



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.....
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(Attach additional supporting documents)

Agency/Broker.....

Date reported..... Signature.....

Adjuster appointed..... Date