

Policy Number: _____ Policy Term: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

» CONTACT PERSON

Name: _____ Phone #: _____

Store #: _____ Date of Loss: _____ Time of Loss: _____

» INCIDENT DETAILSLoss Location (*Example: jobsite area, site office*): _____

Describe the event:

Cause of loss:

Details of damage:

Police Department Information: _____

Fire Department Information: _____

Estimated Loss: _____

Were photos secured of loss location? Yes No If yes, please attach.

Is there video surveillance of the loss? Yes No If yes, please attach.

» WITNESS INFORMATION

Were there any witnesses? Yes No If yes, please provide details below.

Name: _____ Phone #: _____

Address: _____

Reporter Name: _____ Contact #: _____