

PROPERTY LOSS FORM
COMPANY

PRODUCER	COMPANY	POLICY NUMBER	CATEGORY
	POLICY EFF DATE:	POLICY EXP DATE:	DATE OF LOSS

INSURED INFORMATION

NAME & ADDRESS	PERSON TO CONTACT:	
	CONTACT RESIDENCE PHONE #:	
	CONTACT CELL/BUSINESS PHONE # :	
	BORROWER'S NAME :	
	LOAN # :	

LOSS INFORMATION
DATE OF LOSS _____

TYPE OF LOSS
 FIRE
 FLOOD
 WATER DAMAGE
 THEFT
 WIND
 HAIL
 LIGHTNING
 OTHER _____

ADDRESS OF DAMAGED PROPERTY	POLICE / FIRE DEPT TO WHICH REPORTED
	DESCRIPTION OF LOSS
	PROBABLE \$ ENTIRE LOSS:

POLICY INFORMATION

TYPE OF PROPERTY
 COMMERCIAL
 RESIDENTIAL
 VACANT
 OCCUPIED
 OTHER

MORTGAGEE:	
DWELLING COVERAGE (AMOUNT OF INSURANCE)	DEDUCTIBLE

REMARKS :

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF INSURANCE FRAUD

REPORTED BY: _____ REPORTED TO : _____

SIGNATURE _____ DATE: _____