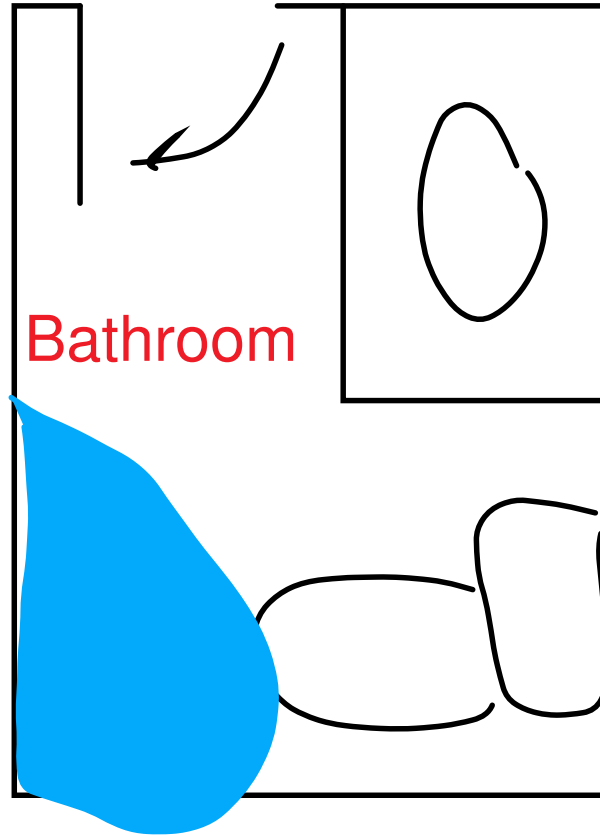

SKETCHES: Bathroom - Affected

Sketch 1



Policyholder

Name	Phone Number	Address
Sample1- Call Intake to Mitigation Start (Jordon Dimitri)	5195914369	15 Dawson Road, Peterborough, ON, Canada

Claim Details

Carrier Identifier	Contractor Identifier	Assignment Identifier
ClaimID123/Carrier	Your Reference #1 if app.	Your Reference #2 if app.
Project Manager	Date of Loss	Date Claim Created
Peter Sid	Jul 30, 2020	Jul 30, 2020
Insurance Company	Adjuster	Policy Number
ACE MUTUAL	Adrian	12345

 Encircle
SAMPLE REPORT



Dear Client,

We take the health of our employee(s) and clients very seriously. With the current level of health concerns around Covid-19, we have set forth protocols for our employees to track early signs of illness. Some of these measures may include but are not limited to, taking their temperature, visual signs of flu-like symptoms, and inquires about recent travel. Our staff is monitored daily to prevent the possible spread and to keep everyone safe. We must conduct the same measures for our clients.

Please complete the following:

Are you a front line health care worker during this pandemic? No

Is anyone in the home currently experiencing:

Cough?	No	Headache?	No
Sore Throat?	No	Difficulty Breathing?	No
Runny Nose?	No	Fever?	No

Has anyone in the home, traveled outside of Canada in the last 14 days? No

Has anyone in the home been in contact with anyone who has traveled outside of Canada in the last 14 days? No

Are you currently completing a self-quarantine? No

Has anyone come in contact with anyone in the last 14 days with any signs of illness of cough and or fever, to the best of your knowledge? No

Name: Jd

Address: 123 street

Emergency Contact (Cell):

Signature: 

Should yes be answered, further measures may be required including but not limited to increased PPE (Tyvek suits, booties, masks, masks/respirators, gloves, eye protection) and/or delay of work.

This document will be held in confidentiality in the job file at First General.

If, at any time during the project, any of the answers to the questions above changes, please notify our project manager at First General immediately.



151 Charles St,
Suite 100
Kitchener, ON
Canada N2G 1H6
519-573-1186

ACCESS & AUTHORIZATION

Owner or Company Name: Jordon Demitri	Telephone: 5195914369
Property Address: 15155 36 Avenue, Surrey, BC, Canada	
Adjuster: Adrian	Insurance Co.: ACE MUTUAL
Address:	
Claim / Policy No.: 12345	Telephone:

I/We hereby give access to the property above and authorization to **ACE mutual**, for the purpose of making the necessary repairs to the above mentioned property, as a result of Water- Normal Reported Leak from under sink. Appears to be clean from cold water line.. To the best of my knowledge; This property was constructed in the year 2015.

I/We hereby irrevocably direct my/our Insurer to include the name **ACE mutual**, as the payee on any cheque or draft issued in payment of said insurance claim with regards to the building or contents repair, and to send that cheque directly to **ACE mutual**.

I/We hereby acknowledge that I/We am/are responsible for payment to **ACE mutual** of any and all shortfalls in payment from the Insurance Company and/or any authorized extras including the deductible in the amount of \$1,500, GST (if applicable) and any depreciation (if applicable).

REPAIRS WILL BE COMMENCED UPON RECEIPT OF THE ABOVE SIGNED ACCESS AND AUTHORIZATION FORM, TOGETHER WITH PAYMENT OF THE DEDUCTIBLE AND APPROVAL BY THE INSURANCE COMPANY. THIS ACCESS AND AUTHORIZATION DOES NOT CONSTITUTE COVERAGE ON YOUR POLICY UNTIL APPROVAL BY THE INSURANCE COMPANY.

DATED: August 10, 2020

OWNER or COMPANY:

Happy Customer