Claims Notice

☐ Check this box if this is an EMERGENCY situation

Insured: _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Other Phone: _____

Loss Address (if different): _____

_____

Description of Damage: _____

_____

_____

Insurance Company: _____ Agent: _____

Company Contact: _____ Address: _____

Contact Phone: _____ _____

Phone: _____

Policy No: _____

List of the Individuals who have inspected the damage:

Reported by: _____

Please attach a copy of the declaration page when forwarding this form.