



# THE CLAIMANT'S CHECKLIST

**Do you need help filling in this section? Your claims adjuster can walk you through it.**

Name of the insured(s):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

If there is more than one insured, write all their names and designate one of them as the contact person who will deal with the insurer and the various professionals.

## > INFORMATION ON THE LOSS

Location of the loss (or address):  
\_\_\_\_\_

Nature/type of loss (e.g.: water damage, fire, break-in):  
\_\_\_\_\_

Date of the loss: \_\_\_\_\_

## > YOUR INSURANCE CONTRACT

**Name of your damage insurance broker/agent**  
(if applicable):  
\_\_\_\_\_

Your broker/agent's phone number:  
\_\_\_\_\_

E-mail: \_\_\_\_\_

**Insurer's name:**  
\_\_\_\_\_

Insurer's phone number (claims department):  
\_\_\_\_\_

Policy number: \_\_\_\_\_

Claim number: \_\_\_\_\_

Amount of your deductible (if applicable):  
\_\_\_\_\_

Amount of coverage for your personal property:  
\_\_\_\_\_

Amount of coverage for your building:  
\_\_\_\_\_

Limits or other amounts indicated in the contract (if applicable):  
\_\_\_\_\_

Endorsements and amounts indicated in the contract, for example *water damage* (if applicable):  
\_\_\_\_\_

Additional living expenses (if applicable):  
\_\_\_\_\_

**> CONTACT PERSONS FOR THE SETTLEMENT OF YOUR CLAIM**

<p><b>Name of the claims adjuster mandated by the insurer:</b></p> <hr/>	<p><b>Name of the claims adjuster you have mandated (hired)</b> (if applicable):</p> <hr/>
<p>Name of the claims adjuster's firm (if applicable):</p> <hr/>	<p>Firm name:</p> <hr/>
<p>Phone number: _____</p>	<p>Phone number: _____</p>
<p>E-mail: _____</p>	<p>E-mail: _____</p>

**> IMPORTANT DATES**

<p>Date of the 1<sup>st</sup> call to the insurer:</p> <hr/>	<p>Name of the disaster restoration professional:</p> <hr/>
<p>Name and title of the person who answered your call:</p> <hr/>	<p>Contact information:</p> <hr/>
<p>Information provided:</p>  <hr/>	<p>Emergency work carried out:</p>  <hr/>
<p>Date of the 1<sup>st</sup> emergency measure taken:</p> <hr/>	<p>Date of the 1<sup>st</sup> visit (or 1<sup>st</sup> call) from the claims adjuster in charge of your file:</p> <hr/>

