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| BROKER CLIENT ID: | BROKER CODE: | BROKER'S PHONE NUMBER: 905-886-5630 | CATASTROPHE NUMBER: |
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| 1. INSURED'S FULL NAME AND POSTAL ADDRESS | BROKER'S NAME AND POSTAL ADDRESS |
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| | | Holman Insurance Brokers Ltd. | |
| | | 7050 Woodbine Ave. Suite 400 | |
| | | Markham, ON | POSTAL CODE L3R 4G8 |
| BUS PHONE: | RES PHONE: | INSURED'S PREFERRED LANGUAGE | <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER |

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| 2. POLICY AND COVERAGE INFORMATION |
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|--------------------------|-------------------|---|---|---------|---------|---------|
| FOR POLICY # SHOWN ABOVE | EFF. DATE: | EXP. DATE: | ENDORSEMENT, LIMITS AND DEDUCTIBLES | | | |
| LIABILITY LIMITS | ACCIDENT BENEFITS | PHYSICAL DAMAGE <input type="checkbox"/> COLL <input type="checkbox"/> AP | PHYSICAL DAMAGE <input type="checkbox"/> COMP <input type="checkbox"/> SP | # \$ | # \$ | # \$ |
| \$ / | \$ | DED. \$ | DED. \$ | DED. \$ | DED. \$ | DED. \$ |

DETAILS OF ADDITIONAL COVERAGES, FLOATERS OR EXCLUSIONS AFFECTING THIS LOSS, INCLUDING DETAILS OF ANY OTHER APPLICABLE INSURANCE

PD: _____ SL: _____

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| 3. INSURED VEHICLE AND DRIVER |
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|--|------|---------------|--|--|-------|
| YEAR | MAKE | MODEL | VIN | PLATE NUMBER | PROV. |
| AREA OF DAMAGE: | | ESTIMATE \$: | DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE CAN VEHICLE BE SEEN? | |
| OWNER'S NAME, ADDRESS AND PHONE NUMBER IF NOT THE INSURED: | | | LIENHOLDER / NAME AND ADDRESS: | | |
| DRIVER'S NAME AND ADDRESS: | | BUS. PHONE: | RES. PHONE: | PURPOSE OF USE: | |
| | | DRIV. LIC. # | PROV.: | | |
| | | REL. TO INS.: | D.O.B.: | USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

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| 4. DETAILS OF LOSS |
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| DATE: | LOCATION OF LOSS - INCLUDING STREET ADDRESS, CITY, PROVINCE AND STREET NAMES OF ANY APPLICABLE INTERSECTION |
| TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| DESCRIPTION OF LOSS AND DAMAGE | POLICE DEPARTMENT REPORTED TO |
| | MUNICIPALITY |
| | DIVISION NUMBER |
| | OFFICER'S NAME |
| | BADGE NUMBER |
| | PHONE |
| | CHARGES LAID |

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| 5. INJURIES Specify type of claimant A = Insured driver B = Insured passenger C = Third party driver or passenger D = Pedestrian |
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|-------|-------------------|----------|-------------------|------|
| TYPE: | NAME AND ADDRESS: | PHONE #: | NATURE OF INJURY: | AGE: |
| TYPE: | NAME AND ADDRESS: | PHONE #: | NATURE OF INJURY: | AGE: |

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| 6. THIRD PARTY VEHICLE AND DRIVER (Use another form if more than one vehicle is involved.) |
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|--|------|---------------|--|----------------------------|
| YEAR | MAKE | MODEL | PLATE NUMBER | PROV. |
| DAMAGE: | | ESTIMATE \$: | DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE CAN VEHICLE BE SEEN? |
| OWNER'S NAME, ADDRESS AND PHONE NUMBER IF DIFFERENT FROM DRIVER: | | | INSURER: | POLICY NUMBER: |
| DRIVER'S NAME AND ADDRESS: | | BUS. PHONE: | RES. PHONE: | |
| | | DRIV. LIC. #: | PROV.: | |
| DESCRIPTION OF PROPERTY DAMAGE: | | | | |

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| 7. CONTACTS |
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| NAME AND ADDRESS: | RELATIONSHIP: | BUS. PHONE: | RES. PHONE: |
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REMARKS:

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| REPORTED BY: | DATE REPORTED: |
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