



Saskatchewan Association of Rural Municipalities

2301 Windsor Park Road | Regina, SK | S4V 3A4

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**FIDELITY BOND SELF INSURANCE PLAN
Claim and Incident Report Form**

RM Contact Information

Rural Municipality: _____
Name *Number*

Completed By: _____
Name

Claim Contact: _____
Name

Phone Number: _____ Email Address: _____

Claim Information

Date of Discovery: _____ Date of Loss (if known): _____

Coverage Type: Fidelity Bond Registered Mail Money & Securities

If Fidelity Bond Coverage, list employee(s) involved: _____

Other Insurer (if any): _____

Description of Incident

Description of Events
Surrounding Loss: _____

Estimated Value of Loss: _____
Please provide an itemized list of amount claimed where indicated below.

RCMP Officer Name: _____

Email Address: (if available) _____

RCMP Detachment: _____

RCMP File Number: _____

