



## 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: \_\_\_\_\_