



Property Claim Reporting Form

Reporting Information

Date Reported: _____ Time Reported: _____ Policy Effective Date: _____
Reported By: _____
Reported To: _____ Policy Number: _____

Named Insured Information:

Named Insured: _____
Mailing Address: _____
City: _____ State: __ Zip: _____

Contact Information

Owner: _____ Phone Number: _____ Email*: _____
Manager or Management Co.: _____ Phone Number: _____ Email*: _____
Occupant: _____ Phone Number: _____ Email*: _____

****By submitting this form to report a claim, consent is hereby given to receive any and all letters and documents necessary for the adjustment of this claim delivered via email where possible. Initials: _____***

Loss Information

Location Address: _____
City: _____ State: __ Zip: _____
Date of Loss: _____ Type of Loss: _____
Description of Loss and Damages: _____

Have Emergency Services Been Contacted? No__ Yes__ (If yes, please provide their name and number below)

Name: _____ Phone Number: _____

Estimated Amount of Loss: _____

Additional Comments: _____

