



# Insurance Agency

**PROPERTY LOSS NOTICE**

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of Loss** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Reported by** \_\_\_\_\_

**Name Insured** \_\_\_\_\_

**Address of Insured** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Location of Loss** (if different than shown above):

\_\_\_\_\_

**Description of Loss & Damage:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Police or Fire Department reported to?** \_\_\_\_\_

**What phone number may we contact you?** \_\_\_\_\_

**What is your best guess as to the amount of damage? \$** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Please fax completed form to (574) 252-2109