Financial Services Commission of Ontario
5160 Yonge Street
Box 85
Toronto, Ontario

Designated Assessment Centre (DAC) Selection Request Form

Section 1

Basic Information			
Insurance Company			
Name of Company			
Policy Number			
Claim Number			
Claimant Number (if more than one claimant under this claim number)			
Date of Accident (yyyy/mm/dd)			
Insurance Company Representative			
First Name			
Last Name			
Business Name (if different from insurance company)			
Business Address			
City			
Province		**Postal Code**	
Phone Number (with area code)			
E-mail address			
Claimant			
First Three Characters of Postal Code (eg. M2N)			
Claimant's Representative			
First Name			
Last Name			
Firm Name			
Business Address			
City			
Province		**Postal Code**	
Phone Number (with area code)			
E-mail address			

Section 2

Type of Assessment Required (place an “X” in the appropriate box below)				
Assessment Type	**Regular Assessment**	**Extended Authorization Assessment**		
		Brain	**Spinal Cord**	**Paediatrics**
Disability				
Post 104 Disability				
Medical and Rehabilitation				
Attendant Care				
Catastrophic Impairment				
Residual Earning Capacity				

Section 3

List of Previous DACs
List of DACs that were previously agreed to by the insurer and claimant but had a conflict of interest or were unable to begin an assessment within the time frame stipulated in the Statutory Accident Benefits Schedule (SABS). **Please list DAC IDs/numbers of those previously selected separating each with a comma.**

Section 4

Secondary Searches	
FSCO File Number from previous search:	
Place an “X” in the appropriate box below:	
	I certify that the DAC previously selected by FSCO has a conflict of interest that is not being waived by the parties and the parties are unable to jointly select a DAC.
	I certify that the DAC previously selected by FSCO is unable to conduct the assessment within the required time frame and the parties are unable to jointly select a DAC.
	I certify that the insured person is being sent for an additional designated assessment as required by the Statutory Accident Benefits Schedule (SABS).
Reason:	