



INSURANCE ASSOCIATES
A Marsh & McLennan Agency LLC Company

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DAMAGE TO INSURED'S PROPERTY REPORT FORM

Named insured (company name):

Incident form completed by (signature or name):

Today's date:

Contact name:

Contact phone # (if different from office phone # ie: cellular):

Date & time of loss:

Street, city & state where loss occurred:

Type of loss (fire, theft, vandalism, mysterious disappearance, etc.):

Description of incident:

Is property in process of being installed for client(s)? Yes No

Police dept name/phone #/officer name/report or case #:

List all items damaged &/or stolen, serial #'s and approx. amount of worth (send invoice copies or rental agreements, if possible):

Preventive measures taken (pre-incident):

Preventive measures taken (post-incident):

Additional Notes: