

PROPERTY/LIABILITY - NEW CLAIM REPORT

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|--|--|--|-------------------------|----------------|--|
| INSURER: Dominion of Canada | | AGENT OR BROKER: McLean Hallmark Insurance Group | | POLICY NUMBER | |
| INSURED | | | | | |
| INSURED COMPANY NAME: | | BUS. PHONE #: | CELL. PHONE #: | OTHER PHONE #: | |
| CONTACT PERSON(S) AND JOB TITLE: | | | E-MAIL ADDRESS: | | |
| BUSINESS ADDRESS | | | | | |
| CLAIM TYPE | | | | | |
| CHECK APPLICABLE: | | | | | |
| Property (Damage to bldg., equipment, stock owned by you): <input type="checkbox"/> | | | | | |
| Liability (Damage to property not owned by you or injury to persons, alleged to be the result of your negligence): <input type="checkbox"/> | | | | | |
| CAUSE OF LOSS | | | | | |
| DATE OF LOSS/DAMAGE: | | TIME OF LOSS: | | | |
| LOCATION (ADDRESS) OF LOSS: | | LOCATION STATUS: | | | |
| | | Owned: <input type="checkbox"/> | | | |
| | | Rented/Leased: <input type="checkbox"/> | | | |
| | | No financial Interest / Third party property: <input type="checkbox"/> | | | |
| DESCRIBE THE CAUSE OF LOSS/DAMAGE: | | | | | |
| NAME AND CONTACT INFORMATION OF PERSON WHO DISCOVERED LOSS/DAMAGE/OCCURRENCE: | | | | | |
| WHO WAS RESPONSIBLE FOR THE DAMAGE/LOSS/OCCURRENCE - REASON: | | | | | |
| APPROXIMATE COST OF DAMAGE/LOSS: | | | | | |
| POLICE INFORMATION (Detachment, Officer name & badge, Incident #): | | | FIRE DEPT. INFORMATION: | | |
| WITNESS INFORMATION (name, contact detail): | | | | | |
| THIRD PARTY DAMAGE (Property or Injury) | | | | | |
| NAME (if company, include contact name): | | | CONTACT PHONE #(s): | | |
| ADDRESS: | | | | | |
| DESCRIPTION OF DAMAGE / INJURY: | | | | | |
| PRIVACY | | | | | |
| Some of the information you provide in this report may be personal. By completing and signing this form, you confirm that you have given us authority to use and share this information with other insurance companies, counsel, or other people with an interest in this claim. | | | | | |