

DISASTER FINANCIAL ASSISTANCE
Confirmation of Insurance Available

This form MUST be completed by an authorized representative of your insurance company when applying for assistance through the Disaster Finance Assistance Program. Please return to NS EMO at PO Box 2581, Halifax, NS, B3J 3N5 or fax to (902) 424-5376.

Name of Applicant: _____

Name of Co-Applicant: _____

Address (where damage occurred): _____

Type of Policy Carried: Homeowner's Policy Tenant's Policy Business

Policy Number: _____ Name of Insurer: _____

Policy Expiry Date: _____ Name of Brokerage (If applicable): _____

Name of Insurance Representative: (If applicable): _____

Phone Number: _____

With reference to the policy in force during the time frame of the emergency event, September 23-24, 2022 Hurricane Fiona, did the following coverage apply?

- | | |
|---|---|
| 1. Sewer back up coverage | <input type="checkbox"/> Yes, coverage limit available \$ _____
<input type="checkbox"/> Not purchased, maximum available to purchase \$ _____
<input type="checkbox"/> Not available for purchase by applicant |
| 2. Any form of overland water coverage | <input type="checkbox"/> Yes, coverage limit available \$ _____
<input type="checkbox"/> Not purchased, maximum available to purchase \$ _____
<input type="checkbox"/> Not available for purchase by applicant |
| 3. Coverage for food spoilage, freezer or refrigerator damage | <input type="checkbox"/> Yes, coverage limit available \$ _____
<input type="checkbox"/> Not purchased, maximum available to purchase \$ _____
<input type="checkbox"/> Not available for purchase by applicant |

4. If the answer is "Yes" to any of the above questions, then it is **MANDATORY** that the loss be reported to the insurance company. Has the claim been reported to the insurance company? Yes No

5. Was a claim paid? Yes No Amount paid \$ _____
(If yes, you must provide a breakdown of what items were covered by your insurer)

Cont.: Confirmation of Insurance Available

Note:

If you reported the damage to your insurance company or broker and were advised by the “assigned adjuster” that there was no coverage, please provide a copy of the denial letter issued by your insurance company. If you did not receive a denial letter, please use comments section below to explain why the claim was denied

6. Comments:

Signature of an authorized representative of the insurer

Phone Number

Date

Signature of Applicant

Date

We/I, _____, do solemnly declare that I/we carry no insurance (no fire, theft, or liability) on the property listed on the Disaster Financial Assistance application and therefore I/we have no insurance representative available to complete the above form.