



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
Yes	No	N/A	Loss prevention – Sewer Backup Form
Yes	No	N/A	Loss Prevention – Burglary Theft Form

Additional comments: _____

Adjuster’s signature	Insured’s signature
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THE ABOVE IS TO BE COMPLETED AND ONE COPY LEFT WITH THE INSURED