

Property Claim Form

For prompt processing of your claim, please:

1. Answer all questions on this report and return to address as noted on page 2.
2. Provide a copy of the repair or replacement estimate.
3. Provide a copy of the repair or replacement invoice if work has been completed.

Part 1 – Account Information

Name of credit union	
Mailing address (include street address, city, province and postal code)	
Name of contact person	Position or title
Telephone number	E-mail address

Part 2 – Coverage

What coverage are you claiming under?

- | | | |
|--|---|---|
| <input type="checkbox"/> Building | <input type="checkbox"/> Contents | <input type="checkbox"/> Data Processing Operations |
| <input type="checkbox"/> Financial Records | <input type="checkbox"/> Scheduled Property | <input type="checkbox"/> Safety Deposit Box – Member Property |

Part 3 – Loss Details

Date of loss (mm/dd/yyyy)	Location of loss	
Police Notified? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Department contacted	Occurrence number	Officer and badge number
Responding fire department		Report number

Please note that all theft, break-in or vandalism occurrences must be reported to the police.

Property Coverage is underwritten by CUMIS General Insurance Company.

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Part 3 – Loss Details (continued)

Please describe in detail what happened:

Please describe damages to the property and repairs/replacement that are necessary:

Cost to repair:

\$

Cost to replace:

\$

Part 4 – Party that caused the damages

Name

Mailing address *(include street address, city, province and postal code)*

Insurer

Policy number

Telephone number

Part 5 – Signatures

Name of authorized representative

Title

Signature of authorized representative

Date *(mm/dd/yyyy)*

PLEASE ENSURE ALL DOCUMENTS ARE ENCLOSED



CUMIS General Insurance Company, P.O. Box 5065, 151 North Service Rd., Burlington, ON L7R 4C2
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