



ZURICH^{MC}

Claims Reporting Form - Property

Fax to: 1-877-977-8077 or Email to: claims@zurich.com

General Information		
Name of person reporting	Telephone number	For reporting only <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Broker	Broker telephone number	Broker fax number

Insured's Information		
Name and address of the Insured (including postal code)	Business telephone (incl.ext.) Ext.	
	Cellular number	
Contact name	Contact e-mail address	Contact language spoken

Policy Information		
Policy number	Policy period (dd/mm/yyyy) From To	Certificate number (if applicable)
Lienholder/Mortgage/Other Insurance		
Coverage (Type of policy form, limits, deductible)		

Incident Information		
Address where loss occurred	Date of loss (dd/mm/yyyy)	Time of loss
	Province or State/Country	
Please give description of loss		
Were the authorities contacted (police, fire, ambulance)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a report number given? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list number
If Police/Fire Department contacted, name of officer	Division	Badge number

Property Information			
Description of property			
Address where the property is located			
Description of damage			
Serial number	Estimate (\$)	Was business curtailed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was there consequential damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Anything related to the incident you would like to add			

Witness Information
Name and address of a witness to the incident
Telephone number where witness can be reached