

Property Claim Report			
Named Insured:		Contact Name & Title/Position:	
Insured Address:		Contact Phone:	
		Contact Email:	
Incident Information			
Date of Incident:		Time of Incident:	
Loss Location Address:		City:	State: Zip:
Estimated Total Cost of Repairs/Remediation/Replacement:		Other insurance, if applicable:	
Estimated Total Business Income:			
List/describe the damage, how it occurred, and who it belongs to (if not the Named Insured):			
Additional Details			
Law Enforcement Agency contacted?		Yes	No
Department Name:		Report Number:	
Have repairs/remediation efforts started?		Yes	No
What company(s) have been retained?			
Individual preparing this report:		Date:	