



# Instant Risk Coverage Claim / Incident Report

Email to: [claims@instantriskcoverage.com](mailto:claims@instantriskcoverage.com)

NOTE: FILING AN INCIDENT OR CLAIM REPORT IS TIME SENSITIVE. THERE IS A 10 DAY NOTICE FOR PROVIDING A MUNICIPALITY WITH NOTICE OF CERTAIN TYPES OF CLAIMS AND A TWO YEAR LIMITATION PERIOD FOR BRINGING AN ACTION IN RESPECT TO ALL CLAIMS.

### Facility Renter Information:

Rental Contract Number: \_\_\_\_\_ (If at all possible attach the rental contract)

Name of Organization (if applicable) \_\_\_\_\_

*Or if not applicable, complete the name of the person on the rental contract:*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

*Address of Organization or person on the rental contract*

Address Unit No. \_\_\_\_\_ Street No. \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ x\_\_\_\_\_ Email \_\_\_\_\_

If an organization, contact person's name: \_\_\_\_\_

### Information on Third Party (person injured or their property damaged)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address Unit No. \_\_\_\_\_ Street No. \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ x\_\_\_\_\_ Email \_\_\_\_\_

### Incident Information

Incident Date \_\_\_\_\_ Time of Incident (am or pm) \_\_\_\_\_

Was this Reported to within 24 hours? Yes  No  If no, why? \_\_\_\_\_

Location description (including address if known) \_\_\_\_\_

Facility \_\_\_\_\_ Location of Facility \_\_\_\_\_

Other \_\_\_\_\_

Description of incident \_\_\_\_\_

Description of Property Damage or Injuries \_\_\_\_\_

**PLEASE PROVIDE/ATTACH PHOTOS, INVOICES, AND ANY OTHER RELEVANT DOCUMENTATION**

### If Reported to Police Provide the Following

Officer's name \_\_\_\_\_ Badge # \_\_\_\_\_ Occurrence # \_\_\_\_\_

Police report attached? Yes  No

### Witness Information (1)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address Unit No. \_\_\_\_\_ Street No. \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ x\_\_\_\_\_ Email \_\_\_\_\_

