



Intact Insurance Company

After Loss Information Questionnaire - Property

Name of Insured:		Date:
Location Address:		Policy Number:
Risk Type :	Type of Loss:	Broker:

Our file indicates that you recently experienced a loss at the above location. As a result of this loss, we need to verify the following information to ensure we are offering the best coverage for your insurance needs. Please complete the following information and return to your broker.

Are you still living in the dwelling? Yes ☐ No ☐

If no,

Please provide your new contact information

New Address: _____

Phone Number: _____

If yes,

As a result of the loss, is the location currently uninhabitable? Yes ☐ No ☐

Will you be having the damage repaired? Yes ☐ No ☐

If yes,

Who is doing the repairs? _____

Have the repairs started? Yes ☐ No ☐

What date did the repairs start? (dd/mm/yy)? _____

When will the repairs be completed? (dd/mm/yy)? _____

Have all required permits been obtained? Yes ☐ No ☐

****Note**** if the loss was due to water escape/back-up, please contact your broker to discuss the possible preventative measure that can be taken to prevent future losses of this type.

If there is no intention to repair the dwelling, please indicate which action best suits your intention

☐ Tear down existing location and rebuild?

☐ Tear down existing location and sell property?

Please complete the attached forms(s) so we can complete our file.