CG | ATLANTIC
GENERAL

Commercial Insurance

| **PART 1** | DETAILS OF INSURED |

Insured Name _____ Policy No. _____

Business Address (the Premises) _____

Contact Nos. (Work) _____ (Cell)_____

(Fax) _____Email _____

Do you have other insurance covering this loss? ☐ No ☐ Yes If Yes, provide details of insurer: _____

| **PART 2** | PREVIOUS CLAIMS EXPERIENCE |

Have you made any previous claims relating to this property in the past 5 years? ☐ No ☐ Yes If Yes, please advise:

Date of Loss	Cause of Loss	Amount of Settlement

| **PART 3** | DETAILS OF CLAIM |

Date and Time of Incident _____

Please describe the nature of the loss or damage (e.g., Fire, Lightning, Burglary) _____

_____

_____

Was it necessary to inform the Emergency Services? ☐ No   ☐ Yes If Yes, please provide the following details:

Emergency Service	Police	Fire Service	Ambulance
Contact Details			

Please indicate which of the following were affected as a result of the loss:

☐ Contract Works   ☐ Construction Hand Tools   ☐ Professional Fees & Clearance Costs

☐ Plant & Equipment   ☐ Other (provide brief description): _____

Please complete Part 5 listing contents/equipment affected by the loss

| **PART 4** | DECLARATION |

I/We declare that the above statements are true and correct to the best of My/Our knowledge and belief. I/We have not withheld from the Insurer any information within My/Our knowledge connected with this claim. I/We agree to provide the Insurers with any further information or documentation as may be reasonably required. I/We understand that the company does not admit liability by the issue of this form.

Print Name _____

Signature_____ Date _____

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Description of Item	Date of Purchase	Price when New	Estimated Cost of Repair	Replacement Cost (if not repairable)