

ST ELIZABETH MUTUAL INSURANCE COMPANY

NOTICE OF LOSS

Name _____

Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Directions to Property _____

Date & Time of Loss _____

Date & Time Reported _____

Policy No. _____

Type of Loss _____

Items Damaged _____

Probable Cause _____

Do you have any other insurance covering this property? _____

THE INSURED IS REQUIRED BY TERMS OF POLICY TO GIVE IMMEDIATE NOTICE TO ANY MUTUAL
OF ANY LOSS. HAVE INSURED SIGN THIS LOSS NOTICE IF SIGNED IN PERSON.

Signature

