



CLAIM FOR PERSONAL PROPERTY DAMAGE OR LOSS

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____

ZIP: _____ Phone: () _____ - _____ Phone: () _____ - _____

Customer Account #: _____ Email: _____

Date of Loss: _____ Time of Loss _____: _____ A.M. _____ P.M. _____

Address Where Loss Occurred: _____

Police or Fire Report: _____ YES _____ NO Agency or Incident Report #: _____

Have You Filed This Claim with Your Homeowners, Medical, Automobile or Other Insurance: _____ YES _____ NO

If making a claim for property damage, loss or personal injury:

1. Attach all applicable records and documents to support your claim such as: purchase or repair receipts, damage or repair estimates, cancelled checks, photographs, proof of loss statements, etc.

2. Please provide a detailed description of your claim:

Signature of Claimant: _____ Date: _____ - _____ - _____

By my signature, I attest that the information and documents provided to support this claim are true and accurate.

Printed Name of Owner/Claimant: _____

Your completed claim form accompanied by the necessary documents and information to support your claim is required in order to investigate and process your claim.