

[Claims]

LOSS REPORT

FOR USE BY INSURANCE BROKERS ONLY



LOSS REPORT

For use by Insurance Brokers Only

Broker:	Contact Person:	Tel:
Name of Insured (Full Legal Name):		Policy Number:
Mailing Address:		Postal Code:
Risk Location Address:		Postal Code:
LOSS INFORMATION:		
Date of Loss:	Time of Loss:	
Location of Loss:		
Description of Loss and Damage:		
CONTACT INFORMATION:		
Contact Person / Claimant:		
Address:		
Business Number:		
Other Number (ie. Cellular):		
Has an independent Adjuster been appointed?	Yes No	
If yes, please provide the following:		
Name of Adjusting Firm:		
Contact Name:		
Business Number:		
Other Number (ie. Cellular):		
Miscellaneous Information:		

FOR AFTER-HOUR EMERGENCIES: 1-855-535-0554 EMAIL: CLAIMS@SPECIALTYCLAIMS.CA

