

CSIO CEPA	PROPERTY LOSS NOTICE	INSURER	POLICY NUMBER	REPORT DATE
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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
	Holman Insurance Brokers Ltd.
	7050 Woodbine Ave. Suite 400
	Markham, ON
	POSTAL CODE L3R 4G8
BUS. PHONE:	RES. PHONE:
INSURED'S PREFERRED LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER	

2. POLICY AND COVERAGE INFORMATION							
PERSONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/>	EFF. DATE:	EXP. DATE:	DEDUCTIBLES \$				
SINGLE LIMITS	DWELLING BUILDING	DETACHED STRUCTURES	PERSONAL PROPERTY	ADDITIONAL LIVING DAMAGE	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENT	VOLUNTARY PROPERTY DAMAGE
\$	\$	\$	\$	\$	\$	\$	\$

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

3. LOSS INFORMATION			
DATE: TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	LOCATION OF LOSS	POLICY LOCATION NUMBER:	ESTIMATED LOSS:
KIND OF LOSS: <input type="checkbox"/> FIRE <input type="checkbox"/> HAIL <input type="checkbox"/> THEFT <input type="checkbox"/> OTHER (Explain)	<input type="checkbox"/> FLOOD <input type="checkbox"/> LIGHTNING <input type="checkbox"/> WIND		

DESCRIPTION OF LOSS AND DAMAGE

4. POLICE/FILE DEPARTMENT REPORTED TO	
MUNICIPALITY	DIVISION NUMBER
OFFICER'S NAME	BADGE NUMBER
PHONE	POLICE REPORT NUMBER

5. INJURIES			
NAME AND ADDRESS:	LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER	BUS. PHONE:	RES. PHONE:
	NATURE OF INJURY:		AGE:
NAME AND ADDRESS:	LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER	BUS. PHONE:	RES. PHONE:
	NATURE OF INJURY:		AGE:

6. ADDITIONAL INTERESTS	
NAME AND ADDRESS:	NATURE OF INTEREST:
NAME AND ADDRESS:	NATURE OF INTEREST:

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

REMARKS:

REPORTED BY:	DATE REPORTED:
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