



## Claim for Freezer Contents

Date:

Insured's Name  
Address  
City, Province, Postal

Claim Number:

As per our telephone conversation, please answer the following questions and return in the enclosed envelope.

- |   |       |
|---|-------|
| 1. When was the electrical power to your home interrupted? -- Date: | Time: |
| 2. When was the electrical power to your home restored? -- Date:    | Time: |

3. What type of Freezer do you own?

Year	Make	Model	Size in cubic feet	Appliance still under Warranty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Please list in detail the items that required disposal due to spoilage. *If additional space is required, please attach list on the back.*

Item and Description	Quantity	Size and Weight	Cost to replace

I acknowledge that the information above is correct to the best of my knowledge.

Policyholder's Signature:	Date (mm/dd/yy):
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