

CLAIM REPORTING: PROPERTY LOSS

Date of Incident:	Time of Incident:
Location of Incident:	
Address Line 1:	
Address Line 2.	
City	
Stata	
Details of Incident:	
How the Incident Was Discovered:	
Were Any Pictures Taken? Yes No If Theft Involved, Provide Police Information:	
If Damaged by Another Person/Compa	ny, Provide Their Contact Information:
First Name:	Last Name:
Email:	Phone:
Were There Signs of a Forcible Entry?	Yes No
If "Yes", Please Provide Description:	
Describe Property Involved:	
When Droperty is Daine Demained/Loss	
Where Property is Being Repaired/Insp	ected:
Name of Business: Address:	
Phone:	
Employee Name (Print):	
Employee Signature:	Date: