



INLAND MARINE NOTICE OF LOSS

Date: _____

Policy #: _____ Date of loss: _____

Insured: _____

Time of Loss: _____ Reported to Police: Yes () No ()

Police Station: _____ Police Complaint #: _____

Location: _____

Description of occurrence: _____

<u># of Articles</u>	<u>Description of Article</u>	<u>Date Purchased</u>	<u>Purchase Price</u>	<u>Replacement Cost</u>
----------------------	-------------------------------	-----------------------	-----------------------	-------------------------

Note: Submission should include copy of replacement invoice and or original purchase invoice.

NOTE: Please submit to CLAIMS@wrightinsurance.com or FAX: (516) 222-5392