

NOTE TO INSURER: This form must be compared with the required contents of the Fire Proof of Loss set out in the Insurance Act of each Province and Territory, and changes must be incorporated as required to ensure full statutory compliance.

FIRE PROOF OF LOSS This form is provided to comply with the Insurance Act, where required, and without prejudice to the liability of the Insurer

CLAIM NO.

INSURER

INSURED
NAME ADDRESS

Under Policy No..... in force until.....
against loss or damage by to the amount of dollars
according to the terms and conditions printed therein, including all forms and/or endorsements attached thereto and forming part thereof.

TIME AND ORIGIN: A loss occurred on the day of, 20....., at..... A/PM, caused by

LOCATION: The said loss occurred at

OCCUPANCY: The building insured or containing the property insured was occupied for no other purpose than the following

TITLE AND INTEREST: At the time of the loss the interest of the Insured in the property described was sole and unconditional ownership and no other person or persons had any interest therein, lien or encumbrance thereon, except

CHANGES: Since the above policy was issued there has been no change in use, possession, location or exposure of the property described, except

GOODS AND SERVICES TAX: The amount claimed should be net of recoverable GST.

Is the Insured registered for GST? YES.....NO

If the answer is YES, please state: a) Registration Number b) Percent Recoverable

INSURANCE AND LOSS: A particular account of the loss is attached hereto and forms part of this proof. The actual cash value of the property insured, the actual amount of loss or damage, the total insurance thereon at the time of the said loss and the amount claimed under this policy are as follows:

| Item Involved | Replacement Cost | Cash Value | Total loss or damage | Total insurance | Amount named this policy | Claimed under this policy |
|---------------|------------------|------------|----------------------|-----------------|--------------------------|---------------------------|
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| | | | | | | |
| | | | | | | |
| TOTALS | | | | | | |

OTHER INSURANCE: There is no other contract of insurance written or oral, valid or invalid, except (insurers and amounts).

The said loss or damage did not occur through any willful act, neglect, procurement, means or connivance of the Insured or this declarant.

Payment of this claim to

is hereby authorized and in consideration of such payment the Insurer is discharged forever from all further claim by reason of the said loss or damage. All rights to recovery from any other person are hereby transferred to the Insurer which is authorized to bring action in the Insured's name to enforce such rights. All right, title and interest in any salvage is hereby assigned to the Insurer.

I, We

do solemnly declare that the foregoing claim and statements are to the best of my knowledge and belief true in every particular, and I/We make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. If this declaration is made on behalf of an organization, I/We further solemnly declare that I/We have authority to bind the organization

DECLARED severally before me at
this day of 20.....

Insured

Commissioner for Oaths or Affidavits

(Include name of Organization and Title of Person (s)
Signing if the Named Insured is not an individual)

Insured

SCHEDULE OF LOSS

| Description of Property (make,model,serial #,quantity) | When and where purchased (supplier name & location) | Approx. Date Purchased | Approx. Original cost (purchase price) | Replacement or repair cost | Depreciation | Amount claimed |
|--|--|------------------------------|--|-------------------------------|--------------|----------------|
| | | | | | | |
| TOTALS | | | | | | 0 |
| DEDUCTIBLE | | | | | | |
| NET CLAIM | | | | | | |

I/We confirm that the above list is exact and complete: _____ (Insured) _____ (Insured)
 _____ Date _____ Date

APPORTIONMENT OF LOSS

| INSURER | POLICY NO. | INSURES | PAYS |
|---------------|------------|---------|------|
| | | | |
| TOTALS | | | |