



STERLING INSURANCE ADJUSTERS PROPERTY CLAIM FORM

fields marked with an asterisk (*) are required
email completed form to 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 Fire Flood Lightning Water Damage

Wind Burglary/Theft Hail Other

Location of Loss _____

*Loss Description _____

Special Handling Instructions
