

**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: Occurrence**

1. Please provide the location of the occurrence:  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

2. Description of location: \_\_\_\_\_

3. Date and time of occurrence: \_\_\_\_\_

4. Please provide a description of the occurrence:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 2: Type of Liability**

**Premises Liability**

1. Insured is:  Owner  Tenant

2. Please provide the property owners details if not the insured:  
 Property Owner: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Type of Premises: \_\_\_\_\_

**Product Liability**

1. Insured is:  Manufacturer  Distributor / Retailer

2. Please provide the product manufacturers details if not the insured:  
 Manufacturer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Type of Product (Type, Model, etc.): \_\_\_\_\_

4. Estimated Value: \_\_\_\_\_

5. Where can product be seen? \_\_\_\_\_

**Professional Liability**

1. Insured is a: \_\_\_\_\_

2. Please provide any involved sub-contractor's and/or independent contractor's details:

Contractor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Work Provided: \_\_\_\_\_

**Section 3: Injured Party / Product Owner**

1. Please provide name, contact details and personal details of the injured party or product owner:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

2. Describe their injury: \_\_\_\_\_

3. What was injured party doing at the time of injury? \_\_\_\_\_

4. How were their injuries treated (ambulance, hospital, first aid)? \_\_\_\_\_

5. Please provide name and contact details of the injured party's or product owner's employer:

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 4: Witnesses**

1. Please provide names and contact details of any witnesses to the incident/claim:

Witness #1: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness #2: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness #3: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Claimant	Title	Date
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\_\_\_\_\_  
Signature

