



Division of Specialty Program Group, LLC

Doing business in California as SPG Insurance Solutions · License No. 0L09546

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PROPERTY CLAIMS REPORTING FORM

POLICY NO.		DATE REPORTED:	
POLICY EFF. DATE	POLICY EXP. DATE	DATE & TIME OF LOSS	AM PM

INSURED

NAME & ADDRESS:	INSUREDS BUSINESS PHONE:	INSUREDS RESIDENCE PHONE:
	REPORTED BY:	CONTACT PERSON:
	CONTACTS BUSINESS PHONE:	CONTACTS RESIDENCE PHONE:
	WHERE TO CONTACT:	WHEN TO CONTACT:

PROPERTY LOSS INFORMATION

LOCATION OF LOSS:	PROBABLE AMOUNT OF LOSS:	POLICE OR FIRE DEPT. REPORTED TO:
KIND OF LOSS: <input type="checkbox"/> FIRE <input type="checkbox"/> THEFT <input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL <input type="checkbox"/> FLOOD <input type="checkbox"/> WIND <input type="checkbox"/> OTHER: _____		

DESCRIPTION OF DAMAGE:

REMARKS