



# McGOWAN ALLIED

Specialty Insurance

140 Fountain Parkway N, Suite #570 • St. Petersburg, FL 33716 | [www.mcgowanallied.com](http://www.mcgowanallied.com)

## PROPERTY/INLAND MARINE LIABILITY INTAKE FORM

<b>Reporter Information</b>			
*First Name:		*Last Name:	
Title:	*Phone:	Email:	
<b>Insured Information</b>			
Policy Number:		Insured Name:	
Street Address:			
City:	State:	ZIP:	
Phone:		Ext:	
Insured Contact Name:		Insured Contact Email:	
Insured Contact Phone:		Ext:	
<b>Incident Information</b>			
*Date of Incident:	*Time of Incident:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Date Insured Notified:			
Incident Description:			
*Incident Location Name:			
Street Address:			
City:	State:	ZIP:	
<b>Property Information</b>			
Describe Item(s):			
*Damage Description:			
Estimated Damage Cost:			
<b>Product Information (If Applicable)</b>			
Describe Item(s):			
Damage Description:			
Estimated Damage Cost:		Estimated Value:	
Model:		Style:	
Size:		Supplier/Vendor:	

<b>Business Interruption Information (If Applicable)</b>			
Begin Date:		Begin Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
End Date:		End Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Estimated Loss:			
<b>Owner Information</b>			
Is Insured the Owner of the Property? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, please fill out below)			
First Name:		Last Name:	
Street Address:			
City:		State: ZIP:	
County:		Country:	
Home Phone:		Work Phone: Ext:	
<b>Responsible Parties</b>			
Was the damage caused by an individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name:		Last Name:	
Street Address:			
City:		State: ZIP:	
Home Phone:		Work Phone: Ext:	
Gender:		Relationship to Insured:	
Insurance Company:		Policy Number: Phone:	
<b>Witness Information</b>			
First Name:		Last Name:	
Street Address:			
City:		State: ZIP:	
Phone Number:		Email:	
<b>Comments/Remarks:</b>			

Once complete, please submit form to: [claims@mcgowanallied.com](mailto:claims@mcgowanallied.com)

\*Indicates a mandatory field that must be completed in order to accept a claim. However, in order to best process your request, please provide as much information as possible.