

# Property, Crime or Equipment Breakdown Claim Report

## Member Information

Member Name: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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## Incident Information/Location

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Detailed Description of Incident: \_\_\_\_\_

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## Incident Type

Type of Incident/Loss:

Theft  Vandalism  Hail  Fire  Wind  Lightning  Other

Was a police report filed? Yes  No

Department Name: \_\_\_\_\_ Case/Report Number: \_\_\_\_\_

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Additional Incident Information: \_\_\_\_\_

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Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

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