

Property Loss Notice

CLAIMS FAX: 559-241-8914

CLAIMS EMAIL: jenifers@peckandco.com

Today's Date/Time _____	Reported by _____
Insured's Name _____	Phone Number _____
DBA Name _____	Fax Number _____
Policy Number _____	Email Address _____
Carrier Name _____	

LOSS DETAILS

Date of Loss _____	Time of Loss _____	AM _____	PM _____
Location of Loss _____			
City & State _____			
Emergency Services Required _____	Police Dept. _____	Fire Dept. _____	
Police Report Number _____	Probable Amount Entire Loss _____		
Kind of Loss _____	Fire _____	Theft _____	Lightning _____
		Hail _____	Flood _____
			Wind _____
<i>Description of Loss & Damage</i>			

ADDITIONAL COMMENTS OR INSTRUCTIONS

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.