



Statement of Service

Form F

This is a three part form.
White - Financial Services
Commission of Ontario
Canary - Insurance Company
Pink - Insured Person

The purpose of this statement is to verify that a copy of a document was delivered to a party. A *Statement of Service* must be completed for every document served and given to the insured person and the insurance company, or their representatives. **Do not use this form where proof of service of a *Summons to Witness* and payment is required to be filed with the Commission.** In this case, you should use an *Affidavit of Service for Summons to Witness* which is available at the Commission.

Case Information	Insured Person	Insurance Company	Commission file number
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Who are you?	Last name		First name		Middle name
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
	Occupation				
	Street address		City	Province	Postal Code

Who was served?	Last name		First name		Middle name
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
	Street address				
	City		Province	Postal Code	

What was served?	Arbitration Documents	Appeal Documents		
	<input type="checkbox"/> Response by Insurer to an Application for Arbitration	<input type="checkbox"/> Notice of Appeal	<input type="checkbox"/> Response to Application for Variation/Revocation	
	<input type="checkbox"/> Reply by the Applicant for Arbitration	<input type="checkbox"/> Response to Appeal	<input type="checkbox"/> Application for Intervention	
	<input type="checkbox"/> Other (please specify below)	<input type="checkbox"/> Application for Variation/Revocation	<input type="checkbox"/> Other (please specify ▼)	

How was it served?	<input type="checkbox"/> Personal Delivery	<input type="checkbox"/> Regular mail			
	<input type="checkbox"/> Courier (give name of company ▼)	<input type="checkbox"/> Registered mail			
	<input type="checkbox"/> Fax	<input type="checkbox"/> Other (please specify ▼)			
	Name of Service Used				
	Address Served To	Street address	City	Province	Postal Code
	Date of Service	Time of Service			

A copy of the fax transmission record, or the courier or postal receipt may be required as evidence to support this Statement.

Your Signature	Signature of Person Who Served	Date
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