



Declaration concerning the power outages due to the weather

Applicant Identification

Last name, first name

File number (CP12)

Declaration

I hereby declare that:

- I had a power outage for 24 hours or more due to the weather of
- I lost perishable goods as a result of that power outage
- I do not have insurance coverage for that type of loss
- I have insurance coverage for that type of loss

Please note that verifications may be made concerning your declaration.

In witness whereof, I have signed,

Applicant's signature

on

day-month-year

Agent's signature

Protection of personal information

The personal information collected in this form is necessary for the exercise of the powers and duties of the ministère du Travail, de l'Emploi et de la Solidarité sociale. Access to this information is limited solely to the persons authorized to consult it in the performance of their duties. You have the right to know the information the Ministère holds on you, to receive communication of that information, and to request that it be corrected. Your request must be made in writing and sent to the person in charge of access to documents and the protection of personal information.