

**LIABILITY LOSS NOTICE**

Broker Name: Telephone:

Broker Contact: Telephone:

Date of Loss: Type of Loss:

Time of Loss.: Policy #:

Effective Date: Expiry Date:

Insured Name: Contact Person:

Tel (Cell): Tel (Home):

Tel (Bus): E-mail:

Insured Address:

Location of Loss:

Name of Person Reporting:

Relationship to Insured:

Details or circumstances that may result in a claim:

Name of Claimant:

Address (if known):

Have you been served with a Writ of Summons or Statement of Claim?

Return via email to [Newclaims@tcim.ca](mailto:Newclaims@tcim.ca) or fax to 204-925-8279