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### PROPERTY LOSS REPORT

DATE:

INSURER	INSURANCE COMPANY		POLICY NUMBER
	POLICY PERIOD	FROM	TO
		MM / DD / YY	MM / DD / YY
POLICYHOLDER	NAME OF INSURED		
	ADDRESS		
	CONTACT PERSON	TELEPHONE NUMBER BUSINESS: ( ) - RESIDENCE: ( ) -	
GST	IS THE POLICY HOLDER REGISTERED FOR THE GOODS AND SERVICES TAX? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF THE ANSWER IS YES, PLEASE STATE: A) REGISTRATION NUMBER _____ B) PERCENT RECOVERABLE _____%
	DATE OF LOSS	TIME OF LOSS	
	MM / DD / YY	: AM / PM	
LOSS	LOCATION OF LOSS		
	DESCRIPTION OF LOSS		
POLICE INFO	OFFICER'S NAME	BADGE NUMBER	
	DIVISION	TELEPHONE NUMBER ( ) -	
	REPORT / OCCURRENCE NUMBER		
MISC.	REMARKS		

Please fax this form to (416) 597-6811