PROPERTY LOSS NOTICE

INSURER CLAIM NUMBER

INSURANCE COMPANY	BROKER REFERENCE NUMBER	CATASTROPHE NUMBER	POLICY NUMBER

1. INSURED'S FULL NAME AND POSTAL ADDRESS

POSTAL CODE

CONTACT NUMBER
HOME | CELL
BUSINESS | FAX

PREFERRED LANGUAGE ☐ ENGLISH ☐ FRENCH

EMAIL ADDRESS

WEBSITE ADDRESS

2. BROKER'S NAME AND POSTAL ADDRESS

POSTAL CODE

CONTACT NUMBER
HOME | CELL
BUSINESS | FAX

BROKER CONTRACT NUMBER	BROKER SUB-CONTRACT NUMBER
GROUP / PROGRAM NAME	GROUP ID
BROKER CLIENT ID	COMPANY CLIENT ID

3. ALTERNATE CONTACT INFORMATION

RELATIONSHIP TO INSURED

CONTACT NUMBER
HOME | CELL
BUSINESS | FAX

4. POLICY PERIOD

EFFECTIVE DATE | TIME | A.M. ☐ P.M. ☐ | EXPIRY DATE | AT 12:01 A.M. | ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.

5. RISK ADDRESS ☐ SAME AS SECTION 1

LOCATION OF LOSS

6. COVERAGE INFORMATION ☐ PERSONAL ☐ COMMERCIAL ☐ FARM

PACKAGE FORM AND TYPE

SINGLE LIMIT	DWELLING BUILDING	DETACHED STRUCTURES	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENT	VOLUNTARY PROPERTY DAMAGE	DEDUCTIBLE $
$	$	$	$	$	$	$	$	$

7. ADDITIONAL COVERAGE (Specify rating information, limits deductibles, etc.)

CODE	COVERAGE DESCRIPTION	LIMIT #1	DEDUCTIBLE	DED. TYPE	1ST TYPE OF

8. LIABILITY EXTENSIONS FROM PRIMARY LOCATION

CODE	LIABILITY COVERAGE DESCRIPTION	NUMBER OF	TYPE OF

9. SCHEDULED PERSONAL PROPERTY DETAIL

#	CLASS CODE	DESCRIPTION (INCLUDING SERIAL / IDENTIFICATION NUMBER)	COVERAGE CODE	QUALIFIER 1	QUALIFIER 2	PURCHASE/ APPRAISAL DATE	DEDUCTIBLE	DISC. %	AMT OF INS.
1									
2									

10. WATERCRAFT AND TRAILERS (indicate if boat trailer or travel trailer)

#	TYPE	YEAR	LENGTH	DESCRIPTION MAKE/MODEL	COVERAGE	DEDUCTIBLE	AMT OF INS.
1							
2							

11. ADDITIONAL INTERESTS

#	NAME AND ADDRESS	NATURE OF INTEREST
1		
2		
3		

12. DETAILS OF LOSS

RISK NO.	DATE	TIME ☐ A.M. ☐ P.M.		LOSS TYPE

DETAILS OF LOSS

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13. AUTHORITY REPORT INFORMATION

☐ POLICE	☐ FIRE DEPARTMENT	☐ OTHER
MUNICIPALITY/CITY	MUNICIPALITY/CITY	MUNICIPALITY/CITY
DIVISION NUMBER	STATION NUMBER	LOCATION NUMBER
OFFICER'S NAME	CONTACT NAME	CONTACT NAME
CONTACT NUMBER	CONTACT NUMBER	CONTACT NUMBER
BADGE NUMBER	BADGE NUMBER	BADGE NUMBER
DATE REPORTED	DATE REPORTED	DATE REPORTED
OCCURENCE NUMBER	REPORT NUMBER	REPORT NUMBER
CHARGES LAID	OTHER	CHARGES LAID

14. INJURED PARTY

☐ NONE REPORTED **Specify Type:** ☐ **A** = Insured ☐ **B** =Third party ☐ **C** = Unknown

	POSTAL CODE

CONTACT NUMBER HOME BUSINESS	CELL FAX	PREFERRED LANGUAGE ☐ ENGLISH ☐ FRENCH	NATURE OF INJURY	HOSPITALIZED ☐YES ☐NO

15. REMARKS

16. WITNESS CONTACT INFORMATION

	POSTAL CODE

CONTACT NUMBER HOME BUSINESS	CELL FAX	PREFERRED LANGUAGE ☐ ENGLISH ☐ FRENCH

17. ADJUSTER ASSIGNMENT INFORMATION

CONTACT NUMBER HOME BUSINESS	CELL FAX	EMAIL ADDRESS

REPORTED BY		**DATE**	**TIME**	☐ A.M. ☐ P.M.
REPORTED TO COMPANY BY		**DATE**	**TIME**	☐ A.M. ☐ P.M.

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