



Co-operators General Insurance Company

PROPERTY PROOF OF LOSS

This form is provided to comply with the Insurance Act for use in Fire, Inland Marine, Burglary and Fidelity claims and is provided without prejudice to the liability of the Insurer.

THE INSURER CLAIM NO.

INSURED Name Address

under Policy No. in force until

against loss or damage by to the amount of Dollars

according to the terms and conditions printed therein, including all forms and/or endorsements attached thereto and forming part thereof.

TIME AND ORIGIN: A loss occurred on the day of, at M, caused by

LOCATION: The said loss occurred at

OCCUPANCY: The building insured or containing the property insured was occupied for no other purpose than the following

POLICE: Investigation by Name No. Station

TITLE AND INTEREST: At the time of the loss the interest of the Insured in the property described was sole and unconditional ownership and no other person or persons had any interest therein, lien or encumbrance thereon, except

CHANGES: Since the above policy was issued there has been no change in use, possession, location or exposure of the property described, except

INSURANCE AND LOSS: A particular account of the loss is attached hereto, marked Exhibit "a" and forms part of this proof. The actual cash value of the property insured, the actual amount of loss or damage, the total insurance thereon at the time of the said loss and the amount claimed under this policy are as follows:

Item Involved	Replacement Cost	Cash Value	Total Loss or damage	Total Insurance	Amount named In this policy	Claim under this policy
.....
.....
.....
TOTALS

OTHER INSURANCE: There is no other contract of insurance written or oral, valid or invalid, except (Companies and amounts).

The said loss or damage did not occur through any willful act, neglect, procurement, means or connivance of the insured or this declarant.

Payment of this claim to is hereby authorized and in consideration of such payment the Insurer is discharged forever from all further claim by reason of the said loss or damage. All rights to recovery from any other person are hereby transferred to the Insurer which is authorized to bring action in the Insured's name to enforce such rights. All right, title and interest in any salvage is hereby assigned to the Insurer.

I, do solemnly declare that the foregoing claim and statements are to the best of my knowledge and belief true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath, and by virtue of The Canada Evidence Act.

DECLARED severally before me at

this day of,

Insured
Insured

Commissioner for Oaths in and for the Province of

My commission expires

SCHEDULE OF LOSS

EXHIBIT "A"

Description of Property	When and where purchased	Cost Price	Depreciation	Amount Claimed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
less deductible				
TOTALS				

APPORTIONMENT OF LOSS

Insurer	Policy No.	Insures	Pays
TOTALS			