

PROTÉGÉ INSURANCE BROKERS, INC. ---- PROPERTY CLAIM FORM

Ver 8/12

Fax Form To: 619-275-2342

or

Email to: claim@protegebrokers.com

1. Insured (Owner)Names: _____

2. Business Name: _____

3. Address: _____

City: _____ State _____ Zip _____

Home #: _____ Cell#: _____

Work #: _____ Email: _____

4. Insurance Carrier: _____ Policy #: _____

5. Date of Loss: _____ Time: _____

6. Location of Loss: _____

7. Type of Loss: ☐ Water Damage ☐ Fire ☐ Theft/Vandalism ☐ Other: _____

8. Describe Loss: _____

List Loss Item: _____ Value: \$ _____

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List Loss Item: _____ Value: \$ _____

*Total Estimated Loss Value: \$ _____ (If More, Attach List)

9. Anyone Injured? ☐ YES ☐ NO

List Names of Injured Party: _____

Address: _____

Phone: _____ Email: _____

Description of Injury? _____

10. Authorities Contacted? ☐ YES ☐ NO (Police, Fire Dept, Ambulance)

Which Department? _____ When? _____

Contact Person: _____ Phone: _____

11. What have you done to contain loss? _____

Insured Signature

Date