



# BWD GROUP LLC

## PROPERTY LOSS NOTICE

DATE OF LOSS (MM/DD/YY)

TIME \_\_\_\_\_  AM  PM

TYPE OF LOSS (FIRE, WIND, EXPLOSION, ETC.)

LOCATION OF LOSS

### INSURED

NAME

ADDRESS

HOME PHONE

BUSINESS PHONE

CELLULAR

FAX

EMAIL ADDRESS

### PERSON TO CONTACT

NAME

WHERE TO CONTACT

WHEN

HOME PHONE

BUSINESS PHONE

CELLULAR

FAX

EMAIL ADDRESS

### INSURANCE CARRIER

COMPANY

POLICY NUMBER

### LOSS

DESCRIPTION OF LOSS & DAMAGE (USE REVERSE SIDE, IF NECESSARY)

PROBABLE AMOUNT OF ENTIRE LOSS

MORTGAGEE

POLICE OR FIRE DEPT. TO WHICH REPORTED (PLEASE PROVIDE DETAILS OF INCIDENT REPORT)

FIRE DEPARTMENT REPORT #

FIRE DEPARTMENT PHONE

POLICE/PRECINCT REPORT #

POLICE PHONE

BUSINESS INTERRUPTION

YES  NO

IF ITEM IS SCHEDULED, PLEASE PROVIDE DESCRIPTION OF ITEM & ITEM #

### IF DAMAGE TO PROPERTY OF OTHERS

NAME

ADDRESS

PHONE

REMARKS/MISCELLANEOUS

REPORTED BY

PHONE

DATE REPORTED

SIGNATURE OF INSURED