

CSIO PROPERTY LOSS NOTICE

DATE (YY/MM/DD)

BROKER PHONE (A/C, No, Ext): (905)773-1188
FAIR INSURANCE BROKERS LIMITED
 12285 Yonge Street, Main Floor
 Richmond Hill, ON L4E 3M7

MISCELLANEOUS INFO (Site & location code)		DATE OF LOSS AND TIME		AM	PREVIOUSLY REPORTED	
				PM	YES	NO
POLICY TYPE	COMPANY AND POLICY NUMBER		EFFECTIVE DATE	EXPIRATION DATE		
PROPERTY/ HOME	CO:					
	POL:					
CODE:	CO:					
	POL:					
BROKER CUSTOMER ID		CO:				
		POL:				

INSURED		CONTACT		CONTACT INSURED		LANGUAGE SPOKEN:	
INSURED'S NAME & ADDRESS		CONTACT'S NAME & ADDRESS				WHERE TO CONTACT	
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)	
						WHEN TO CONTACT	

LOSS

LOCATION OF LOSS: _____ POLICE OR FIRE DEPT TO WHICH REPORTED: _____

KIND OF LOSS	<input type="checkbox"/> FIRE THEFT	<input type="checkbox"/> LIGHTNING HAIL	<input type="checkbox"/> FLOOD WIND	<input type="checkbox"/> OTHER (explain)	ESTIMATED LOSS
--------------	-------------------------------------	---	-------------------------------------	--	----------------

DESCRIPTION OF LOSS & DAMAGE

POLICY INFORMATION		LOSS PAYEE	
MORTGAGEE			
<input type="checkbox"/> NO MORTGAGEE		<input checked="" type="checkbox"/> NO LOSS PAYEE	

PERSONAL LINES POLICIES SECTION 1 ONLY

A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	DEDUCTIBLES	DESCRIBE ADDITIONAL COVERAGES PROVIDED
					ON

COVERAGE A. EXCLUDES WIND
 SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)

COMMERCIAL & MULTI-PERIL POLICIES (Complete only those items involved in loss)

ITEM	SUBJECT OF INSURANCE	AMOUNT	% COINS	DEDUCTIBLE	COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				

SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)

INJURED

NAME & ADDRESS	PHONE (A/C, No)	EXTENT OF INJURY

REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)

REMARKS

CATASTROPHE #	ADJUSTER ASSIGNED	ADJUSTER #	DATE ASSIGNED
REPORTED BY	REPORTED TO	SIGNATURE OF BROKER OR INSURED	