

Submitted By: \_\_\_\_\_ Mgmt Co: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Association: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Loss Reported By: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Approx. Time of Loss: \_\_\_\_\_  AM  PM

Loss Location: \_\_\_\_\_

Unit-Owner Name: \_\_\_\_\_ Tenant Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Tenant Home Phone #: ( ) \_\_\_\_\_

\_\_\_\_\_ Tenant Work Phone #: ( ) \_\_\_\_\_

U/O Home Phone #: \_\_\_\_\_ Tenant Insurance Co: \_\_\_\_\_

U/O Work Phone #: \_\_\_\_\_

U/O Insurance Company: \_\_\_\_\_

Type of Loss: \_\_\_\_\_

Description of Loss: \_\_\_\_\_

Actions Taken by Property Manager: \_\_\_\_\_

Restoration Co. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone : ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Remarks/ Special Instructions: \_\_\_\_\_