



Justice and
Public Safety
Public Safety

Confirmation of Insurance Form

DISASTER FINANCIAL ASSISTANCE

Confirmation of Insurance Available

This form MUST be completed by an authorized representative of your insurance company when applying for assistance through the Disaster Finance Assistance Program. Please email to Canadian Red Cross at PEISupport@redcross.ca or fax to 902-368-3037.

Name of Applicant: _____

Name of Co-Applicant: _____

Address (where damage occurred): _____

Type of Policy Carried:

- Homeowner's Policy
- Tenant's Policy
- Business

Policy Number: _____ Name of Insurer: _____

Policy Expiry Date: _____ Name of Brokerage (If applicable): _____

Name of Insurance Representative: (If applicable): _____

With reference to the policy in force during the time frame of the emergency event, did the following coverage apply?

<p>1. Sewer back up coverage</p>	<p><input type="checkbox"/> Yes, coverage limit available \$ _____</p> <p><input type="checkbox"/> Not purchased, maximum available to purchase \$ _____</p> <p><input type="checkbox"/> Not available for purchase by applicant</p>
<p>2. Any form of overland water coverage</p>	<p><input type="checkbox"/> Yes, coverage limit available \$ _____</p> <p><input type="checkbox"/> Not purchased, maximum available to purchase \$ _____</p> <p><input type="checkbox"/> Not available for purchase by applicant</p>
<p>3. Coverage for food spoilage, freezer or refrigerator damage</p>	<p><input type="checkbox"/> Yes, coverage limit available \$ _____</p> <p><input type="checkbox"/> Not purchased, maximum available to purchase \$ _____</p> <p><input type="checkbox"/> Not available for purchase by applicant</p>

4. If the answer is “Yes” to any of the above questions, then it is **MANDATORY** that the loss be reported to the insurance company.

- Has the claim been reported to the insurance company?

Yes _____ No _____

- Was a claim paid?

Yes _____ No _____

Amount paid \$ _____

(If yes, you must provide a breakdown of what items were covered by your insurer)

Note:

If you reported the damage to your insurance company or broker and were advised by the “assigned adjuster” that there was no coverage, please provide a copy of the denial letter issued by your insurance company. If you did not receive a denial letter, please use comments section below to explain why the claim was denied

5. Comments: (attach additional pages if required)

Confirmation of Insurance – Signature Page

Signature of an authorized representative of the insurer Phone Number Date

Signature of Applicant Phone Number Date