



Insurance

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**

**CLAIMANT INFORMATION**

Last Name:

First Name:

Date of Birth:

**HOME AND TENANT INSURANCE INFORMATION**

Primary Residential Address (**PRA**):

City:

Province:

Postal Code:

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) ☐ Sibling(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:

Deductible Amount:

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** if 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:

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:

Deductible Amount:

Coverage Period:

Start Date:

End Date:

**DECLARATION**

**I warrant that the information provided on this form is full, complete and true. I acknowledge that the insurer may not be obliged to make any payment if I have misrepresented any material fact.**

**Signature of Claimant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Please complete this form and send to the following address or fax number:**

RBC Insurance Company of Canada  
P.O. Box 97  
Station A  
Mississauga, ON, L5A 2Y9  
Fax: 905-813-4701 or 1-888-298-6262