

Form H Property Accident Insurance Report

2019
Revision

Confidential once completed

IMPORTANT NOTICE

Our Insurance company requires us to immediately declare all incidents that incur damage to one of our buildings or other parish properties.
Non-compliance with this requirement in a timely fashion may result in loss of certain insurance protection clauses.

GENERAL INFORMATION

Christian Community	Town/City	Date of Loss (mm/dd/yyyy)	Time of Loss <input type="checkbox"/> AM <input type="checkbox"/> PM
Address	Town/City	Province	Postal Code
Name of Pastor/Parish Administrator	Name of person completing report/Contact person		Telephone ()
Insurance Company ECCLESIASTICAL INSURANCE	Policy Number 0100724FX07.V35		

PRÉCISIONS

Where did the incident happen? (*Attach photos and any other pertinent information*)

- | | | |
|--|--|--|
| <input type="checkbox"/> Exterior of the church | <input type="checkbox"/> Interior of the church | <input type="checkbox"/> Exterior of the rectory |
| <input type="checkbox"/> Interior of the rectory | <input type="checkbox"/> Exterior of the parish hall | <input type="checkbox"/> Interior of the parish hall |
| <input type="checkbox"/> In the parking lot | <input type="checkbox"/> In the cemetery | <input type="checkbox"/> In the cemetery vault |
| <input type="checkbox"/> Other _____ | | |

What happened? Provide a brief synopsis of the incident, including date, time and circumstances.

Was there a hazardous condition to cause the loss / damage? Describe in detail.

Estimate

\$

WITNESS(ES)

Name	Address	Telephone () ()
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EMERGENCY RESPONSE AUTHORITIES NOTIFIED

ALARM COMPANY (If applicable)

Name of Alarm Company	Did they respond? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of person who responded	Telephone () Has the service been restored? <input type="checkbox"/> YES <input type="checkbox"/> NO

POLICE (If applicable)

Were the police notified? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Detachment
Name of Police Officer	Police Officer's Badge Number

Case Number	Report filed by	Signature
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FIREFIGHTERS (If applicable)

Were the firefighters notified? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Fire Chief	Fire Station / Division	Telephone ()
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WHAT YOU CAN DO TO ASSIST

1. Protect your property from further damage. For example:
 - a. Install temporary coverings to the building if exposed to the elements;
 - b. Move equipment to an unaffected area of the premises;
 - c. Remove perishable food from coolers/freezers if power has been disrupted and can't be restored within a reasonable length of time.
2. Segregate damaged stock, prepare a detailed list and set it aside for future inspection.
3. If immediate replacement of equipment is required to restore operations, make certain that damaged items are kept for examination.
4. Do not throw anything out unless it is absolutely necessary.

PRIVACY

By signing this form you are consenting to the following statements taken from Marsh's Privacy Policy, which is available at www.marsh.ca :

- Your consent of the Marsh Privacy Policy;
- Your consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy;
- Your understanding that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in the Privacy Policy.

SIGNATURE

Signature of one of the following people (Pastor / Parish Administrator / Parish Secretary / Parish Management Council Co-President)	Date (mm/dd/yyyy)
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Keep a copy of this form for your files.

***Please fax this completed form as soon as possible to (506) 546-1423
and send the original copy by mail to:***

**Financial Administration – Diocese of Bathurst
P.O. Box 460, Bathurst, NB E2A 3Z4**

**All criminal acts (break and enters, vandalism, etc)
must IMMEDIATELY be reported
by telephone to the local police and the Diocese.**