

PROPERTY CLAIM NOTIFICATION FORM



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JURISDICTION FORM

| | |
|----------------------|-----------------------|
| Insured Name: | Certificate #: |
| ANI Person: | Phone #: |
| Fax #: | Email: |
| Date of Loss: | Time of Loss: |

PROPERTY INVOLVED (WHERE APPLICABLE)

| | |
|---|--------------------------|
| Insured Property: | Insurance Item #: |
| Address / Location: | |
| Leasor / Actual Owner (if other than Insured): | |
| Building Value: \$ | Content Value: \$ |

INCIDENT DETAILS

Claim Description:
