



**FSPCF**

## Forestry Service Providers Compensation Fund

### Compensation Claim Form

#### LIMITATION OF AMOUNT CLAIMABLE

The maximum permissible amount of any claim submitted cannot exceed the Financial Loss that accrued for Services provided during the normal pay period prior to the first non-payment of an invoice plus the losses incurred from the non-payment for Services provided during the following 30 days only. In any event, the compensation payment will be for a maximum of 60 days of Services provided.

In order to be eligible for compensation, Services must have been provided after February 1, 2013.

All questions, notices or correspondence regarding this compensation claim must be referred or forwarded to the following phone, fax, physical or email addresses. The website has a Frequently Asked Questions section that may answer many of the questions an applicant may have:

Eric van Soeren Authority appointed for purposes of the Forestry Service Providers Compensation Fund 730 Walker's Hook Road Salt Spring Island, B.C. V8K 1N5	Phone: 250-537-1533 Cell: 250-526-0533 Fax: 250-537-1534 Email: eric@vansoeren.net www.fspcf.com
---	--

**In the matter of** the insolvency of the following person (referred to in this form as the “**Insolvent Debtor**”), a party to an agreement referred to in Section 12 of the Forest Act.

Name of Insolvent Licensee

**And in the matter of** a claim for compensation submitted by the following person (referred to in this form as the “**Claimant**”):

Name of Forestry Service Provider

**And in the matter of** the Forestry Service Providers Protection Act (British Columbia) (referred to in this form as the “**FSPPA**”), including all regulations (referred to in this form as the

“**Regulations**”) passed for purposes of the FSPPA, including British Columbia Regulation 64/2012.

I, \_\_\_\_\_ of \_\_\_\_\_, hereby certify as follows.

1. I have knowledge of all the circumstances connected with the compensation being claimed in this form.
2. This form (including the schedules) contains a true and complete statement of all details that are relevant to the compensation claimed in this form.
3. Each schedule to this form contains a true and complete statement of all information that is described in the instructions set out on that schedule.
4. The Claimant is a Forestry Service Provider as defined for purposes of the FSPPA.
5. The Claimant provided services (referred to in this form as the “**Services**”), as defined for purposes of the FSPPA and the Regulations, to the Insolvent Debtor and is a creditor of the Insolvent Debtor as a result of having provided those Services.
6. The Insolvent Debtor is indebted to the Claimant in the aggregate sum of \$ \_\_\_\_\_ (referred to in this form as the “**Subject Amount**”) for Services rendered by the Claimant, as specified in the attached Schedule “A”. The Subject Amount is the net amount of the indebtedness, after deducting any set-offs or counterclaims that the Insolvent Debtor might have in respect of any amount owed by the Insolvent Debtor to the Claimant.
7. I believe that the Insolvent Debtor
  - a. has ceased paying current obligations in the ordinary course of business as current obligations generally come due; and
  - b. will not be able to meet current obligations within a reasonable time frame.

The attached Schedule “B” sets out the reasons for my belief.

8. (Check and complete the appropriate category)

For purposes of this form, a **Formal Security Charge** includes a guarantee given by a third party, a security interest in the assets of any person (whether or not the Insolvent Debtor) and any other right or interest that can be used to enforce payment of the Subject Amount against any person. For purposes of this form, however, a Formal Security Charge does not include a contractor’s lien that arises under section 2 of the FSPPA (whether or not that lien has been registered under section 4 of the FSPPA). For purposes of this form, therefore, an **Unsecured Claim** is a claim that is not supported by a Formal Security Charge (even if the claim is the subject of a lien under the FSPPA).

*Compensation claim of  
In the insolvency of*

9.

A. UNSECURED CLAIM OF \$

In respect of the Unsecured Claim referred to above, the Claimant does not hold a Formal Security Charge.

(Check appropriate description)

The Claimant has filed a lien for \$ \_\_\_\_\_ under the FSPPA in respect of the Unsecured Claim. A true copy of the lien is attached in Schedule "C".

The Claimant has not filed a lien under the FSPPA in respect of any portion of the Unsecured Claim.

B SECURED CLAIM OF \$

The Claimant holds a Formal Security Charge in respect of the secured claim referred to above. Schedule "C" provides full particulars of all applicable Formal Security Charges, including the date on which the Formal Security Charge was given and the amount secured by the Formal Security Charge, and includes a true copy of all documents in respect of each applicable Formal Security Charge.

10. To the best of my knowledge, the Claimant \_\_\_\_\_ is \_\_\_\_\_ is not related to the Insolvent Debtor within the meaning of section 4 of the Bankruptcy and Insolvency Act (referred to in this form as the "BIA") and \_\_\_\_\_ has \_\_\_\_\_ has not dealt with the Insolvent Debtor in a non-arms length manner.

11. Schedule "D" to this form lists all the subcontractors hired by the Claimant to perform Services related to the amounts owed to the Claimant, and the amount each subcontractor is owed.

12. Schedule "E" to this form sets out the details of any security that is held by a financial institution or any other third party in respect of any portion of the Subject Amount owed to the Claimant.

This Compensation Claim Form is submitted pursuant to section 28 of the FSPPA and is dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_.

_____ Signature of Witness
Witness Name:

_____ Signature of Claimant or representative
Telephone:
Fax:
Email Address:

*Compensation claim of  
In the insolvency of*

**Notes To Assist in the Completion of this form:**

1. If an affidavit or statutory declaration is attached, it must have been sworn before a person qualified to take affidavits and statutory declarations.
2. As required by the Administrative Agreement, before the Authority of the Forestry Service Providers Compensation Fund (the “**Compensation Fund**”) can make a compensation payment from the Compensation Fund, the Claimant must assign all the secured and unsecured receivable(s) it has in respect of the Insolvent Debtor to the Authority. The Authority will then pay the amount owed by the Insolvent Debtor to the Claimant, up to the lesser of
  - a. the amount owed: and
  - b. the sum of the unpaid invoices for services rendered in the first regular pay period before non-payment, plus 30 days, to a maximum of 60 days of unpaid invoices;

but net of all pro-rated amounts still owed to subcontractors for Services performed during that time period and related to the amounts owed to the Claimant by the Insolvent Debtor. The Authority will pay any amount owing to a subcontractor directly to the subcontractor.

3. If there is insufficient cash in the Compensation Fund, it may be necessary to prorate the compensation provided.

Also refer to the Frequently Asked Questions section of the website.

*Compensation claim of  
In the insolvency of*

## **SCHEDULE A**

### **DETAILS OF THE AMOUNT OWED TO THE CLAIMANT**

**Instructions (see section 6 of the Compensation Claim Form)**

Include a true copy of all contracts, invoices, statements of account, vouchers and other documents or evidence in respect of the claim.

Invoices and statements of account issued by the Claimant to the Insolvent Debtor in respect of the Services rendered must include at least the following information.

- The respective names of the Insolvent Debtor and of the Claimant.
- The nature of the Services provided to the Insolvent Debtor and who provided those Services.
- The dates on which the Services were provided, the amount payable in respect of those Services and the date on which an amount became payable by the Claimant in respect of those Services.

If the documents do not include all the required information, set out the missing details and the reason for the omission in an affidavit or statutory declaration that has been sworn in front of a person qualified to take affidavits and statutory declarations.

Include all details of any set-offs or counterclaims that the Insolvent Debtor might have in respect of any amount owed by the Insolvent Debtor to the Claimant.

Include the steps taken by the Claimant to collect amounts owing to the Claimant.

If the material in Schedule A consists of more than one page, number each page in the upper right-hand corner with the name of the Claimant, followed by the letter A followed by a sequential number (for example, Claimant Name A1, Claimant Name A2, Claimant Name A3 and so forth).

*Compensation claim of  
In the insolvency of*

## **SCHEDULE B**

### **DETAILS OF THE INSOLVENCY**

**Instructions (see section 7 of the Compensation Claim Form)**

Include all reasons why the Claimant believes that the Insolvent Debtor is insolvent (as described in section 7). Include any relevant documents. Relevant details include the following information.

- The date of the insolvency.
- If a receiver or trustee in bankruptcy has been appointed, the documents making that appointment and the name and contact information of the receiver or trustee in bankruptcy.

If no formal insolvency proceedings have commenced, set out the reason that the Claimant believes that the Insolvent Debtor is insolvent.

If the material in Schedule B consists of more than one page, number each page in the upper right-hand corner with the name of the Claimant, followed by the letter B followed by a sequential number (for example, Claimant Name B1, Claimant Name B2, Claimant Name B3 and so forth).

*Compensation claim of*  
*In the insolvency of*

## **SCHEDULE C**

### **DETAILS OF LIENS OR SECURITY HELD BY THE CREDITOR IN RESPECT OF THE SUBJECT AMOUNT**

**Instructions (see section 8 of the Compensation Claim Form)**

This Schedule C deals with rights held by the Claimant that might help the Claimant to collect the Subject Amount.

Include a true copy of any contractor's lien that has been filed under section 4 of the FSPPA.

Include all details of any Formal Security Charge held by the Claimant in respect of the amount owing by the Insolvent Debtor, including the date on which the security was given and the amount of the security. Attached a true copy of all security documents.

If the material in Schedule C consists of more than one page, number each page in the upper right-hand corner with the name of the Claimant, followed by the letter C followed by a sequential number (for example, Claimant Name C1, Claimant Name C2, Claimant Name C3 and so forth).

*Compensation claim of  
In the insolvency of*

## SCHEDULE D

### SUBCONTRACTORS

**Instructions (see section 11 of the Compensation Claim Form)**

Include information for each subcontractor hired by the Claimant to perform Services that relate to an amount owed by the Insolvent Debtor to the Claimant. Each subcontractor must confirm the accuracy of the information in this Schedule by signing in Column E. If this form is submitted electronically, email a scanned copy of this Schedule bearing the signatures of the subcontractors and then provide the Authority with the original Schedule D bearing the original signatures of the subcontractors.

If the material in Schedule D consists of more than one page, number each page in the upper right-hand corner with the name of the Claimant, followed by the letter D followed by a sequential number (for example, Claimant Name D1, Claimant Name D2, Claimant Name D3 and so forth).

A	B	C	D	E
Full Name of Subcontractor	Mailing Address, Email Address and Phone Number of Subcontractor	Contact Person for Subcontractor	Aggregate Amount Owed to Subcontractor	Signature of authorized person of Subcontractor

*Compensation claim of  
In the insolvency of*



## **SCHEDULE E**

### **DETAILS OF SECURITY HELD BY A THIRD PARTY IN RESPECT OF THE SUBJECT AMOUNT**

**Instructions (see section 12 of the Compensation Claim Form)**

In contrast to Schedule C, this Schedule F deals with any security interest that a financial institution or other third party might have and that gives the financial institution or other third party a right to any amount collected by the Claimant as payment of the Subject Amount.

Include all details of any security held by a financial institution or other third party, including the date on which the security was given and the amount of the security. Attach a true copy of all security documents.

If the material in Schedule E consists of more than one page, number each page in the upper right-hand corner with the name of the Claimant, followed by the letter E followed by a sequential number (for example, Claimant Name E1, Claimant Name E2, Claimant Name E3 and so forth).

*Compensation claim of  
In the insolvency of*