

PROPERTY LIABILITY INCIDENT REPORT

Date of Report: _____ Date of Loss: _____

Insured Name: _____ Insured Contact: _____

Insured Address: _____ Phone: _____

Type of Incident: _____Property _____Liability (Separate report for Auto)

Kind of loss: _____Fire _____Lightning _____Flood _____Theft _____Hail _____Wind

Date of Loss: _____ Time: _____

Location of Loss: _____

Description:

Witness(es):

Name/Contact info: _____



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Injured:

Anyone injured? Yes No

Name/Address/Contact Info/Describe Injury

Property Damage (describe)

Additional notations:

