CAYMAN FIRST
FIRST IN INSURANCE. TODAY. TOMORROW.

Property Catastrophe Claim Notification Form

Name Insured ..……..……

Physical Address:……...

Block & Parcel……..

Telephone: H: ……..**C:** ……..**W:** ……..

E-mail address……

Policy Type & Number..……

Date of Loss ……..**Cause**……..……

Is property secured from further loss/damage? (Yes / No)

Was the property occupied? If not, how long unoccupied?……....

Is there any other insurance on the Property?……..

Estimates attached (Yes / No) **Photographs attached** (Yes / No)

Details of Damage……
……
……
……
……
……
……
……. (*Attach additional supporting documents*)

Agency/Broker……

Date reported…….. Signature.……

Adjuster appointed…… Date ……