

WORKSHEET FOR PROPERTY TELEPHONE REPORTING

ACCOUNT INFORMATION

TELEPHONE NUMBER & EXTENSION	REPORTED BY <input type="checkbox"/> ACCOUNT <input type="checkbox"/> CLAIMANT <input type="checkbox"/> PRODUCER	STATE IN WHICH LOSS OCCURRED
CALLER'S NAME (FIRST, MIDDLE, LAST AND TITLE)		
BUSINESS NAME, ADDRESS, DEPARTMENT	MAILING ADDRESS (IF DIFFERENT)	WHERE DID LOSS OCCUR (E.G., WAREHOUSE, STOCKROOM, SPECIFIC DEPARTMENT, ETC.)

ACCIDENT INFORMATION

DATE AND TIME OF LOSS _____ PM _____ AM	DETAILED DESCRIPTION OF LOSS	Were there any witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO
WITNESS NAME	WITNESS ADDRESS	
HOME PHONE NO.	BUSINESS PHONE NO.	BEST TIME & PLACE TO CONTACT WITNESS
WHERE WAS WITNESS AT TIME OF LOSS	RELATIONSHIP OF WITNESS TO PARTIES INVOLVED	

Any other witness? YES NO (if "YES" provide name, address & phone no.)

Were authorities contacted? YES NO (if "YES" complete the following)

NAME OF AUTHORITY (AMBULANCE, POLICE, FIRE, ETC.)	AUTHORITY ADDRESS
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REPORT NUMBER (IF AVAILABLE)	VIOLATIONS OR CITATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (if "YES" describe)
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Product information:

HOW WAS PRODUCT BEING USED?	MANUFACTURER'S NAME, MAKE, SIZE, STYLE	SERIAL # OR PRODUCT I.D.
WAS THERE DAMAGE TO OR DEFECT IN THE PRODUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE & WHEN PURCHASED OR INSTALLED?	WHERE & WHEN CAN PRODUCT BE SEEN?

PROPERTY DAMAGE & CLAIM INFORMATION

BUILDING (REAL PROPERTY) ADDRESS	DETAILED DESCRIPTION OF DAMAGE	Estimate of Damage _____
BUILDING OWNER'S NAME	OWNER'S ADDRESS	HOME & BUSINESS PHONE NO.

DETAILED DESCRIPTION OF CONTENTS DAMAGED (PERSONAL PROPERTY)		
CONTENT OWNER'S NAME & ADDRESS	HOME PHONE NO.	BUSINESS PHONE NO.

BUSINESS INTERRUPTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF INTERRUPTION FROM _____ TO _____	NUMBER OF HOURS LOST	ESTIMATE OF LOSS INVOLVED
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IS THERE ANY OTHER INSURANCE COVERAGE AVAILABLE? (IF "YES" PROVIDE INSURANCE COMPANY NAME, ADDRESS AND PHONE NUMBER)
 YES NO

DESCRIPTION OF ITEM/ITEMS COVERED	POLICY NO.	CLAIM NO.
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ACCOUNT CONTACT INFORMATION

BEST PERSON TO CONTACT FOR MORE INFORMATION	WHERE	TIME	PHONE NO.
ADDITIONAL COMMENTS AND CUSTOMER SPECIFIC INFORMATION			