



Property First Notice of Loss Questions

Mandatory questions are marked with an asterisk *

Initial Information		
*Is this a Notice Only Claim?	*Date of Incident	Time of Incident
Date Insured Notified	*Incident State	*Insured Name

Business Location		
*Location Name	*Address 1	Address 2
*City	*State	*Zip
*County	Country	
Telephone Number	Extn	Fax Number
Is the mailing address the same?	Address 1	Address 2
City	State	Zip
County	Country	Federal ID Number

Policy		
*Policy Number	*Policy Name	*Policy Effective Date
*Policy Expiration Date		

Location Code		
Location Code Level 1	Location Code Level 2	Location Code Level 3
Location Code Level 4	Location Code Level 5	Location Code Level 6

Incident Information		
*Did the incident occur on the Insured premises?	Address 1	Address 2
City	*State	Zip
County	Country	
Was the location inspected immediately after the incident?	Were any photos taken?	Is there mortgage on the property?
First Name	Last or Company Name	*Provide a brief description of the incident
Cause of Loss	If Other, please describe	*Category of Loss
If Other, please describe	Describe the Damage (if burglary or robbery include what was stolen)	Estimate of the damage (\$)
Were authorities contacted?	Was the suspect apprehended?	Is the insured the cargo owner?
First Name	Last or Company Name	Address 1
Address 2	City	State
Zip	County	Country
Telephone Number	Extn	
Driver's License Number	Driver's License State	License Plate Number
License Plate State	What is the best time of contact From/To?	What are the best days to contact you?

Emergency Services		
Were authorities contacted?	Which authority was contacted? (Police, Fire, Other)	
Police Authority Name	(Police) Report Number	(Police) Violations/Citations
(Fire) Authority Name	(Fire) Report Number	(Fire)Violations/Citations
(Other) Name	(Other) Telephone Number	

Witness		
Were there any Witnesses to the incident?		
First Name	Last Name	Address 1
Address 2	City	State
Zip	County	Country
Telephone Number	Extn	

Report Information		
*Date Reported	*Reported by First Name	*Reported by Last Name
*Job Title	*Phone Number	*Email Address
*Are you the contact for this incident?	First Name	Last Name
Business Phone Number	Cell Number	Fax Number
Email Address	What is the best time of contact From/To?	What are the best days to contact you?
What is your preferred method of contact?	Do you have any additional comments regarding this incident?	