

## Loss Report Form

<b>ACCOUNT INFORMATION</b>		
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:
<b>INJURIES</b>		
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):		
<b>PROPERTY DAMAGE</b>		
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):		

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