



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

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