RBC Insurance Company of Canada PO Box 97, Station A Mississauga, ON, L5A 2Y9 Tel: 1-800-263-8944 | Fax: 905-813-4701

CLAIM
DATE OF LOSS

HOME/TENANT/BUSINESS INSURANCE DECLARATION AND INFORMATION FORM

Home And Tenant Insurance Date of Birth:		CLAIMAN	NT INFORMATIO	N	
Primary Residential Address (PRA): City:	Last Name:				
Primary Residential Address (PRA): City:		<u> </u>			
Primary Residential Address (PRA): City:	HO	OME AND TENANT	INSURANCE IN	FORMATION	
Do you (or your spouse/partner) own this property: Yes No Name of property owner(s) if not yourself: The property owner(s) is/are your: Parent(s) Grandparent(s) In-law Relative Friend Non-family member OWNED PROPERTY - To be completed if you, your spouse, parent, sibling, in-law, or other immediate family member owns the property On the date of loss, was there ANY Home/Condo/Tenant insurance policy in place for this property: Yes No If 'Yes', please complete below Name of Home/Condo Insurance Company: Policy Number: Coverage Period: Start Date: / End Date: RENTAL PROPERTY - To be completed if you rent at your PRA Do you have a signed rental agreement for your PRA in accordance with your provincial tenancy act/regulations: Yes No Name of tenant(s) listed in the rental agreement of your PRA in to yourself: Do you or any tenants at your PRA have tenant insurance: Yes No If 'Yes', please complete below. Name of Tenant insurance Company: Policy Number: Coverage Period: Start Date: / End Date: BUSINESS INSURANCE In addition to Home and Tenant Insurance, please complete this section if you are claiming under a RBC Visa Business credit card Name of Business: Primary Business Address: City: Province: Postal Code: Do you have business insurance: Yes No If 'Yes', please complete below. Name of Business Insurance Company: Policy Number: Postal Code: Do you have business insurance: Yes No If 'Yes', please complete below. Name of Business Insurance Company: Policy Number: Postal Code: Do you have business insurance: Yes No If 'Yes', please complete below. Name of Business Insurance Company: Policy Number: Postal Code: Postal Code: Do you have business insurance: Yes No End Date: DECLARATION I warrant that the information provided on this form is full, complete and true. I acknowledge that the insurer may not					
Name of property owner(s) if not yourself: The property owner(s) if and yourself: The property owner(s) is/are your. Parent(s) Grandparent(s) Sibling(s) In-law Relative Priend Non-family member Owner Sibling (s) Province: The property owner(s) is/are your. Parent(s) Grandparent(s) Sibling(s) In-law Relative Priend Non-family member Owner Sibling in-law, or other immediate family member owns the property on the date of loss, was there ANY Home/Condo/Tenant insurance policy in place for this property: Yes No If 'Yes', please complete below Name of Home/Condo Insurance Company: Policy Number: Deductible Amount: Coverage Period: Start Date: RENTAL PROPERTY - To be completed if you rent at your PRA Ob you have a signed rental agreement for your PRA in accordance with your provincial tenancy act/regulations: Yes No No Name of tenant(s) listed in the rental agreement of your PRA in not yourself: Do you or any tenants at your PRA have tenant insurance: Yes No If 'Yes', please complete below. Name of Tenant Insurance Company: Policy Number: Deductible Amount: Coverage Period: Start Date: BUSINESS INSURANCE In addition to Home and Tenant Insurance, please complete this section if you are claiming under a RBC Visa Business credit card Name of Business: Primary Business Address: Primary Business Insurance: Yes No If 'Yes', please complete below. Name of Business insurance: Yes No If 'Yes', please complete below. Name of Business insurance: Yes No If 'Yes', please complete below. Name of Business insurance: Yes No If 'Yes', please complete below. Name of Business Insurance Company: Policy Number: Deductible Amount: Coverage Period: Start Date: DECLARATION I warrant that the information provided on this form is full, complete and true. I acknowledge that the insurer may not	City:	Province:		Postal Code:	
The property owner(s) is/are your: Parent(s)	Do you (or your spouse/partner) own this p	roperty: Yes No		·	
OWNED PROPERTY - To be completed if you, your spouse, parent, sibling, in-law, or other immediate family member owns the property On the date of loss, was there ANY Home/Condo/Tenant insurance policy in place for this property: Yes \	Name of property owner(s) if not yourself:				
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		DE	CLARATION		
be obliged to make any payment if I have misrepresented any material fact.	be obliged to make any payment i	i nave misrepresent	eu any materiai fac	il.	
Signature of Claimant: Date:	Signature of Claimant:			Date:	

Note: You may be required to provide proof of your primary residential address (PRA) or business address.