

Real Estate Investor Insurance Claim Form

Insured FI Code Policy Number Date

Insured Name

Insured Address City State Zip

Location of Loss Address City State Zip

Additional Insured / Loss Payee Loan Number File Number

Type of Risk: Dwelling Multi Dwelling Commercial Mobile Home

Condition of Risk: Occupied Vacant

LOSS INFORMATION

Date of Loss Actual Discovered

Cause of Loss (Fire, Vandalism, Theft, Wind, Flood, etc.)

Brief Description & Extent of Damage

Reported By:
Date Reported: Insured Contact:
Telephone & Ext.: Email:
Loss Submitted by:

INSURMARK USE ONLY

Property Amount Insured: \$ Carrier:
Contents Coverage Yes No Deductible:
Liability Coverage Yes No Policy Number / Contract Year:
Loss of Income Yes No Policy Term: to
Entry Date:
Entry Date of Contents/Liability (if different):
Initials: