mortgage, Survey)

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

Please be advised that all personal information provided to and/or maintained by 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, other insurers and the Law Society's Fund for Client Compensation), to the extent disclosure of the personal information is necessary for handling of the claim.

Date: _____

Signature: _____

Print Name: _____

Fax to: 416-599-8341

Attention: TitlePLUS New Claims Coordinator

250 Yonge Street

Suite 3101, P.O. Box 3

Toronto, Ontario

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