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Property Claim Form

Contact: _____ Phone No.: _____

Property Name: _____ Property Phone No.: _____

Property Address: _____ Property Manager: _____

Date of Loss: _____ Time of Loss: _____ Location of Loss: _____ Unit #: _____

Type of Loss: Fire Water Damage Theft Other (explain) _____

COMPLETE DESCRIPTION OF LOSS:

Description of Occurrence: _____

Describe Physical Damage to Property, or Provide List of Stolen Property: _____

Weather Conditions: _____

Physical Condition before incident (clean, dry, wet, well lit, ventilated) _____

Police Contacted: Yes No Name of Officer: _____ Phone No. _____ Case No.: _____

Fire Dept. Contacted: Yes No Name of Officer: _____ Phone No. _____ Case No.: _____

WITNESS INFORMATION

Name: _____ Phone No.: _____ Business Home Cell

Address: _____

Witness Statement: _____

Name: _____ Phone No.: _____ Business Home Cell

Address: _____

Witness Statement: _____

POST INCIDENT INSPECTION

Casual Analysis: _____

Recommendation to Prevent Reoccurrence: _____

Questions, Matter of Concern, Issues to be addressed: _____

Please include any photos of the scene. There will be an option to attach them once you click Submit. You will be prompted to choose **Desktop Email Application** or **Internet Email**. If you choose **Desktop Email Application** a new email will appear with your completed form attached. This will allow you to also include any photos you may have. If you choose **Internet Email** you will be prompted to save the completed PDF to your computer. You can then email the form and any photos to claims@legacyrisk.net.

Reported By _____	Signature _____
Title _____	Date _____