

PROPERTY LOSS NOTICE

Please complete form and fax or email to our Claims Department along with any attachments.

<u>INSURED INFORMATION</u>					
Named Insured:			Contact Name:		
Mailing Address:					
Email Address:			Store Number (if applicable):		
Phone: () -		Fax: () -		Other: () -	
<u>POLICY INFORMATION</u>					
Insurance Company:			Policy Number:		
Policy Period: From to					
<u>LOSS INFORMATION</u>					
Date of Loss:			Time of Loss:		
Location of Loss:					
Type of Loss:	<input type="checkbox"/> Fire	<input type="checkbox"/> Flood	<input type="checkbox"/> Wind	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Theft
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Explosion	<input type="checkbox"/> Equipment Breakdown	<input type="checkbox"/> Water Damage	<input type="checkbox"/> Other	
Description of Loss:					
Authority Notified:			Report Number (if any):		
Officer's Name:			Badge Number:		
<u>DAMAGED OR STOLEN PROPERTY</u>					
Description of Damaged or Stolen Property:					
Estimated Amount of Damages (\$):					
<u>ADDITIONAL REMARKS / COMMENTS</u>					
Reported by:				Date:	