

LOSS REPORT FOR: _____

PROPERTY EQUIPMENT BREAKDOWN TERRORISM

LOCATION INFORMATION

NAME OF LOCATION _____ LOCATION CODE (if applicable): _____

BUILDING NAME _____

CONTACT PERSON (at location): _____ PHONE: _____ EMAIL: _____

OTHER PARTY INVOLVED (IF APPLICABLE)

NAME _____ EMAIL _____

ADDRESS: _____ CITY & STATE: _____

HOME PHONE: _____ WORK PHONE: _____

NOTE: If there are additional parties, use a separate page to provide all contact information

INCIDENT INFORMATION

DATE/TIME OF INCIDENT: _____ AM PM ADDRESS WHERE INCIDENT OCCURRED _____ CITY & STATE: _____

TYPE OF LOSS FIRE THEFT LIGHTNING HAIL FLOOD WIND OTHER: _____

DESCRIBE INJURY OR DAMAGE _____

BRIEF DESCRIPTION OF INCIDENT INVOLVING PROPERTY DAMAGE / INJURY AND CAUSE OF LOSS _____

ACTION TAKEN TO PROTECT DAMAGED PROPERTY (USE AN ATTACHMENT IF NEEDED) _____

ESTIMATE OF ENTIRE LOSS _____ LOCATION OF DAMAGED PROPERTY _____

NOTE: Attach loss photos with report. Use an attachment if needed.

WITNESS INFORMATION (IF APPLICABLE)

WITNESS NAME _____ EMAIL _____

ADDRESS: _____ CITY & STATE: _____

HOME PHONE: _____ WORK PHONE: _____

NOTE: If there are additional witnesses, use a separate page to provide all witness contact information.

REPORT INFORMATION

POLICE CONTACTED YES NO REPORT NUMBER: _____

INCIDENT REPORTED BY _____ DEPARTMENT/TITLE _____

PLEASE SEND COMPLETED LOSS NOTICE TO:

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