

Property Loss Reporting Form

Insured:

Contact Person:

Phone: Cell:

Date of Incident: Date Reported:

Time of Incident: Loss Location:

Cause of Loss (mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Fire and/or smoke | <input type="checkbox"/> Theft or Vandalism |
| <input type="checkbox"/> Lightning | <input type="checkbox"/> Transit / during shipment |
| <input type="checkbox"/> Wind | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Utility interruption |
| <input type="checkbox"/> Roof leak | <input type="checkbox"/> Underground seepage |
| <input type="checkbox"/> Pipe leakage | <input type="checkbox"/> Explosion |
| <input type="checkbox"/> Backup of sewers or drains | <input type="checkbox"/> Escaped fluids |
| <input type="checkbox"/> Electrical failure or disturbance | <input type="checkbox"/> Earth movement, settlement, cracking |
| <input type="checkbox"/> Mechanical breakdown | <input type="checkbox"/> Spoilage |
| <input type="checkbox"/> Hazardous materials release or contamination | <input type="checkbox"/> Computer virus or cyber-attack or threat |
| <input type="checkbox"/> Other (provide information below) | |

Loss description details