



Co-operators General Insurance Company

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:

Table with 7 columns: Item Involved, Replacement Cost, Cash Value, Total Loss or Damage, Total Insurance, Amount Named in this Policy, Claimed Under this Policy. Rows A, B, C, D, and 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)

