

Property Claim Notice



Broker

Brokerage: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Contact: _____ Email: _____ Phone: _____

Insured

Named Insured: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Contact: _____ Email: _____ Phone: _____
Insurer: _____ Policy #: _____

Section 1: Loss

1. Please provide the location of the loss:
Street Address: _____
City: _____ Province: _____ Postal Code: _____

2. Description of location: _____

3. Date and time of occurrence: _____

4. Police of Fire Department contacted: _____

5. Probable value of entire loss: _____

6. Please indicate the type of loss:

<input type="radio"/> Fire	<input type="radio"/> Hail	<input type="radio"/> Theft	<input type="radio"/> Other
<input type="radio"/> Flood	<input type="radio"/> Lightning	<input type="radio"/> Wind	

7. Please provide a description of the occurrence:

Name of Claimant	Title	Date
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Signature

Section 2: After the Claim

1. Have you considered doing any of the following?

(a) If a theft, contact your local Police Department and make a report?	<input type="radio"/> Completed
(b) Enacted measures to avoid further loss of property at the location (if safe to do so)?	<input type="radio"/> Completed
(c) Collect and secure any relevant documentation (inventory, appraisals, etc.)	<input type="radio"/> Completed



Additional Information Section

Please use this space to provide any additional information from the questions above or anything you feel is material to your claim:

A series of 20 horizontal lines providing space for providing additional information.