property LOSS REPORT

To report a claim, please complete the form and send to Brandon Rothkopf, brandonrothkopf@archstl.org, 314-792-7079 (fax)

***Note: Any question with an asterisk (\*) is required information.***

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| **Client Information** |
| \*GB Client Number | 000292 |
| \*Client Name | Archdiocese of St. Louis |
| \*Location Code | Enter Location Code.  |
| **Date and Time** |
| \*Incident Date | Enter date. |
| \*Insured Notified Date | Enter date. |
| **Insured (Property Owner)** |
| Name and Address of Insured | Enter text. |
| City | Enter City. | \*State | Choose State. | ZIP | Enter ZIP. |
| Business Phone | Enter phone #. | Residence Phone | Enter phone #. |
| **Submitter Information** |
| Name | Enter Name. |
| Title | Enter Title. |
| Email Address | Enter Email. |
| Phone Number | Enter Phone #. |
| **Contact Information** |
| \*First and Last Name | Enter Name. |
| Address of Insured | Enter Address. |
| \*Business Phone | Enter phone #. |

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| **Loss** |
| Loss location name | Enter text. |
| Street Address | Enter Street Address. |
| City | Enter City. | \*State | Choose State. | ZIP | Enter ZIP. |
| Kind of loss: Fire, Theft, Lightening, Hail, Flood, Wind, Other (explain) | [ ] Fire [ ]  Lightening [ ] Flood [ ] Water Damage[ ] Theft [ ]  Hail [ ]  Product [ ] Structural[ ] Vehicle [ ] Other (Explain)  |
| Estimated amount of damage | Enter text. |
| \*Detailed Description of Property & Damage to Property (Limit the description field 250 characters) | Enter text. |
| Authority Name (ie, Police, Fire) | Enter text. |
| Authority Phone Number | Enter phone #. |
| Was the damage caused by an individual? | Choose... |
| If yes, please provide any information you have for that individual | Enter text. |
| Did Business Interruption occur as a cause of this accident? | Choose... |
|  If Yes: Date and time started | Click here to enter a date.  | Time | Enter time. |
|  Date and time ended | Click here to enter a date. | Time | Enter time. |
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| **Witness Information (**If there were any witnesses**)** |
| First and Last Name of Witness | Enter text. |
| Witness Phone | Enter phone #. |

**Notes/Additional Comments** *(ie, if this is for report only)* |
| Additional Remarks | Enter text. |
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