

		<h1>PROPERTY LOSS NOTICE</h1>			<div>INSURER CLAIM NUMBER</div>				
INSURANCE COMPANY Gore Mutual Insurance Company				BROKER REFERENCE NUMBER 240289	CATASTROPHE NUMBER	POLICY NUMBER GC0334290236			
1. INSURED'S FULL NAME AND POSTAL ADDRESS Chris Nielsen o/a Our Glass Shop PO Box 1326 Parksville, BC <div>CONTACT NUMBER HOME BUSINESS (250) 954-1234 PREFERRED LANGUAGE <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH EMAIL ADDRESS ourglass@telus.net WEBSITE ADDRESS</div>				2. BROKER'S NAME AND POSTAL ADDRESS Waypoint Insurance Services Inc. 301-841 Cliffe Ave Courtenay, BC <div>CONTACT NUMBER HOME BUSINESS (250) 338-3355 BROKER CONTRACT NUMBER GROUP / PROGRAM NAME BROKER CLIENT ID CHRISNI-01</div>					
3. ALTERNATE CONTACT INFORMATION				RELATIONSHIP TO INSURED					
BC				CONTACT NUMBER HOME BUSINESS CELL FAX					
4. POLICY PERIOD									
EFFECTIVE DATE 2023/11/16 TIME A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> EXPIRY DATE 2024/11/16 AT 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.									
5. RISK ADDRESS <input type="checkbox"/> SAME AS SECTION 1									
LOCATION OF LOSS 405 Island Highway Parksville, BC V9P 2G5									
6. COVERAGE INFORMATION <input type="checkbox"/> PERSONAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> FARM									
PACKAGE FORM AND TYPE									
SINGLE LIMIT	DWELLING BUILDING	DETACHED STRUCTURES	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENT	VOLUNTARY PROPERTY DAMAGE	DEDUCTIBLE \$	
\$	\$	\$	\$	\$	\$	\$	\$	\$	
7. ADDITIONAL COVERAGE (Specify rating information, limits deductibles, etc.)									
CODE	COVERAGE DESCRIPTION				LIMIT #1	DEDUCTIBLE	DED. TYPE	1 ST TYPE OF	
8. LIABILITY EXTENSIONS FROM PRIMARY LOCATION									
CODE	LIABILITY COVERAGE DESCRIPTION					NUMBER OF	TYPE OF		
9. SCHEDULED PERSONAL PROPERTY DETAIL									
#	CLASS CODE	DESCRIPTION (INCLUDING SERIAL / IDENTIFICATION NUMBER)	COVERAGE CODE	QUALIFIER 1	QUALIFIER 2	PURCHASE/ APPRAISAL DATE	DEDUCTIBLE	DISC. %	AMT OF INS.
1									
2									
10. WATERCRAFT AND TRAILERS (indicate if boat trailer or travel trailer)									
#	TYPE	YEAR	LENGTH	DESCRIPTION MAKE/MODEL		COVERAGE	DEDUCTIBLE	AMT OF INS.	
1									
2									
11. ADDITIONAL INTERESTS									
#	NAME AND ADDRESS						NATURE OF INTEREST		
1									
2									
3									
12. DETAILS OF LOSS									
RISK NO. 1	DATE 2024/4/5	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.					LOSS TYPE		
DETAILS OF LOSS									
<p>Insured's customer came in April 5, 2024 to advise of possible faulty install of motorhome windshield. Replacement requested by client due to insured's agreement with ICBC to provide glass services with lifetime guarantee under contract. Windshield installed by insured July 10, 2020.</p>									



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INSURANCE COMPANY
Gore Mutual Insurance Company

BROKER REFERENCE NUMBER
240289

CATASTROPHE NUMBER

POLICY NUMBER
GC0334290236

13. AUTHORITY REPORT INFORMATION

<input type="checkbox"/> POLICE	<input type="checkbox"/> FIRE DEPARTMENT	<input type="checkbox"/> OTHER
MUNICIPALITY/CITY	MUNICIPALITY/CITY	MUNICIPALITY/CITY
DIVISION NUMBER	STATION NUMBER	LOCATION NUMBER
OFFICER'S NAME	CONTACT NAME	CONTACT NAME
CONTACT NUMBER	CONTACT NUMBER	CONTACT NUMBER
BADGE NUMBER	BADGE NUMBER	BADGE NUMBER
DATE REPORTED	DATE REPORTED	DATE REPORTED
OCCURENCE NUMBER	REPORT NUMBER	REPORT NUMBER
CHARGES LAID	OTHER	CHARGES LAID

14. INJURED PARTY ☐ NONE REPORTED Specify Type: ☐ A = Insured ☐ B = Third party ☐ C = Unknown

CONTACT NUMBER		PREFERRED LANGUAGE	NATURE OF INJURY	POSTAL CODE
HOME	CELL	<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		HOSPITALIZED
BUSINESS	FAX			<input type="checkbox"/> YES <input type="checkbox"/> NO

15. REMARKS

16. WITNESS CONTACT INFORMATION

CONTACT NUMBER		POSTAL CODE
HOME	CELL	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH
BUSINESS	FAX	

17. ADJUSTER ASSIGNMENT INFORMATION

CONTACT NUMBER		EMAIL ADDRESS
HOME	CELL	
BUSINESS	FAX	
REPORTED BY	Sandi Nielsen	
REPORTED TO COMPANY BY	DATE	TIME
	2024/5/30	10:00

☒ A.M.
☐ P.M.

☐ A.M.
☐ P.M.