



[Claims]

LOSS REPORT

FOR USE BY INSURANCE BROKERS ONLY



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LOSS REPORT

For use by Insurance Brokers Only

Broker:	Contact Person:	Tel:
Name of Insured (Full Legal Name):		Policy Number:
Mailing Address:	Postal Code:	
Risk Location Address:	Postal Code:	

LOSS INFORMATION:

Date of Loss:	Time of Loss:
Location of Loss:	
Description of Loss and Damage:	
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CONTACT INFORMATION:

Contact Person / Claimant:
Address:
Business Number:
Other Number (ie. Cellular):
Has an independent Adjuster been appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the following:
Name of Adjusting Firm:
Contact Name:
Business Number:
Other Number (ie. Cellular):
Miscellaneous Information:
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**FOR AFTER-HOUR EMERGENCIES: 1-855-535-0554
EMAIL: CLAIMS@CANSURE.COM**