



PROPERTY LOSS NOTICE

INSURER	POLICY NUMBER	REPORT DATE
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BROKER CLIENT ID:	BROKER CODE:	BROKER'S PHONE NUMBER: (416) 324-2811	CATASTROPHE NUMBER:
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1. INSURED'S FULL NAME AND POSTAL ADDRESS	BROKER'S NAME AND POSTAL ADDRESS
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	Ensurco Insurance Group
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BUS. PHONE	RES. PHONE	INSURED'S PREFERRED LANGUAGE	<input checked="" type="checkbox"/> ENGLISH	<input type="checkbox"/> FRENCH	<input type="checkbox"/> OTHER
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2. POLICY AND COVERAGE INFORMATION

PERSONAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	EFF. DATE:	EXP. DATE:	DEDUCTIBLE \$			
SINGLE LIMIT	DEWLLING BUILDING	DETACHED STRUCTURES	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENT	VOLUNTARY PROPERTY DAMAGE
\$	\$	\$	\$	\$	\$	\$	\$

DETAILS OF ADDITIONAL COVERAGES, FLOATERS OR EXCLUSIONS AFFECTING THIS LOSS, INCLUDING DETAILS OF ANY OTHER APPLICABLE INSURANCE

3. LOSS INFORMATION

DATE	LOCATION OF LOSS	POLICY LOCATION NUMBER:
TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		

DESCRIPTION OF LOSS AND DAMAGE

4. POLICE/FIRE DEPARTMENT REPORTED TO

MUNICIPALITY	DIVISION NUMBER
OFFICER'S NAME	BADGE NUMBER
PHONE	POLICY REPORT NUMBER

5. INJURIES

NAME AND ADDRESS:	LANGUAGE	BUS. PHONE:	RES. PHONE:
	NATURE OF INJURY:		
NAME AND ADDRESS:	LANGUAGE	BUS. PHONE:	RES. PHONE:
	NATURE OF INJURY:		

6. ADDITIONAL INTERESTS

NAME AND ADDRESS:	NATURE OF INTEREST:
NAME AND ADDRESS:	NATURE OF INTEREST:

7. CONTACTS

NAME AND ADDRESS:	RELATIONSHIP:	BUS. PHONE:	RES. PHONE:
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REMARKS:

REPORTED BY:	DATE REPORTED:
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