Northwest Territories Canada

INSURANCE COMPANY

# FIRE REPORT

**OFFICE USE ONLY**

| FILE NUMBER | YEAR |
|---|---|
| | |

**IMPORTANT:** THIS REPORT MUST BE COMPLETED AND FILED BY THE INSURANCE COMPANY WITHIN 15 DAYS AFTER END OF MONTH IN WHICH FIRE OCCURRED. A LOSS BY FIRE OF PROPERTY IN THE NORTHWEST TERRITORIES IS REQUIRED TO BE REPORTED PURSUANT TO SECTION 11 OF THE FIRE PREVENTION ACT.

| **INSURED** NAME Surname, Given Name(s) | PHONE NO. ( ) |
|---|---|
| ADDRESS | Postal Code |

## FIRE

| TIME ☐ A.M. ☐ P.M. | DATE - D/M/Y | DAY ☐ MON. ☐ WED. ☐ FRI. ☐ SUN. ☐ TUES. ☐ THURS. ☐ SAT. | REGION |
|---|---|---|---|
| LOCATION - STREET ADDRESS OR LEGAL DESCRIPTION | | | MUNICIPALITY |

## AMOUNTS

ENTER TO NEAREST DOLLAR.

| | STRUCTURE $ | CONTENTS $ | TOTAL $ |
|---|---|---|---|
| VALUE | | | |
| LOSS ESTIMATE | | | |
| INSURANCE COVERAGE | | | |

## INSURER

| INSURANCE COMPANY NAME | | POLICY NUMBER |
|---|---|---|
| ADJUSTING - COMPANY NAME | | |
| ADDRESS | | Postal Code |
| ADJUSTER - NAME Surname, Given Name(s) | FAX NO. | PHONE NO. ( ) |

## DETAILS

DOCUMENT THE EXTENT OF LOSS BY FIRE AND OTHER PERTINENT INFORMATION.

| REPORT BY - PRINT/TYPE NAME | SIGNATURE | DATE - D/M/Y |
|---|---|---|
| | | |

**FORWARD TO - OFFICE OF THE FIRE MARSHAL**
**BOX 1320, YELLOWKNIFE, NWT X1A 2L9**