



**STERLING INSURANCE ADJUSTERS LIABILITY CLAIM FORM**

fields marked with an asterisk (\*) are required  
email completed form to [newclaims@sterlingadjusters.ca](mailto:newclaims@sterlingadjusters.ca)

**SUBMITTED BY**

\*First Name \_\_\_\_\_  
\*Last Name \_\_\_\_\_  
\*Company \_\_\_\_\_  
\*Address \_\_\_\_\_  
\_\_\_\_\_  
\*City/Town \_\_\_\_\_  
\*Province \_\_\_\_\_  
\*Country \_\_\_\_\_  
\*Postal \_\_\_\_\_  
\*Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

**INSURED INFORMATION**

\*Insured First Name \_\_\_\_\_  
\*Insured Last Name \_\_\_\_\_  
\*Person to Contact \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City/Town \_\_\_\_\_  
\*Province \_\_\_\_\_  
Country \_\_\_\_\_  
Postal \_\_\_\_\_  
\*Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Policy Number \_\_\_\_\_

**BROKER INFORMATION**

\*Company Name \_\_\_\_\_  
\*Contact Name \_\_\_\_\_

**LOSS INFORMATION**

\*Date of Loss \_\_\_\_\_  
Type of Loss  Premises  Products  Other  
Location of Loss \_\_\_\_\_  
\*Loss Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Injured Party/Owner of Damaged Property \_\_\_\_\_  
Injury/Damage Sustained \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Handling Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_