

# PROPERTY LOSS

BROKER/AGENT	AGENT OR BROKER NAME AND ADDRESS		(FOR COMPANY USE)		CLAIM NO.	
	TELEPHONE NO.		AGENCY CODE		INSURER	
INSURED	POLICY NO. (INCLUDING PREFIX)		POLICY DATES		PREVIOUSLY REPORTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	NAME OF INSURED (AS STATED IN THE POLICY)		FROM D M Y TO D M Y		REPORTED TO ADJUSTER <input type="checkbox"/> INSURER <input type="checkbox"/>	
	ADDRESS		RESIDENCE PHONE		BUSINESS PHONE	
	WHERE CAN INSURED BE CONTACTED		WHEN		MISCELLANEOUS INFORMATION ETC.	
LOSS	DATE & TIME OF LOSS		LOCATION OF LOSS IF DIFFERENT THAN ADDRESS ABOVE			
	KIND OF LOSS (FIRE, WIND, THEFT, ETC.)		PROBABLE AMT., ENTIRE LOSS		PROBABLE AMT., THIS POLICY	
	REPORTED TO FIRE DEPT. STATION:		POLICE INVESTIGATION BY: (M.D. & THEFT) (NAME OF CONSTABLE AND FORCE)			
	DESCRIPTION OF LOSS OR DAMAGE					
POLICY INFORMATION	MORTGAGEE(S) (IF NONE, INDICATE)					
	FIRE & E.C., MULTI-PERIL & BURGLARY POLICIES (COMPLETE ONLY ITEMS BELOW INVOLVED IN LOSS)					
	ITEM	AMOUNT	BLDG.	CNTS.	OTHER	% CO. INS.
	12	\$				
	13	\$				
	14	\$				
	FORM NOS. APPLICABLE (SHOW NO. & EDITION DATE)			DEDUCTIBLE (INDICATE COVERAGE AND/OR PERILS TO WHICH IT APPLIES)		
				\$		
	HOMEOWNERS PACKAGE POLICIES (COMPLETE COVERAGES A, B, C, D AND ADDITIONAL COVERAGES INCLUDING FIRE LEGAL LIABILITY)					
	COVERAGE A	COVERAGE B	COVERAGE C	COVERAGE D	ADDITIONAL COVERAGES	
DWELLING BUILDINGS	PRIVATE STRUCTURES	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSE	\$	ON	
\$	\$	\$	\$	\$	ON	
ANY DAMAGE TO ADJACENT PROPERTIES (GIVE DETAILS)			\$ ON			
FORM NOS. APPLICABLE (SHOW NO. & EDITION DATE)			DEDUCTIBLE (INDICATE COVERAGE AND/OR PERILS TO WHICH IT APPLIES)			
			\$			
OTHER INSURANCE (LIST NAMES OF INSURERS, POLICY NOS. & AMOUNTS)						
REMARKS (IF EMERGENCY HANDLING REQUIRED OR IF SUBROGATION POSSIBILITIES, EXPLAIN)						
ADJUSTER	THIS CLAIM HAS BEEN ASSIGNED TO THE FOLLOWING ADJUSTER:				REPORTED BY	
	NAME				DATE	
FIRM				D M Y		
ADDRESS				BROKER/AGENCY SIGNATURE		
TEL. NO.				DATE & TIME ASSIGNED:		