

PROPERTY LOSS REPORTING FORM



INSURANCE INFORMATION

INSURED CONTACT PHONE NUMBER	PREPARER'S TITLE AND NAME		
INSURED NAME AND ADDRESS			
INSURED MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
DID THE LOSS OCCUR AT THE LOCATION ADDRESS? (IF NO, ADDRESS WHERE LOSS OCCURRED) (CIRCLE ONE) YES / NO			
PARENT COMPANY/INSURED'S NAME	LOCATION CODE	POLICY NUMBER	

LOSS INFORMATION

DATE AND TIME OF LOSS
FULL DESCRIPTION OF LOSS (INCLUDE WHERE IT OCCURRED AND ATTACH APPLICABLE PHOTOS)

COMPLETE THE FOLLOWING IF BUILDING (REAL PROPERTY) DAMAGE OCCURRED

FULL DESCRIPTION OF DAMAGE TO THE BUILDING		
FULL DESCRIPTION OF ANY INTERIOR SECTION OF THE BUILDING THAT IS NOW EXPOSED TO THE OUTDOORS AND IS UNPROTECTED		
CAN THE BUILDING BE OCCUPIED?	DO YOU HAVE A WRITTEN ESTIMATE FOR REPAIRS?	IF YES, WHAT IS THE AMOUNT?

COMPLETE THE FOLLOWING IF CONTENTS (PERSONAL PROPERTY) DAMAGE OCCURRED

DESCRIPTION OF DAMAGE TO CONTENTS (IF ONLY GLASS OR SIGN DAMAGE, SEE BELOW)	
DO YOU HAVE A WRITTEN ESTIMATE FOR REPAIRS?	IF YES, WHAT IS THE AMOUNT?
DESCRIBE GLASS OR SIGN DAMAGE	
DESCRIBE ANY BUSINESS INTERRUPTION	

ADDITIONAL INFORMATION

WITNESSES (NAMES, ADDRESSES, AND PHONE NUMBERS)
AUTHORITIES CONTACTED (NAME, REPORT/CASE NUMBER, COUNTY, ANY VIOLATIONS/CITATIONS)

CONTACT INFORMATION

CONTACT NAME	PHONE NUMBER	BEST TIME TO CONTACT	WHERE TO CONTACT
LIST ANY ADDITIONAL INFORMATION RELEVANT TO THIS REPORT			