

Loss Report Form

ACCOUNT INFORMATION		
Caller's Ph. Number & Ext.:	Caller's Name & Title:	Accident State (State where accident happened):
Subsidiary name and address:		
Subsidiary mailing address (If different from above):		
Did the loss occur at the location address? ___ YES ___ NO	If no, address where loss occurred:	
Full Description of Loss:		
Parent company/insured name:	Location code:	Policy symbol and number:
INJURIES		
Were there any injuries? ___ YES ___ NO		
If yes, be prepared to provide the following information for each injured person.		
Name:		
Business and home phone numbers:		
Address:		
Date of birth:	Gender:	
Description of injury:		
Medical facility (if treatment received):		
Attorney information (if represented):		
PROPERTY DAMAGE		
Is there damage to the property of others? ___ YES ___ NO		
If yes, did the loss involve business damage? ___ YES ___ NO		
If yes, provide the following information:		
Name:		
Business phone number:	Home phone number:	
Address:		
Description of damaged property:		
Is the interior of building now exposed to the outdoors and unprotected?		
Can the building be occupied?		
Is there a written estimate or replacement bill for the damage? ___ YES ___ NO		
If yes, for what amount? \$ _____		
Attorney Information (if represented):		

DISCLAIMER: These sample forms and agreements are not endorsed by the Institute of Real Estate Management. They are presented for informational purposes only and should not be relied upon for accuracy, completeness or consistency with applicable law. The user is advised to check all applicable state and federal law before using these forms, agreements, or parts thereof. Because certain forms have legal implications (e.g., management agreements, rental applications), it is recommended that downloaded versions of such forms should be reviewed with legal counsel prior to their use and that any modifications made by the user should also be reviewed by legal counsel.