Government of Newfoundland and Labrador
Fire and Emergency Services – Newfoundland and Labrador

Confirmation of Insurance Form for Small Business Owners
(To be completed by the Insurer)

Business Name: _____

Contact Person: _____

Business Address: _____

Type of Policy Carried: _____ Policy Number: _____

Name of Insurer: _____

As of the date of the recent weather event, _____, did the following apply to the insured:
Date of weather event

1. Sewer Backup Endorsement: Yes ☐ No ☐ 2. Water Extension Endorsement: Yes ☐ No ☐

3. Any form of Flood Coverage: Yes ☐ No ☐

4. If yes, answered to question 1, 2, or 3 above, a claim must be presented to the insurer. Has a claim been presented under the policy? Yes ☐ No ☐

5. If yes, was the claim denied? Yes ☐ No ☐

If yes, please explain why the claim was denied _____

_____

_____

_____

_____

6. Does the insurance provider offer a policy for flood damage for small business? Yes ☐ No ☐

7. If yes, was this policy available to the business owner listed above? Yes ☐ No ☐

8. Did the business owner avail of the policy? Yes ☐ No ☐

9. If no, please explain why the policy was not purchased: _____

_____

25 Hallett Crescent, P.O. Box 8700, St. John's, NL, Canada A1B 4J6 Telephone (709) 729-3703 Fax (709) 729-3857

10. What is the maximum coverage available: $_____

11. Did the business listed above avail of the maximum offered? Yes ☐ No ☐

12. If no, please explain why: _____

_____

13. Was the policy holder paid a settlement for the damages caused by the recent weather event?

Yes ☐ No ☐

14. If yes, what was the amount of the payout: $_____

15. Did the payout include the deductible: Yes ☐ No ☐

16. How much is the deductible: $_____

_____ _____

Signature of Agent Date

_____ _____

Please print Agents Name Agents Phone Number

We ask that the insurance provider supply a copy of your company's stamp here, if one is available:

Thank you for completing the form