



PROPERTY/LIABILITY LOSS REPORT

Agent _____		Policy Number _____	
Insured _____			
Address _____		City/State _____	Zip _____
Location of Loss _____			
Work phone _____		Home phone _____	
Deductible _____	Date of Loss _____	Date Reported _____	
Injured/Property Damaged (Owner/Injured)	Name _____	Phone _____	Relation to Insured _____
		Age _____	Sex _____
Address _____		City/State/Zip _____	
Describe Injury	Fatality ?	Employee or Exchange	What was Injured doing?
Name of Doctor and/or Hospital _____		Phone _____	
Describe Property (Type, Model, etc.)	Estimate Amount	Where can property be seen?	
Cause of Damage (Fire, Wind, etc)		Location of Loss	
Building or Item Damaged			
DESCRIPTION OF LOSS			
INSTRUCTIONS TO ADJUSTER/OTHER REMARKS			
INSTRUCTIONS GIVEN TO INSURED BY AGENT			
		HOME OFFICE USE ONLY	
Law Enforcement Agency Receiving Report of Loss		Cov. Code _____	
		Major Peril _____	
Contact Other Than Insured		Reserve _____	