

PROPERTY LOSS SHORT FORM REPORT

Date:

PRELIMINARY REPORT

INTERIM REPORT

FINAL REPORT

TO:..... Insured:.....
 Address:.....
 Policy:..... Term.....
 Agent.....
 Address:.....
 Date of Loss:.....
 Claim #:..... Our File #.....

COVERAGE:..... SUGGESTED RESERVE:
 \$..... Item..... \$.....
 \$..... Item..... \$.....
 \$..... Item..... \$.....
 \$..... Item..... \$.....

LOCATION OF RISK..... MORTGAGE.....
 SIZE & CONSTRUCTION OF BUILDING.....

PREVIOUS CLAIMS.....

DEDUCTIBLES.....

FORM NUMBERS..... CO. INS. () NO () YES

CAUSE OF LOSS:

DETAILS OF LOSS & REMARKS:

HARMONIZED SALES TAX: The amount claimed should be net of recoverable HST.
 Is the Insured registered for HST? YES.....NO.....
 If the answer is YES, please state: a) Registration Number..... b) Percent Recoverable.....

REQUEST FOR PAYMENT: Please issue drafts as follows () We have issued drafts as follows ()
 \$..... To:.....
 \$..... To:.....
 \$..... To:.....
 \$..... To:.....

DENIED CLAIM () LESS THAN DED. () DENIED CLAIM FOR OTHER REASONS LISTED ABOVE: ().....

SUBROGATION: () NO () YES () SEE REMARKS SALVAGE: () NO () YES () SEE REMARKS.....

ENCLOSURERES:

- | | | |
|--|---|--|
| INSURED'S REPORT <input type="checkbox"/> | REPAIR INVOICE/ESTIMATE <input type="checkbox"/> | OUR FINAL INVOICE <input type="checkbox"/> |
| POLICE REPORT <input type="checkbox"/> | ADJUSTERS ESTIMATE <input type="checkbox"/> | INTRIM INVOICE <input type="checkbox"/> |
| FIRE DEPT. REPORT <input type="checkbox"/> | SCHEDULE OF LOSS <input type="checkbox"/> | OTHER INVOICE <input type="checkbox"/> |
| SKETCH/DIAGRAM <input type="checkbox"/> | PROOF OF LOSS <input type="checkbox"/> | |
| PHOTOGRAPHS <input type="checkbox"/> | SUBROGATION/LOAN RECEIPT <input type="checkbox"/> | |

BUREAU & PROV. FORMS ATTENDED TO:

(Adjuster's Signature)