PECK & COMPANY
INSURANCE BROKERAGE

# Property Loss Notice

**CLAIMS EMAIL** Claims@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

*Description of Loss & Damage*

**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.