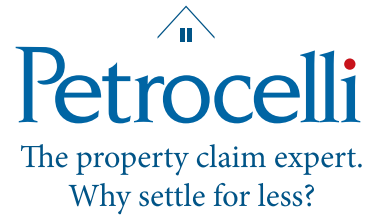


New Loss Report



Date _____ Date of Loss _____

Claim Filed Yes No

Name of Insured

Loss Location

Contact information

Email Address _____

Phone Numbers Home _____ Cell _____

Work _____

Mailing address *(if different from loss location)*

Insurance Carrier _____

Policy No _____ Claim No _____

Adjuster assigned to claim: _____

Description of loss _____

Please let us know how you heard about us

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