**LOSS NOTICE – Commercial Insurance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Loss:** | Click to add date. | | |
| **Time of Loss:** | ( HH:MM AM PM ) | | |
| **Type of Loss:** | Property | Liability | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cause of Loss:** |  | | |
|  |  | | |
|  | | | |
| **Policy No.** |  | | |
| **Insured:** |  | | |
|  |  | | |
| **Contact Name:** |  | | |
| **Contact Ph#** |  | | |
| **Contact Email:** |  | | |
|  |  | | |
| **Location of Loss:** |  | | |
| **Details of Loss:** |  | | |
|  | | |
| Click or add text. | | |
|  | | |
|  | | |
|  | | |
|  | | | |
| ***If Applicable, please provide the name and contact information of any other parties involved:*** | | | |
| **Name:** |  | | |
| **Telephone:** |  | | |
| **Email:** |  | | |
|  |  | | |
| **Broker Name:** |  | | |
| **Broker Ph#** |  | | |
| **Broker Email:** |  | | |