



Liability Insurance Claim Form

FI Code Policy Number Date

Insured Name

Insured 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 Occurrence Actual Discovered

Name and Address of Claimant Telephone & Ext.:

Brief Description of Occurrence (Attach written correspondence, if any, directed to you concerning the alleged occurrence)

Reported By: Date Reported:

Insured Contact: Telephone & Ext.:

Email:

Claim Submitted by:

INSURMARK USE ONLY

Property Amount Insured: \$

Carrier:

Liability Coverage Yes No

Deductible:

Policy Number / Contract Year:

Policy Term: to

Entry Date:

Entry Initials: