

PROPERTY LOSS REPORT

NAME OF INSURED: _____

ADDRESS: _____ PHONE #: _____

DATE OF LOSS: _____ TIME: _____ DATE OF REPORT: _____

WHERE DID LOSS OCCUR: _____

DESCRIPTION OF LOSS: _____

WHAT WAS DAMAGED: _____

POLICE OR FIRE DEPARTMENT: _____

OTHER COMMENTS: _____

REPORT COMPLETED BY: _____ PHONE #: _____

LOCATION MANAGER: _____ PHONE #: _____