

CLAIM REPORT

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Temporary Address - If Applicable (Street Address, City, State, and Zip)

Insured's Email:	Alternate Phone Number
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Mailing Address for Claim Check (Street Address, City, State, and Zip)

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W œ•}v Z %œ}œ }v P >}••	† Fire † Lightning † Hail † Smoke † Tornado † Burglary † Windstorm † Vehicle † Water/Flood † Other:_____

To Whom Reported	Ž W}o] Ç Eμ u Plœ	Coverage Amt
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Agent Name	Contact Number
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Are there any other Fire Policies or other insurance for the Described? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Policy #:	œ]œ }œ W}o] † Yes X † No o M
	Date report ordered:_____

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Total Loss † Yes † No	Date Scanned
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Claim Inspected By

Manager's Signature

District Agency

fact material thereto commits a fraudulent insurance act, which is a crime.

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felony.

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