



Saskatchewan Mutual Insurance Company

COMMUNICATION CHECKLIST

File No. \_\_\_\_\_ Insured: \_\_\_\_\_
Type of loss: \_\_\_\_\_ Location: \_\_\_\_\_
Date of Loss: \_\_\_\_\_ Date: \_\_\_\_\_

- Yes No N/A Statement provided by the insured
Yes No N/A Relevant coverage explained
Yes No N/A Relevant "Special Limits" explained
Yes No N/A Deductible explained \$ \_\_\_\_\_
Yes No N/A Proscription date explained Expiry: \_\_\_\_\_
Yes No N/A 180-day limitation period on the "Replacement Cost Endorsement" from actual cash value (ACV) settlement date
Yes No N/A Schedule of Loss provided
Yes No N/A Instructed insured on the completion of the schedules
Yes No N/A How adjuster can be reached (provided business card)
Yes No N/A Blank Proof of Loss explained

Additional comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Adjuster's signature

Insured's signature

Proof of Loss on reverse as required by The Insurance Act

THE ABOVE IS TO BE COMPLETED AND ONE COPY LEFT WITH THE INSURED

Company copy - white

Insured's copy - yellow

# PROOF OF LOSS

This form is provided to comply with the Insurance Act, where required, and without prejudice to the liability of the Insurer.

CLAIM NO. \_\_\_\_\_

INSURER **SASKATCHEWAN MUTUAL INSURANCE COMPANY**

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 \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ M, caused by \_\_\_\_\_

LOCATION: The said loss occurred at \_\_\_\_\_

POLICE: Authorities at \_\_\_\_\_ were notified on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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 \_\_\_\_\_

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
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
<b>TOTALS</b>	.....	.....	.....	.....	.....	.....

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 wilful 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, \_\_\_\_\_  
do solemnly declare that the foregoing claim and statements are to the best of my knowledge and belief true in every particular, and I 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.

DECLARED severally before me at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ Insured

Commissioner for Oaths or Affidavits \_\_\_\_\_ Insured