



# PROPERTY LOSS NOTICE

INSURER CLAIM NUMBER

INSURANCE COMPANY				BROKER REFERENCE NUMBER		CATASTROPHE NUMBER		POLICY NUMBER			
<b>1. INSURED'S FULL NAME AND POSTAL ADDRESS</b>					<b>2. BROKER'S NAME AND POSTAL ADDRESS</b>						
CONTACT NUMBER HOME					CONTACT NUMBER HOME		CONTACT NUMBER HOME				
BUSINESS					BUSINESS		BUSINESS				
CELL FAX					CELL FAX		CELL FAX				
PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH					BROKER CONTRACT NUMBER		BROKER SUB-CONTRACT NUMBER				
EMAIL ADDRESS					GROUP / PROGRAM NAME		GROUP ID				
WEBSITE ADDRESS					BROKER CLIENT ID		COMPANY CLIENT ID				
<b>3. ALTERNATE CONTACT INFORMATION</b>											
					RELATIONSHIP TO INSURED						
					CONTACT NUMBER HOME						
					CONTACT NUMBER BUSINESS		CONTACT NUMBER CELL FAX				
<b>4. POLICY PERIOD</b>											
EFFECTIVE DATE		TIME		A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>		EXPIRY DATE		AT 12:01 A.M.		ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.	
<b>5. RISK ADDRESS</b> <input type="checkbox"/> SAME AS SECTION 1											
LOCATION OF LOSS											
<b>6. COVERAGE INFORMATION</b> <input type="checkbox"/> PERSONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> 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 \$			
\$	\$	\$	\$	\$	\$	\$	\$	\$			
<b>7. ADDITIONAL COVERAGE (Specify rating information, limits deductibles, etc.)</b>											
CODE	COVERAGE DESCRIPTION				LIMIT #1	DEDUCTIBLE	DED. TYPE	1 <sup>ST</sup> TYPE OF			
<b>8. LIABILITY EXTENSIONS FROM PRIMARY LOCATION</b>											
CODE	LIABILITY COVERAGE DESCRIPTION					NUMBER OF		TYPE OF			
<b>9. SCHEDULED PERSONAL PROPERTY DETAIL</b>											
#	CLASS CODE	DESCRIPTION (INCLUDING SERIAL / IDENTIFICATION NUMBER)			COVERAGE CODE	QUALIFIER 1	QUALIFIER 2	PURCHASE/ APPRAISAL DATE	DEDUCTIBLE	DISC. %	AMT OF INS.
1											
2											
<b>10. WATERCRAFT AND TRAILERS (indicate if boat trailer or travel trailer)</b>											
#	TYPE	YEAR	LENGTH	DESCRIPTION MAKE/MODEL			COVERAGE	DEDUCTIBLE	AMT OF INS.		
1											
2											
<b>11. ADDITIONAL INTERESTS</b>											
#	NAME AND ADDRESS							NATURE OF INTEREST			
1											
2											
3											
<b>12. DETAILS OF LOSS</b>											
RISK NO.	DATE	TIME	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>							LOSS TYPE	
DETAILS OF LOSS											



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### 13. AUTHORITY REPORT INFORMATION

<input type="checkbox"/> POLICE	<input type="checkbox"/> FIRE DEPARTMENT	<input type="checkbox"/> 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

CONTACT NUMBER HOME	CELL	PREFERRED LANGUAGE	NATURE OF INJURY	POSTAL CODE	HOSPITALIZED
BUSINESS	FAX	<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH			<input type="checkbox"/> YES <input type="checkbox"/> NO

### 15. REMARKS

### 16. WITNESS CONTACT INFORMATION

CONTACT NUMBER HOME	CELL	PREFERRED LANGUAGE	POSTAL CODE
BUSINESS	FAX	<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	

### 17. ADJUSTER ASSIGNMENT INFORMATION

CONTACT NUMBER HOME	CELL	EMAIL ADDRESS
BUSINESS	FAX	

REPORTED BY	DATE	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
REPORTED TO COMPANY BY	DATE	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.