



**DEPARTMENT OF PUBLIC SAFETY**

**OFFICE OF THE FIRE MARSHAL**

**ADJUSTER'S FIRE REPORT**

- Preliminary Report
- Final Report

1. Adjuster's File No. \_\_\_\_\_

2. Insured \_\_\_\_\_  
Surname or Company Name Given Name (in Full)

3. Insured-Date of Birth (if applicable) \_\_\_\_\_  
Year/Month/Day

4. Address of Insured \_\_\_\_\_  
Number & Street Apt.  
\_\_\_\_\_  
City of Town County Postal Code

5. Owner of Building \_\_\_\_\_  
Surname or Company Name Given Names (in Full)

6. Mortgagee \_\_\_\_\_

7. Other Interested Parties (Principal Owners, Partners, Company Officers, etc.) \_\_\_\_\_

8. Date & Time of Loss (As Recorded by Fire Dept.) \_\_\_\_\_  
Year/Month/Day Time (24 Hr. Clock)

9. Address of Loss (If Different Than #4) \_\_\_\_\_  
Number & Street Apt.  
\_\_\_\_\_  
City or Town County Postal Code

10. Address Where Fire Originated (If Different Than #4 or #9) \_\_\_\_\_  
Number & Street Apt.

11. Description of Occupancy & Building (E.G. Residential Detached Dwelling, Apartment Residence – 24 Unit Building, Grocery Store in Shopping Plaza) \_\_\_\_\_

12. Cause of Fire \_\_\_\_\_

13. Total Claim	Policy No.	A.C.V.	Amt.of Ins.	Reserve	Final Amt. Pd.
Building	_____	_____	_____	_____	_____
Contents	_____	_____	_____	_____	_____
Automobile	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
				<b>Total</b>	_____

14. Fire Dept. in Attendance  Yes  No  
\_\_\_\_\_  
Name of Fire Department

Form FM 84(Rev. 03/02)	<b>Preliminary Report</b>	<b>Final Report</b>	<b>Adjuster's Copy</b>	65 Brunswick Street, 2 <sup>nd</sup> Floor
	1 - White	2 - Yellow	3 - Pink	Fredericton, NB E3B 1G5

15. Details of Previous Claims

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16. Insurance Company – Lead  
(Indicate Number of Insurers Involved)

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17. Adjusting Firm & Address  
(Adjuster's Name, Telephone No. & Report Date)

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