



Life's better with Beacon Insurance

LOSS REPORT

For use by Insurance Brokers only

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____ Policy number: _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

LOSS INFORMATION:

Date of Loss: _____ Time of Loss: _____

Location of Loss: _____

Description of Loss and Damage:

CONTACT INFORMATION:

Contact Person / Claimant: _____

Address: _____

Business Number: _____

Other Number (ie. Cellular): _____

Has an independent Adjuster been appointed? Yes No

If yes, please provide the following: _____

Name of Adjusting Firm: _____

Contact Name: _____

Business Number: _____

Other Number (ie. Cellular): _____

Miscellaneous Information:

FOR AFTER-HOUR EMERGENCIES: 1-855-535-0554
EMAIL: CLAIMS@BEACON.INSURE

SUBMIT