

PROPERTY LOSS FORM

COMPANY

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

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 _____

LOCATION OF LOSS	POLICE./FIRE DEPT TO WHICH REPORTED
	DESCRIPTION OF LOSS
	PROBABLE \$ ENTIRE LOSS:

POLICY INFORMATION

TYPE OF PROPERTY COMMERCIAL RESIDENTIAL VACANT OCCUPIED OTHER REO

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: _____