



PROPERTY CLAIM FIRST REPORT FORM

Name of insured _____
 Address of insured _____
 Telephone number of insured _____
 Person to contact for insured _____
 Date of incident _____
 Location _____

Police (or other authority) information _____

Description of incident _____

Estimated amount of claim _____

Above basic information should be sent to our office as quick as Possible so we may alert the insurance company and have any necessary Inspections done.

Please fax the completed form to our claims department to:
 NY 212-683-2740 LA 323-464-7348