

**Property Loss Notice**

Date (MM/DD/YYYY)
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**Loss Location:**

<b>Carrier:</b>	<b>Policy Number and Effective Dates:</b>

<b>Policy Type:</b>	<b>Date of Loss and time:</b>
Co-Op:	

**INSURED:**

Name of Insured (Business Name):	Insured's Mailing Address:
Contact's name: Contact's phone #:	Email Address:

**LOSS**

Location of Loss:	Witnesses?
Type of loss:	
Fire	Theft equipment      Lighting
Hail	Flood                      Wind
<b>Other</b> /Description of Loss and Injuries applicable:	Report # (?):

Record only claim (?):  
 Other information relevant to claim:  
**Reported by; Contact phone #**  
**Time:**  
 Reference Number: