



# PROPERTY CLAIM FORM

REPORTED BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

BROKER \_\_\_\_\_ POLICY NO. \_\_\_\_\_

INSURED NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CONTACT (Please check preferred contact method)

HOME \_\_\_\_\_

BUSINESS \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF LOSS \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_AM \_\_\_\_PM  
DAY MONTH YEAR

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

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FIRE DEPT./POLICE OCCURRENCE NO. \_\_\_\_\_

ADJUSTER \_\_\_\_\_

ADJ. FILE # \_\_\_\_\_

ADJUSTING FIRM & LOCATION

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LC57(08/18)