

PROPERTY CLAIM FORM

DISTRICT

Name: _____

Address: _____

Date of Loss _____

CONTACT

Name: _____

Title: _____

Phone: _____

Time: _____ a.m.
_____ p.m.

LOSS LOCATION

Site Name: _____

Site Contact: _____

Address: _____

Phone: _____

Type of Loss: Fire___ Theft___ Lightning___ Hail___ Flood___ Wind___

Other (Explain) _____

Description of Loss & Damage: _____

Police or Fire Dept. to which reported _____

Report # _____

Completed by: _____ Date: _____

*Fax completed form to:
Keenan & Associates, PLCA
(510) 986-6756*