Changes to discuss with your insurer

This list is not exhaustive. Ask your representative which changes must be reported and when in your situation.

CHANGES TO DISCUSS, AS APPLICABLE

[ ] Moving or a change in occupants
[ ] Work, renovations or a new installation
[ ] Extended absence or a change in occupancy of a home
[ ] Renting out a home or part of it
[ ] Acquiring significant belongings or equipment
[ ] New vehicle, driver or vehicle use
[ ] Changes in travel or kilometres driven
[ ] Working remotely or conducting a business activity at home
[ ] New business activity, equipment or premises

FACTUAL DESCRIPTION

Change: _____
Planned or actual date: _____
Questions to ask: _____
_____

FOLLOW-UP

Person contacted and date: _____
Documents requested: _____
Written confirmation received: _____
Completing this worksheet does not notify your insurer.

Inventory of household belongings

Date updated: _____
Room or location: _____

ITEM WORKSHEET - TO DUPLICATE

Item and description: _____
Brand and model: _____
Serial number, if available: _____
Quantity: _____
Purchase date and location, if known: _____
Price paid, if known: _____
Personal estimate, if used: _____
Date and source of this estimate: _____
Reference for the receipt or other evidence: _____
Photo or video file name: _____
Features or accessories: _____
_____

[ ] Photos and supporting documents filed with the worksheet
[ ] Backup copy kept in a safe place
[ ] Inventory updated after a significant change

This inventory describes your belongings. It does not determine their insured value, compensation or the coverage needed. Have coverage questions checked by your representative.

Reference (French): Infoassurance - Documents et outils
https://infoassurance.ca/menu-utilitaire/documents-et-outils/

Request a certificate of insurance

Subject: Request for a certificate of insurance

Hello,

For [reason for the request], I need a certificate relating to my policy [reference].

Document recipient: [name or organization]
Period concerned: [dates]
Requested receipt date: [date]
Requirements received from the recipient: [attach or describe accurately]

Could you check what can be certified and send me the appropriate document? If a request exceeds the current coverage or requires a change, please let me know before taking any steps.

This request does not by itself authorize a change to my policy.

Sincerely,
[Name]
[Date]

This template is a request: it is not a certificate of insurance.

Emergency contacts worksheet

Date contact details checked: _____
In an emergency in Canada: 911. Abroad, find out the local emergency number.

TRUSTED PEOPLE
Name / relationship / telephone: _____
Name / relationship / telephone: _____

INSURANCE AND ASSISTANCE
Home insurer / telephone: _____
Auto insurer / telephone: _____
Claims service / telephone: _____
Roadside assistance / telephone: _____
Travel assistance / telephone from abroad: _____
Other contact / telephone: _____

USEFUL REFERENCES
Location of insurance documents: _____
Location of the inventory backup: _____
Personal instructions: _____
_____

Check contact details on official documents. Keep this worksheet in a safe place and share it only with the people concerned. Do not enter passwords or banking information.