

## PROPERTY LOSS NOTICE

Date of Loss : \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Policy Form (#): \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel (Home): \_\_\_\_\_

Tel (Cell): \_\_\_\_\_ Tel (Bus): \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Insured Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Risk: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deductible: \$ \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Cause of Loss: \_\_\_\_\_

Detail of Loss & Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Broker/Agent Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Broker/Agent Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

Return by: Fax: 604-669-9662 or Email: [claims@premiergroup.ca](mailto:claims@premiergroup.ca)