



PROPERTY LOSS NOTICE
BUILDING BUSINESS PERSONAL PROP LOST INCOME

LOSS DATE: _____ CARRIER: _____ POLICY NO.: _____

BROKER INFORMATION: Who is REPORTING the claim?

AGENCY NAME: _____ CONTACT NAME: _____
PHONE: () _____ FAX () _____ EMAIL: _____
WHO REPORTED THE CLAIM TO YOU? NAME: _____ PHONE: _____

INSURED INFORMATION: Who is MAKING the claim?

INSURED NAME: _____ CONTACT NAME: _____
ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____
PHONE: () _____ FAX: () _____ EMAIL: _____

LOSS INFORMATION: Tell us about the LOSS.

Location of Loss: _____ City: _____ State: _____
Type of Loss: Theft ___ Vandalism ___ Fire ___ Wind ___ Water ___ Other (describe) _____
Police report: YES ___ NO ___ Report Number: _____ Police Dept.: _____

IDENTIFICATION OF INSURED PROPERTY INVOLVED IN LOSS:

PROPERTY LOST OR DAMAGED: BUILDING _____ PERSONAL PROPERTY _____

DESCRIBE LOSS OR DAMAGE: _____

ESTIMATE OF DAMAGE: \$ _____

ADDITIONAL INFORMATION: _____

HAS INSURED CONTINUE BUSINESS OPERATIONS? YES ___ NO ___

FOR CALIFORNIA CLAIMS

FOR YOUR PROTECTION, CALIFORNIA LAW (INSURANCE CODE SECTION 1871.2) REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON. EVERY PERSON WHO VIOLATES ANY PROVISION OF INSURANCE CODE SECTION 1871.4 (a) IS PUNISHABLE UP TO FIVE YEARS IN THE STATE PRISON OR BY A FINE NOT EXCEEDING \$50,000 OR BY BOTH.

FOR ARIZONA CLAIMS

FOR YOUR PROTECTION, ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.