

Please complete the below form,
save, and send to claims@burns-wilcox.ca

Reported By

First Name*	Last Name*
Address	
City	Province
Postal Code	Phone*
Email*	

Insured Information

Full Name/Company Name*	
Address*	
City*	Province*
Postal Code*	Phone*
Email*	Policy Number*

Broker Information

First Name*	Last Name*
Address	
City	Province
Postal Code	Phone*
Email*	

Claimant Information

First Name	Last Name
Address	
City	Province
Postal Code	Phone
Email	

Loss Information

mm/dd/yyyy
Location of Loss (City/ Province/ Postal Code)*
Brief Description of Claim*