# PROPERTY LOSS INCIDENT REPORT

Building | Contents & Inventory | Business Income

GNP INSURANCE BROKERAGE

*Report losses as soon as possible. Protect the property from further damage and keep damaged items for inspection.*

## INSURED INFORMATION

NAMED INSURED

INSURANCE CARRIER

POLICY NUMBER

INSURED CONTACT NAME

PHONE NUMBER

EMAIL

## LOSS INFORMATION

DATE OF LOSS / DISCOVERY

TIME OF LOSS

☐ am ☐ pm

DATE INSURED WAS NOTIFIED

**Location of loss**

STREET

CITY

STATE

ZIP CODE

**Cause of Loss:** ☐ Fire / Smoke ☐ Water / Pipe Burst ☐ Wind / Hail ☐ Flood ☐ Theft / Burglary ☐ Vandalism ☐ Equipment Breakdown ☐ Other

DESCRIPTION OF LOSS (HOW IT HAPPENED, WHAT CAUSED IT, AND WHO CAUSED IT)

FIRE DEPARTMENT / POLICE AGENCY

REPORT NUMBER

DATE OF REPORT

Was the loss caused by a third party (contractor, tenant, etc.)? ☐ Yes ☐ No ☐ Unknown

IF YES, RESPONSIBLE PARTY NAME, ADDRESS & PHONE

## WITNESSES

WITNESS NAME

PHONE NUMBER

WITNESS NAME

PHONE NUMBER

## SUPPORTING DOCUMENTATION

Check all that are attached to this report:

☐ Photos / Video ☐ Receipts / Invoices ☐ Repair Estimates

☐ Police / Fire Report ☐ Inventory / Item List ☐ Other

## DAMAGE & LOSS DETAILS

**Property Affected:** ☐ Building ☐ Contents / Equipment ☐ Inventory / Stock ☐ Business Income ☐ Property of Others ☐ Other

DESCRIPTION OF DAMAGED / STOLEN PROPERTY (FOR EQUIPMENT, INCLUDE MAKE, MODEL & SERIAL NUMBER)

ESTIMATED AMOUNT OF LOSS

INSPECTION CONTACT NAME & PHONE

MORTGAGEE / LOSS PAYEE (IF ANY)

Is the property secured and protected from further damage? ☐ Yes ☐ No

Has a mitigation / emergency services vendor been retained? ☐ Yes ☐ No

MITIGATION VENDOR NAME & PHONE

Are business operations interrupted? ☐ Yes ☐ No ☐ Partially

## REPORTING INFORMATION & CERTIFICATION

NAME OF PERSON SUBMITTING THIS REPORT

TITLE

PHONE NUMBER

EMAIL

ADDITIONAL COMMENTS

*To the best of my knowledge, the information in this report is true and accurate. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.*

SIGNATURE

DATE