Insurance Declaration Form – Manitoba Flood Recovery Program

MFRP Claim #: _____
(e.g. 20020xxxx)

Section 1. To be completed by applicant

Applicant(s)/Business Name(s): _____

Date of loss: _____

Address (where damage occurred): _____

Section 2. To be completed by licensed insurance broker or agent

Policy number: _____ Name of insurer: _____

Policy effective date: _____ Policy expiry date: _____

Name of brokerage: _____ Phone: _____

Is the insured property a principal residence (Y/N): _____

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 representative completing the form: _____

Please indicate whether insurance for damages caused by the disaster event (e.g. overland flood) was available and purchased at the time of purchase/renewal. Please list dollar amounts including $0 if no insurance was available or purchased. If no coverage limit, please write 'Unlimited'.

Optional Coverage	**Actual coverage limit purchased**	**Maximum coverage limit available**	**Not available for purchase** (checkmark, if applicable)
Overland water / flood	$	$	
Groundwater	$	$	
Sewer Backup / Escape	$	$	

Please fill in coverages that are applicable for the specific event. Please attach a separate document if additional space is required. For businesses, coverages may include building(s), stock, equipment, etc.

Specific Coverage(s)	Actual coverage limit purchased	Maximum coverage limit available
	$	$
	$	$

Signature of representative completing the form:

_____

Manitoba

Please complete the form and return to the Manitoba Flood Recovery Program (MFRP)
Email mfrp@gov.mb.ca; Fax: 204-945-4929; Mail: 1525-405 Broadway, Winnipeg, Manitoba R3C 3L6 Phone: 1-888-267-8298

TO BE COMPLETED BY APPLICANT IF YOU HAVE NO INSURANCE:

☐ I/We declare that no overland flood/water insurance was available to purchase for the property listed on the Disaster Financial Assistance application.

The reason why no insurance was available to purchase:

_____

_____

_____

☐ I/We declare that we carry no overland flood/water insurance on the property listed on the Disaster Financial Assistance application and therefore have no insurance representative available to complete the form.

_____ _____

(Applicant Signature) (Applicant Signature)

_____ _____

(Print Name) (Print Name)

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