NOTE TO INSURER: **This form must be compared with the required contents of the Proof of Loss set out in the Insurance Act of each Province and Territory, and changes must be incorporated as required to ensure full statutory compliance.**

PROOF OF LOSS (Other than Fire) This form is provided to comply with the Insurance Act,

where required, and without prejudice to the liability of the Insurer. **CLAIM NO.**_____

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 Select month_____, 20_____, at_____ Select 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: _____

_____

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

_____

GOODS AND SERVICES TAX: The amount claimed should be net of recoverable GST.

Is the Insured registered for GST? YES☐NO☐

If the answer is YES, please state: a) Registration Number _____ b) Percent 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 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	Claimed under this policy
DEDUCTIBLE						
TOTALS						

OTHER INSURANCE: There is no other contract of insurance written or oral, valid or invalid, except (insurers 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/We _____ do solemnly declare that the foregoing claim and statements are to the best of my knowledge and belief true in every particular, and I/We 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. If this declaration is made on behalf of an organization, I/We further solemnly declare that I/We have authority to bind the organization.

DECLARED severally before me at _____

this _____day of _____20_____ _____

_____(Insured)

_____ _____

Select _____(Insured)