



# 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.

<b>Case Information</b>	Insured Person	Insurance Company	Commission file number
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<b>Who are you?</b>	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

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

<b>What was served?</b>	<b>Arbitration Documents</b>	<b>Appeal Documents</b>		
	<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 ▼)	

<b>How was it served?</b>	<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.***

<b>Your Signature</b>	Signature of Person Who Served	Date
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