

PROPERTY CLAIM REPORTING FORM

Insured Name: _____

PROPERTY CLAIM INFORMATION

Date of Loss: _____ Estimated Amount of Loss: _____

Location of Loss (address, building): _____

Description of Loss: _____

Describe Damage: _____

Authority Contacted (if applicable): _____ Report #: _____

Name of Person Responsible for Causing Damage (if applicable): _____

Phone #: (_____) _____

WITNESS(ES)

Name: _____ Phone #: (_____) _____

Name: _____ Phone #: (_____) _____

COMMENTS

Reported By: _____ Phone #: (_____) _____

Email: _____ Date: _____