

PROPERTY CLAIM FORM

INSURED: _____

DATE OF OCCURRENCE: _____

LOCATION: _____

DESCRIPTION OF LOSS: _____

NAME & PHONE NUMBER OF PERSON TO CONTACT: _____

ESTIMATED AMOUNT OF DAMAGE (IF KNOWN): \$ _____

AUTHORITY REPORTED TO & REPORT #: _____

HAVE EMERGENCY REPAIRS BEEN MADE TO PREVENT FURTHER
DAMAGE? _____

DESCRIBE: _____

OTHER COMMENTS/ADDITIONAL INFORMATION: _____

NAME OF PERSON FILING REPORT

DATE

FAX TO: (866) 883-9996

EMAIL TO: claims@ib-tx.com