Paul Hanson Partners

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PROPERTY CLAIMS REPORTING FORM

Reporting Date:_____ **Date of Loss:**_____

POLICY NO.:	POLICY PERIOD: EFFECTIVE DATE: EXPIRATION DATE:

INSURED NAME:

INSURED ADDRESS:

INSURED PHONE NUMBER:
WORK: HOME:

LOSS INFORMATION

LOCATION OF LOSS:

KIND OF LOSS: FIRE THEFT LIGHTNENING HAIL FLOOD WIND OTHER:	PROBABLE AMOUNT OF LOSS:	POLICE OF FIRE DEPT. REPORTED TO:

DESCRIPTION OF DAMAGE :

REMARKS:

REPORTED BY:	CONTACT PERSON:

Reset Submit