

CLAIM/INCIDENT REPORT

Date: _____

Full Name of Company: _____

Address: _____

Phone No: _____ Contact Name: _____
(Person responsible for project)

Claimant(s): _____

Other Defendant(s): _____

Date of Incident: _____

Date you were notified: _____

Brief Description of Claim/Incident:

PARTICULAR OF JOB

1. Job description, Address and Location:

2. Owner of Project: _____

3. General Contractor (if applicable): _____

4. Other Consultants (list of known): _____

5. Description of your mandate:

6. Date Survey Started: _____ Date Construction Started: _____
 Construction Halted: _____ Date of Substantial Completion: _____
 Date of Final Acceptance: _____

7. Provide copy of contract between you and owner or letter of confirmation or Description of Contract.

8. Did you participate in a project definition exercise with your client? Yes No

9. Did you participate in an independent peer review for this project? Yes No

10. Did you participate in a Constructability review with the contractor? Yes No

11. Did you maintain a comprehensive submittal log of all deliverables? Yes No

PARTICULARS OF THE POTENTIAL PROBLEM

1. Type of Clients/Owners (please check applicable category or categories)
 - (a) Municipalities (b) Government: Provincial Federal
 - (c) Commercial/Developer (d) Resource (e) Private/Individual
 - (f) Agriculture (g) Lawyers (h) Engineers (i) Industrial (j) Others

2. Allegations involving your work. Provide full description:

3. Who is making the complaint/allegation? (please attach letter) _____

4. How is the complaint/allegation made, if not by letter? _____

5. Your opinion as the cause of problem:

6. Estimated or actual cost of remedial work, if applicable: \$ _____

7. Is there a potential for delays or other costs? _____

8. Are your fees being paid? If not, what is owed: \$ _____

9. What action is to be taken on fees? _____

10. Is there any property damage involved? _____

11. Is there any bodily injury involved? _____

12. Describe atmosphere between you and owner/client: _____

Date Prepared: _____

(dd/mm/yy)

By: _____

(Name and Title)

Please email this to:

Michael Loeters
PROLINK Insurance
Email: michaell@prolink.insure