



PROPERTY LOSS NOTICE

INSURER

POLICY NUMBER

REPORT DATE
YYYY | MM | DD

BROKER CLIENT ID:

BROKER CODE:

BROKER'S PHONE NUMBER:

CATASTROPHE NUMBER:

1. INSURED'S FULL NAME AND POSTAL ADDRESS

FIRST NAME MIDDLE NAME LAST NAME

POSTAL CODE

BROKER'S NAME AND POSTAL ADDRESS

POSTAL CODE

BUS. PHONE:

RES. PHONE:

INSURED'S PREFERRED LANGUAGE: ENGLISH FRENCH OTHER

2. POLICY AND COVERAGE INFORMATION

PERSONAL COMMERCIAL EFF. DATE: YYYY | MM | DD EXP. DATE: YYYY | MM | DD DEDUCTIBLES \$

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

DETAILS OF ADDITIONAL COVERAGES, FLOATERS OR EXCLUSIONS AFFECTING THIS LOSS, INCLUDING DETAILS OF ANY OTHER APPLICABLE INSURANCE

3. LOSS INFORMATION

DATE YYYY | MM | DD LOCATION OF LOSS: POLICY LOCATION NUMBER:

TIME : A.M. P.M.

DESCRIPTION OF LOSS AND DAMAGE

4. POLICE/FIRE DEPARTMENT REPORTED TO

MUNICIPALITY DIVISION NUMBER

OFFICER'S NAME BADGE NUMBER

PHONE POLICE REPORT NUMBER

5. INJURIES

NAME AND ADDRESS: LANGUAGE: ENGLISH FRENCH OTHER BUS. PHONE: RES. PHONE:

NATURE OF INJURY: AGE:

NAME AND ADDRESS: LANGUAGE: ENGLISH FRENCH OTHER BUS. PHONE: RES. PHONE:

NATURE OF INJURY: AGE:

6. ADDITIONAL INTERESTS

NAME AND ADDRESS: NATURE OF INTEREST:

NAME AND ADDRESS: NATURE OF INTEREST:

7. CONTACTS

NAME AND ADDRESS: RELATIONSHIP: BUS. PHONE: RES. PHONE:

REMARKS:

REPORTED BY: DATE REPORTED: YYYY | MM | DD