



www.WhatDoesMyPolicyCover.com

Date & Time of Loss:

_____ on ____ / ____ / ____ (MM/DD/YYYY)

Type of Loss (Check all that apply):

- ☐ Fire
☐ Water Damage (e.g., burst pipe, appliance overflow)
☐ Theft/Vandalism
☐ Weather (e.g., wind, hail, lightning)
☐ Mold
☐ Other: _____

Insured Name(s)/ Policy Number:

Insurance Company Name:

Property Address (Where Loss Occurred):

Mailing Address (If Different):

Phone Number/ Email:

Describe What Happened (Please be specific):

Were Emergency Services (Police, Fire Dept.) Called? Department Name and Case Number:

☐ Yes ☐ No

If yes, provide Report Number and Agency Name:

Were There Any Injuries?

☐ Yes ☐ No

If yes, explain briefly:

Is the Property Habitable?

☐ Yes ☐ No

If No, provide temporary address:

Photos/Videos Taken of Damage?

☐ Yes ☐ No

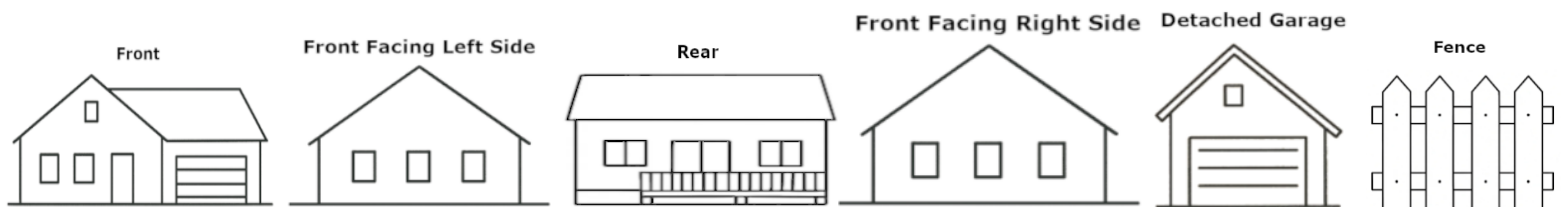
☐ Will Provide Upon Request

Mitigation Steps Taken (e.g., tarps, plumber visit, board-up):

Contractor or Emergency Response Contact Info (if used):

Interior Damage, Where on the Property? Ex: Kitchen, Bathroom, etc:

Place X's On The Areas of the Property That You Found To Be Damaged By The incident:



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