

**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: \_\_\_\_\_