

IMPORTANT NOTICE ON CLAIMS INSTRUCTIONS REGARDING REPORTING CLAIMS / ISSUES

Your insurance policy is written on a claims made and reported basis. A claims made policy provides coverage for any claim (subject to the terms, limits and exclusions of the policy) provided that the claim is first made and **the insurer receives notice of the claim during the certificate period.**

Coverage under your claims made insurance policy is based on the date when you first became aware of or reasonably should have been aware of a claim or incident that could give rise to claim, regardless of the date when the incident actually occurred.

Your current policy with Westport Insurance Corporation **excludes** claims and/or circumstances which may reasonably result in a claim where you have prior knowledge of the claim and/or circumstances.

If you have knowledge of an incident and you are not certain if this incident could give rise to a claim, to protect YOUR interest, please forward a "Notice" to Westport Insurance Corporation. Failure to do this could potentially result in you paying out of your own pocket for incidents which you were aware of but did not report to the insurer.

"Claims, circumstances, issues or incidents" may arise in instances where you may be requested to appear before a court or other regulatory body/authority or in the event that you have to attend a deposition or examination for discovery. You are required to immediately advise Westport Insurance.

In order to protect yourself, it is essential that you immediately disclose in writing to your insurer, Westport Insurance Corporation, any claims, circumstances, issues or incidents (whether verbal or written) which may reasonably result in a claim.

It is very important that you do **not** share your files with third parties and/or their lawyers without **first** contacting Westport Insurance Corporation. A failure to do so, may prejudice the interests of your insurer and your ability to obtain coverage under the policy.

It is absolutely imperative that any claim or potential claim you are aware of be reported. Failure to comply with the claims reporting provision of your policy may result in the denial of coverage by the insurer in the event of a claim.

Policy Claim Reporting Terms:

This explanation of the reporting provisions of your policy has been provided in order to assist you in understanding and complying with the policy's requirements. In the event of a question or disagreement with your insurer concerning interpretation of the policy's reporting requirements as applied to the reporting of a specific claim, loss, occurrence, incident, offence or lawsuit, the actual policy wording, which is the contract between you and the insurer, and not Marsh's explanation of that language, will be controlling. Marsh, as an insurance representative, does not provide legal advice, and this explanation should not be relied upon as a legal interpretation of the policy provisions.

Westport Insurance Corporation

150 King Street West

P.O. Box 50

Toronto, Ontario M5H 1J9

Email: ClaimsNAFinPro_CorporateSolutions@swissre.com

cc: Matthew_Davis@swissre.com



Marsh Canada Limited
 120 Bremner Boulevard, Suite 800
 Toronto, Ontario M5J 0A8
 errorsandommissions.insurance@marsh.com

Marsh Agents' Errors & Omissions Liability Insurance Program – Report a Claim

FAX OR MAIL TO:

Westport Insurance Corporation
 150 King Street West, P.O. Box 50
 Toronto, Ontario M5H 1J9
 Email: claimsnafinpro_corporatesolutions@swissre.com
 cc: matthew_davis@swissre.com

Total number of pages being transmitted, including this one-page form:

GENERAL INFORMATION

Policy Number (Certificate Number):	Policy Period:
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Named Insured, as shown on your Certificate of Insurance:

Address:

Your Phone Number:	Your Fax Number:	Your E-mail Address:
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Claimant / Plaintiff Name:

Claimant / Plaintiff Address:

Claimant / Plaintiff Telephone Number:	Claimant / Plaintiff Fax Number:
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Date of Oral or Written Complaint:	Date that you FIRST became aware of the problem:
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Involved Product / Service:

In the space provided below, please give details about the claim, utilizing the "Five Ws" (Who? What? Where? When? Why?)

Claim Reported By:

List of Documents Attached:

PRIVACY AND SIGNATURE

PRIVACY: Have you read Marsh's Privacy Policy, which is available at www.marsh.ca? Do you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy, and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy?
 By signing this form you are consenting to the statements above.

Name:	Title:
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Signature	Date:
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