

PROPERTY CLAIM FORM

Insured: _____

Policy #: _____

Submitted By: _____

Date / Time of Accident: _____ / _____ AM PM

Location of Loss: _____

Kind of Loss: Fire Lightning Flood Wind Theft Hail
 Other: _____

Description of Loss & Damage: _____

Do you have a Police Report? Yes No If yes, please fax to 239-542-0693
If no, complete the following:

Report # _____ Police Department: _____

Officer: _____