

INSURANCE CLAIM SUBMITTAL FORM

Please provide the following information:

Date incident or loss was discovered: _____

Date of incident or cause of loss if different from above: _____

Name, address and phone number of person discovering the loss:

Name, address and phone number of other persons having information related to the loss:

And

Location of the damage or loss: _____

Describe in your own words when and how you discovered the damage or loss and what happened to cause the loss (use back if necessary):

Date _____ Owner's Signature: _____