

Heritage Commercial Business Claim Form

Island Heritage Insurance Company, Ltd.
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CUSTOMER INFORMATION

Name of Insured:		Policy number:
Policy Start Date:		Agent (if any):
Policy End Date:		
Telephone	(Home):	(Work):
	(Mobile):	Email:

PLEASE ANSWER ALL QUESTIONS COMPLETELY

1) **Address of premises where loss or damage occurred:**

2) **When did loss or damage occur? Date: Time: AM PM**

3) **What was the cause of the loss or damage, and how did it occur?:**

4) **By whom was the loss or damage discovered?:**

5) **In the case of theft or malicious damage, when were the police notified and which station? If police were notified, please attach report.**

6) **For what purpose (e.g. Home, Office, Shop etc.) were the premises used for at the date of the loss or damage?:**

If unoccupied, please state why:

7) **Has the premises been unoccupied for more than 30 days?: Yes No**
If 'Yes', please give details:

8) **Does anyone else have an interest in any of the property claimed for?: Yes No**
If 'Yes', please give details:

9) **Is there finance or mortgage over the property?: Yes No**
If 'Yes', please give details:

10) **Is the property insured with anyone else?: Yes No**
If 'Yes', please give details:

11) **Have you previously suffered any loss or damage in this or other premises?: Yes No**
If 'Yes', please give details:

12) **Did you take any action to avoid further damage or minimize loss?: Yes No**
If 'Yes', please give details:

A full breakdown of the amounts being claimed must be provided overleaf.

