



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2849 • Fax 877-452-6909
After Hours Claim Reporting: 877-243-8182
CDA@primeis.com

PROPERTY LOSS NOTICE FORM

General Information

Name of Insured: _____

Contact Name: _____

Insured's Address: _____

City: _____ State _____ Zip: _____

Phone number: () _____ Best time to contact: _____

Policy Number: _____ Effective Date of Policy: _____

Policy Type: Dwelling Business Property Other Structure

Limits: Building \$ _____ Contents \$ _____ Theft \$ _____

SIR: \$ _____

Mortgagee: _____

Information about the Loss

Date of Loss: _____ Time of Day: _____

Address of Loss: _____

Type of Loss: Fire Hail Lighting Flood Theft Wind
 Other (please explain): _____

Description of Loss (Use reverse if necessary): _____

Description of Buildings Involved (Use reverse if necessary):

1. _____

2. _____

3. _____

Police or Fire Department to which you reported: _____

Case or File Number: _____

Additional Enclosures

Please obtain a copy of each of the following and attach it to this form:

1. A copy of any contract or written agreement with the injured party
2. A written narrative statement by your employee(s) of the events of the loss.
3. Names, addresses, and telephone numbers for all witnesses, including clients and employees.
4. Witness statements

Signature: _____

Title: _____ Date: _____