

PROPERTY/INLAND MARINE LOSS NOTICE

Reporter Information			
*First Name:		*Last Name:	
Title:	*Phone:		Email:
Insured Information			
Policy Number:		Insured Name:	
Street Address:			
City:		State:	ZIP:
Phone:		Ext:	
Insured Contact Name:		Insured Contact Email:	
Insured Contact Phone:		Ext:	
Incident Information			
*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:
Property Information			
Describe Item(s):			
*Damage Description:			
Estimated Damage Cost:			
Product Information (If Applicable)			
Describe Item(s):			
Damage Description: _____			
Estimated Damage Cost:		Estimated Value:	
Model:		Style:	
Size:		Supplier/Vendor:	

Business Interruption Information (If Applicable)			
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:			
Owner Information			
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:	
Responsible Parties			
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:	
Witness Information			
First Name:		Last Name:	
Street Address:			
City:	State:	ZIP:	
Phone Number:		Email:	
Comments/Remarks:			

Once complete, please submit form to the appropriate contact above.

*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.