



# Impairment Notice

Email: [impairment@cna.com](mailto:impairment@cna.com)  
Fax: 866-515-3382  
Phone: 866-IMPAIR9 (866-467-2479)

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- This is a new Impairment
- This is a Restoration Notice    Date system placed back in service: \_\_\_\_\_    Time system placed back in service: \_\_\_\_\_

## Caller and Contact Information:

1. Reporting Person's Name: \_\_\_\_\_
2. Telephone Number: \_\_\_\_\_
3. Are you the Contact Person (if Yes, skip questions 4 and 5)?  Yes    No
4. Contact Person's Name: \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_

## Corporate Information:

6. Corporate Name: \_\_\_\_\_
7. Address: \_\_\_\_\_
8. City: \_\_\_\_\_    9. Province or Territory: \_\_\_\_\_    10. Postal Code: \_\_\_\_\_

## Location Information (Where did the impairment occur?):

11. Location Name: \_\_\_\_\_
12. Address: \_\_\_\_\_
13. City: \_\_\_\_\_    14. Province or Territory: \_\_\_\_\_    15. Postal Code: \_\_\_\_\_

## Impairment Information:

16. Account Number: \_\_\_\_\_
17. Nature of Impairment: \_\_\_\_\_

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18. Is the impairment the result of a fire?  Yes  No
19. Areas affected: \_\_\_\_\_
20. Status of work to repair: \_\_\_\_\_
21. Anticipated completion date: \_\_\_\_\_
22. Has Fire Department been notified (if No, please be advised this must be done)?  Yes  No
23. Has cutting and welding through the use of acetylene torch ceased in affected area?  Yes  No
24. Is a fire watch in place: a periodic patrol of the area to ensure that there is not a fire (if No, please be advised this must be done)?  Yes  No