

## **Property Damage & Theft Claim Report**

(Not used for Automobile or Workers Compensation)

Please furnish the following information for prompt handling of your claim. You may call this information in our office or you may fax or mail this form to us.

### **Policyholder Information**

Insured's Name (as it appears on policy) \_\_\_\_\_

Address 1 (Street) \_\_\_\_\_

Address 2 (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Date: \_\_\_\_\_

Date reported: \_\_\_\_\_

Reported by (name) \_\_\_\_\_ Title \_\_\_\_\_

Phone (Home/Cell) \_\_\_\_\_

(Work ) \_\_\_\_\_ Phone (Church) \_\_\_\_\_

Fax \_\_\_\_\_ E- mail \_\_\_\_\_

Date of Loss \_\_\_\_\_

### **Property Loss Information**

Location of Loss (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Loss (fire, lighting, theft...): \_\_\_\_\_

**Description of how loss occurred and damaged caused:**

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**Age of property (if known):** \_\_\_\_\_

**Cost New (if known):** \_\_\_\_\_

**Is there other insurance to cover the loss:** \_\_\_\_\_

**Estimated damage amount to all property \$** \_\_\_\_\_

**If theft, vandalism, burglary is involved, date police where notified** \_\_\_\_\_

**Police Department:** \_\_\_\_\_

**(Street)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_