



“On Time & Under Budget!”

PROPERTY CLAIM FIRST REPORT FORM

Submit completed form to: insurance@filmemporium.com

Name of insured: _____

Address of insured: _____

Telephone number of insured: _____

Person to contact for insured: _____

Date of incident: _____

Location of incident: _____

Police or other Authority contacted/information: _____

Description of incident: _____

Estimated amount of loss: _____

Above basic information should be sent to our office as quickly as possible so we may alert the insurance company and have any necessary inspections done.

Film Emporium, Inc.

1890 Palmer Ave., Ste. 403, Larchmont, NY 10538

Tel: (914) 833-2433 / (800) 371-2555

Fax: (914) 833-2430

www.filmemporium.com

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