



## **PROPERTY LOSS NOTICE**

INSURED: \_\_\_\_\_

DATE OF OCCURRENCE: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE REPORTED: \_\_\_\_\_ REPORTED BY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

LOCATION OF LOSS: \_\_\_\_\_

KIND OF LOSS (Fire, Wind, Explosion, Etc.): \_\_\_\_\_

DESCRIPTION OF LOSS AND DAMAGE (Use reverse side if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POLICE AND / OR FIRE DEPARTMENT RESPONDING: \_\_\_\_\_

PROBABLE AMOUNT OF ENTIRE LOSS: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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