New Loss Report

Petrocelli
The property claim expert.
Why settle for less?

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 _____

_____

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_____

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Please let us know how you heard about us

_____

_____

_____

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