



# INSURED PROPERTY CLAIM REPORT FORM (NON-AUTO)

Policy # \_\_\_\_\_

Location: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ a.m./p.m.

Location of Loss on Premises: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INJURED PROPERTY OWNER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Description of Damage: \_\_\_\_\_

\_\_\_\_\_

## PROPERTY LOSS/DAMAGE TO PREMISES ONLY:

Description of Property: \_\_\_\_\_

Description of Damage: \_\_\_\_\_

\_\_\_\_\_

Police/Fire Dept.Contact: \_\_\_\_\_

## WITNESS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## WITNESS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email REPORT to:

Claims@RiskPointins.com

Any questions, call:

971-282-4315

**PLEASE PUT NAME OF POLICY HOLDER IN SUBJECT LINE OF EMAIL**