



FIRE PROPERTY PROOF OF LOSS

This form is provided to comply with the Insurance Act and without prejudice to the liability of the Insurer.

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 loss occurred at: _____

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

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 encumbrances thereon, except: _____

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

POLICE: Investigation by _____

GOODS AND SERVICES TAX: The amount claimed should be net of recoverable G.S.T.

Is the insured registered for GST/HST? YES NO

If the answer is YES, please state: Registration No. _____ % Recoverable _____

INSURANCE AND LOSS: A particular account of the loss is attached hereto 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 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	Claimed Under this Policy
A _____	_____	_____	_____	_____	_____	_____
B _____	_____	_____	_____	_____	_____	_____
C _____	_____	_____	_____	_____	_____	_____
D _____	_____	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____	_____

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

The loss or damage did not occur through the wilful 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 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 rights, title and interest in any salvage are 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.

DECLARED severally before me at _____, this _____ day of _____ 20 _____

Commissioner for Oaths or Affidavits
in and for the Province of _____

(Insured)

(Insured)

SCHEDULE OF LOSS

POLICY/CLAIM NO.

DESCRIPTION	WHEN AND WHERE PURCHASED	ORIGINAL COST		REPLACEMENT COST		% OF DEPRECIATION		AMOUNT OF DEPRECIATION		AMOUNT CLAIMED	
SUB TOTALS											
LESS DEDUCTIBLE _____											
TOTAL _____											

APPORTIONMENT OF LOSS			
INSURER	POLICY NO.	INSURES	PAYS
TOTALS			