



[Claims]

## LOSS REPORT



**canSURE**

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# LOSS REPORT

Broker:	Contact Person:	Tel:
Name of Insured (Full Legal Name):	Policy Number:	
Mailing Address:	Postal Code:	
Risk Location Address:	Postal Code:	

## LOSS INFORMATION:

Date of Loss:	Time of Loss:
Location of Loss:	
Description of Loss and Damage:	
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## CONTACT INFORMATION:

Contact Person / Claimant:
Address:
Business Number:
Other Number (ie. Cellular):
Has an independent Adjuster been appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the following:
Name of Adjusting Firm:
Contact Name:
Business Number:
Other Number (ie. Cellular):
Miscellaneous Information:
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**FOR AFTER-HOUR EMERGENCIES: 1-855-535-0554**  
**EMAIL: CLAIMS@CAN-SURE.COM**

