Reset Form

Loss Report Information

Policy No.:_____

Brokerage		
Mailing Address:	Postal Code:	Province:
Broker Contact		
First Name:	Last Name:	
Broker Phone:		
Broker Email:		
(A confirmation email will be sent)		
Insured Information		
Name of Insured (Full Legal Name):		
Mailing Address:	Postal Code:	Province:
Claims Information		
Claim No.:		
Date of Loss:		
Time of Loss:		
Loss Address:	Postal Code:	Province:
Description of Loss:		

(Please be sure to include any additional files that will be helpful to you in this claim process)

Has an independent Adjuster been appointed?

Contact Information	
First Name:	Last Name:
Contact Phone:	
Other (Cellular):	
Contact Email:	

(A confirmation email will be sent)

Signature: Date:

Please print name: Date:

SUBMIT