



PROPERTY CLAIM FORM

CLAIM NO.: _____
OFFICE _____

REPORTED BY _____ DATE _____ TIME _____
AGENT _____ PHONE _____

POLICY NO.: _____ TERM _____

DATE OF LOSS ____/____/____ TIME ____ AM ____ PM
DAY MONTH YEAR

INSURED NAME _____ ADDRESS _____
POSTAL CODE _____ TELEPHONE (HOME) _____ (BUSINESS) _____

LOCATION OF LOSS _____

POLICY COVERAGE DETAIL

ITEM COVERED	BASIS OF SETTLEMENT			CO-INS. %	RIDER NO.	ENDS.	INSURANCE AMOUNT	DED.	RESERVE
	ACV	RC	GRC						

DESCRIPTION & INSTRUCTIONS _____

FIRE DEPT./POLICE OCCURRENCE NO. _____

NAME OF CLAIMANT (LIABILITY) _____
ADDRESS / TELEPHONE _____

REPORT TAKE BY _____ ADJUSTER _____ ADJ. FILE # _____
ADJUSTING FIRM & LOCATION _____

FOR HEAD OFFICE USE ONLY

TYPE OF CLAIM: PENDING CLAIM OPEN FILE ADD NEW SUBFILE ONE SHOT CHARGEABLE

RETURN TO: _____

(RO) 1. INSURED NOT LIABLE _____ 2. LOSS REPORTED/NO CLAIM PRESENTED _____
3. D/L NOT IN COVERAGE _____

(NC) 1. INSURED WITHDREW CLAIM _____ 4. PROSCRIPTION DATE HAS PASSED _____
2. T/P INSURERS TOOK OVER CLAIM _____ 5. LOSS NOT COVERED _____
3. INSD'S CLAIM LESS THAN DED. _____ 9. CLAIM ENTERED IN ERROR _____