

## Instant Risk Coverage Claim / Incident Report

Email to: 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 contact:		
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	Fmail	
**************************************		
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		
Description ofincident		
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)		
• •	Last Nama	
First Name Middle Initial	Last Name	
	Destal Code	
	Postal Code	
Home Phone ()	Email	



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Witness Information (1)		
	Middle Initial	Last Name
Address Unit No Street No.		
Home Phone () Work Ph	none () x	Email
Complete Description of Incident a	and Additional Information	nn .
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<del></del>
(if more room is required attach a separate sheet)		
THE INFORMATION PROVIDED HERE PROSECUTED TO THE FULL EXTENT		D THAT ALL FRAUDULENT CLAIMS WILL BE
PROSECUTED TO THE FULL EXTENT	OF THE LAW.	
Name (this will be		Date .
your signature)		Date,