



DFA Claim #: _____

If you had damage to both your primary residence and agricultural and/or small business property, **please complete one form for each damaged property.**

Part B of this form **must be completed by an authorized representative of your insurance company.**

Part A – To be completed by DFA applicant

DFA Applicant Name(s): _____ Phone #: _____

Address (where damage occurred): _____

Applicant Signature: _____ **Date:** _____

Do you give the Manitoba Emergency Measures Organization permission to contact your insurer directly?

Yes No

Part B – To be completed by authorized representative of insurance company

Name of Insurer: _____ Name of Brokerage: _____

Policy Number: _____ Policy Expiry Date: _____

Policy Type: Residential Tenant Business Agricultural Other: _____

Has a claim been reported to the Insurance Company? Yes No

Has a claim been paid for event related damages? Yes No If yes, amount \$ _____

If yes, a breakdown of items covered by the applicant’s insurance policy is required – please attach

Name of authorized representative for insurer (print): _____ Phone: _____

Signature of authorized representative for insurer: _____ Date: _____

Section 1 – Livestock Coverage *Not applicable to this claim*

Complete and submit page 1 of this form if the DFA claim is for livestock losses only with no other losses.

<input type="checkbox"/> Yes, purchased	Policy cost (yearly)	\$ _____
	Deductible amount	\$ _____
	Amount of coverage purchased	\$ _____
	Maximum amount of coverage available for purchase	\$ _____
<input type="checkbox"/> Not purchased	Policy cost (yearly)	\$ _____
	Maximum amount of coverage available for purchase	\$ _____

Details of coverage not purchased: _____

Was livestock insurance coverage available for purchase by applicant? Yes No

Section 2 - Mandatory Evacuation Coverage *Not applicable to this claim*

<input type="checkbox"/> Yes, purchased	Policy cost (yearly)	\$ _____
	Deductible amount	\$ _____
	Amount of coverage purchased	\$ _____
	Maximum amount of coverage available for purchase	\$ _____
<input type="checkbox"/> Not purchased	Policy cost (yearly)	\$ _____
	Maximum amount of coverage available for purchase	\$ _____

Please provide details of what the maximum insurance available for purchase covers:

Was mandatory evacuation insurance coverage available for purchase by applicant? **Yes** **No**

If insurance coverage was not available for purchase by the applicant, please specify why not:

Section 3 - Heavy Wind Coverage *Not applicable to this claim*

<input type="checkbox"/> Yes, purchased	Policy cost (yearly)	\$ _____
	Deductible amount	\$ _____
	Amount of coverage purchased	\$ _____
	Maximum amount of coverage available for purchase	\$ _____
<input type="checkbox"/> Not purchased	Policy cost (yearly)	\$ _____
	Maximum amount of coverage available for purchase	\$ _____

Please provide details of what the maximum insurance available for purchase covers:

Was heavy wind insurance coverage available for purchase by applicant? **Yes** **No**

If insurance coverage was not available for purchase by the applicant, please specify why not:

Section 4 - Debris Removal Coverage *Not applicable to this claim*

<input type="checkbox"/> Yes, purchased	Policy cost (yearly)	\$ _____
	Deductible amount	\$ _____
	Amount of coverage purchased	\$ _____
	Maximum amount of coverage available for purchase	\$ _____
<input type="checkbox"/> Not purchased	Policy cost (yearly)	\$ _____
	Maximum amount of coverage available for purchase	\$ _____

Please provide details of what the maximum insurance available for purchase covers:

Was debris removal insurance coverage available for purchase by applicant? **Yes** **No**

If insurance coverage was not available for purchase by the applicant, please specify why not:

Section 5 - Back-up or Escape of Water / Sewage *Not applicable to this claim*

<input type="checkbox"/> Yes, purchased	Policy cost (yearly)	\$ _____
	Deductible amount	\$ _____
	Amount of coverage purchased	\$ _____
	Maximum amount of coverage available for purchase	\$ _____
<input type="checkbox"/> Not purchased	Policy cost (yearly)	\$ _____
	Maximum amount of coverage available for purchase	\$ _____

Please provide details of what the maximum insurance available for purchase covers:**Was sewer/sump pit backup insurance coverage available for purchase by applicant?** **Yes** **No**

If insurance coverage was not available for purchase by the applicant, please specify why not:

Section 6 - Overland Flood Coverage *Not applicable to this claim*

<input type="checkbox"/> Yes, purchased	Policy cost (yearly)	\$ _____
	Deductible amount	\$ _____
	Amount of coverage purchased	\$ _____
	Maximum amount of coverage available for purchase	\$ _____
<input type="checkbox"/> Not purchased	Policy cost (yearly)	\$ _____
	Maximum amount of coverage available for purchase	\$ _____

Please provide details of what the maximum insurance available for purchase covers:**Was overland flood insurance coverage available for purchase by applicant?** **Yes** **No**

If insurance coverage was not available for purchase by the applicant, please specify why not:

Section 7 - Water Seepage Coverage *Not applicable to this claim*

<input type="checkbox"/> Yes, purchased	Policy cost (yearly)	\$ _____
	Deductible amount	\$ _____
	Amount of coverage purchased	\$ _____
	Maximum amount of coverage available for purchase	\$ _____
<input type="checkbox"/> Not purchased	Policy cost (yearly)	\$ _____
	Maximum amount of coverage available for purchase	\$ _____

Please provide details of what the maximum insurance available for purchase covers:**Was water seepage insurance coverage available for purchase by applicant?** **Yes** **No**

If insurance coverage was not available for purchase by the applicant, please specify why not:

Section 8 - Other Coverage *Not applicable to this claim*

Specify other coverage: _____

<input type="checkbox"/> Yes, purchased	Policy cost (yearly)	\$ _____
	Deductible amount	\$ _____
	Amount of coverage purchased	\$ _____
	Maximum amount of coverage available for purchase	\$ _____
<input type="checkbox"/> Not purchased	Policy cost (yearly)	\$ _____
	Maximum amount of coverage available for purchase	\$ _____

Please provide details of what the maximum insurance available for purchase covers:

Was this other insurance coverage available for purchase by applicant? **Yes** **No**

If insurance coverage was not available for purchase by the applicant, please specify why not:

Comments: