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|  | | | | | | | | | | | | | | | | **CLAIM FORM** | | | | | | |
| **Anglican Diocese of Edmonton - Property Claim Reporting Form** | | | | | | | | | | | | | | | | | | | | | | |
| Report Taken By: | | |  | | | | | | | | | Date: | |  | | | | | | |  | |
| Insurer: | | Ecclesiastical Insurance Office | | | | | | | | | | Policy #: | |  | | | | | Expiry: | | December 31, 2022 | |
| Location Name: | |  | | | | | | | | | | Address: | |  | | | | | | | | |
| Contact: | |  | | | | | | | | | | Bus#: | |  | | | | | Cell#: | |  | |
| Email address: | | | | |  | | | | | | | Alternate Email: | | | | | |  | | | | |
| Other contact instructions: | | | | | | | |  | | | | | | | | | | | | | | |
| Date & Time of Loss: | | | | |  | | | | | | | Reported By: | | | | | |  | | | | |
| Location of Loss: | | | | |  | | | | | | | | | | | | | | | | | |
| Estimated Amount of Damage | | | | | \*\*Not Required, but will help assess if claim needs to be reported | | | | | | | | | | | | | | | | | |
| Circumstances (describe) : | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
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| Attachments: | | | | | | Include any written correspondence, legal filings, letters, or other relevant materials and list below | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | |
| Claimant Name: | | | | | |  | | | | | | Address: | | |  | | | | | | | |
| Cell#: |  | | | | | | | | Bus#: | |  | | Email: | | | |  | | | Other: | |  |
| Claimant Legal Counsel (if applicable) .: | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |
| Witness (if any): | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |

**Current Policy Deductibles:**

* $2,500 Deductible All Other Losses
* $25,000 Deductible Flood
* $10, 000 Deductible Sewer/Water