

Report of Property or Crime Loss

Policy #:

Date of report:

BUSINESS CONTACT INFORMATION

Named Insured:			
Contact Name:		Title:	
Address:		City:	State: Zip:
Phone Number:	Fax Number:	E-mail Address:	
Manager or Assistant Manager's Name:			Manager's Phone Number:

LANDLORD INFORMATION (applicable if the property is leased)

Company Name:		Contact Name:	Title:
Address:		City:	State: Zip:
Phone Number:	Fax Number:	E-mail Address:	

PROPERTY LOSSES

Date of Loss:	Time of Loss: <input type="checkbox"/> AM <input type="checkbox"/> PM	Weather Condition:
---------------	---	--------------------

1. Briefly describe the loss:

Building Losses	Call Rockwood Casualty immediately in the event of any structural damage. Protect premises with temporary repairs if necessary. Request contractor estimates.
Stock and Equipment	Attach itemized list of all damage at your cost. Also include copies of any repair estimates and/or bills, protect any salvage and estimate its value.
Glass	Obtain estimate or bill and attach to report form. Specify location of damage.

CRIME LOSSES

2. Briefly describe the loss:

WITNESS INFORMATION (name, address, phone, including employees)

Name:	Address:	City:	State:	Zip:	Phone:
Name:	Address:	City:	State:	Zip:	Phone:
Name:	Address:	City:	State:	Zip:	Phone:

POLICE INFORMATION

Police Agency Notified:	Officer's Name:	Case No.:	Date & Time of Notice:
-------------------------	-----------------	-----------	------------------------

**Attach all records (daily sheets, deposit slips, register tapes, etc.)
Upon receipt of your loss report, a Rockwood Casualty Adjuster will review your claim and confirm coverages.
Additional information may be required.**