

STATEMENT OF LOSS

Insurance Policy No.: _____ Claim No.: _____

Insured: _____ Date: _____

Date and Time of Loss: _____

Location of Loss: _____

Cause of Loss: Fire Smoke: Wind Blown Rain: Sudden & Accidental Water Release: _____

Vandalism: Other: _____

Description of Loss: _____

Additional Information

(When Checked)

Claim Amount

- | | |
|--|----------|
| A. <input type="checkbox"/> Photographs (Page ____ thru ____) | |
| B. <input type="checkbox"/> Witness Statement (Page ____ thru ____) | |
| C. <input type="checkbox"/> Police Report (Page ____ thru ____) | |
| D. <input type="checkbox"/> Fire Department Report (Page ____ thru ____) | \$ _____ |
| E. <input type="checkbox"/> Emergency Work Charges (Page ____ thru ____) | \$ _____ |
| F. <input type="checkbox"/> Personal Property Summary (Page ____ thru ____) | \$ _____ |
| G. <input type="checkbox"/> Homeowners Structure List (Page ____ thru ____) | \$ _____ |
| H. <input type="checkbox"/> Contractor's Bid (Page ____ thru ____) | \$ _____ |
| I. <input type="checkbox"/> Debris Removal (Page ____ thru ____) | \$ _____ |
| J. <input type="checkbox"/> Trees, Shrubs, Other Plants (Page ____ thru ____) | \$ _____ |
| K. <input type="checkbox"/> Loss of Use (Additional Living Expenses) (Page ____ thru ____) | \$ _____ |
| L. <input type="checkbox"/> Other: _____ (Page ____ thru ____) | \$ _____ |
| M. <input type="checkbox"/> Other: _____ (Page ____ thru ____) | \$ _____ |
| N. <input type="checkbox"/> Other: _____ (Page ____ thru ____) | \$ _____ |

Total: \$ _____