

CLAIM NOTICE & DISPOSITION

INSURED: _____ CLAIM# _____

ADDRESS: _____ POLICY# _____

_____ POLICY TERM _____

CONTACT PHONE# _____ DEDUCTIBLE: _____

LOCATION OF LOSS: _____ TIME OF LOSS: _____

_____ DATE OF LOSS: _____

NATURE OF LOSS:

REPORTED BY: _____ DATE: _____

LOSS PAYEE, MORTGAGEE, ETC:

COMMENTS:

ADJUSTER REFERRED TO: _____ DATE: _____

TELEPHONE: _____ FAX: _____

CLASS DWELLING COMMERCIAL DWELL, MOBILE HOME

OCCUPANCY OWNER TENANT

CAUSE FIRE ECE V&MM CAT _____

STATUS OPEN REOPEN CLOSE SUBRO

RESERVES: ESTABLISH RESERVE OF LOSS _____ EXP _____

REMARKS:

REQUESTED BY _____ COMPLETED BY _____ DATE _____