

Property Claim Reporting Worksheet and Guide

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DO NOT DELAY IN REPORTING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS. PLEASE EMAIL YOUR COMPLETED FORM TO first.report@travelers.com OR CALL 1.800.238.6225.

ACCOUNT INFORMATION			
PREPARER'S PHONE NUMBER & EMAIL ADDRESS	PREPARER'S	S NAME AND TITLE	LOSS STATE
SUBSIDIARY (COMPANY) NAME AND ADDRESS			
SUBSIDIARY (COMPANY) MAILING ADDRESS (IF DIFFERENT	T FROM ABOVE)		
DID THE LOSS OCCUR AT THE LOCATION ADDRESS? UYES UNO IF NO, ADDRESS WHERE LOSS OCCURRED			
PARENT COMPANY/INSURED'S NAME	LOCATION CODE	POLICY SY	MBOL AND NUMBER
LOSS INFORMATION		I	
DATE AND TIME OF LOSS			
DID THE LOSS INVOLVE BUILDING DAMAGE? IF			EPARTMENT)
IS ANY INTERIOR SECTION OF THE BUILDING NOW EXPOSE	ED TO THE OUTDOORS AND UI	NPROTECTED?	
CAN THE BUILDING BE OCCUPIED?			
DO YOU HAVE A <u>WRITTEN</u> ESTIMATE OR REPAIR BILL FOR B	UILDING? IF YES, AMOUNT		
DID THE LOSS INVOLVE CONTENTS (PERSONAI	L PROPERTY) DAMAGE?	IF YES, PLEASE COMPLE	TE THE SECTION, BELOW:
DESCRIPTION OF DAMAGE TO CONTENTS			
DO YOU HAVE A WRITTEN ESTIMATE OR REPAIR BILL FOR C	ONTENTS? IF YES, AMOUNT		
IS THERE BUSINESS INTERRUPTION? UYES UNO			

WITNESSES AND AUTHORITIES:
WITNESSES (NAMES, ADDRESSES, PHONE NUMBERS AND EMAIL ADDRESSES)
AUTHORITIES – POLICE, FIRE DEPARTMENT (NAME, REPORT/CASE NUMBER, COUNTY, ANY VIOLATIONS/CITATIONS)
INSURED CONTACT INFORMATION
CONTACT NAME, PHONE NUMBER, EMAIL ADDRESS, AND BEST TIME TO CONTACT AND WHERE TO CONTACT
ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION



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 ${\it The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT~06183}$

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