



Security & General

I N S U R A N C E

PROPERTY LOSS REPORT FORM (Contractors All Risks)

INSURED'S NAME & ADDRESS	Policyholder's Name: _____ Tel#: _____ Fax#: _____ Address: _____
PARTICULARS OF YOUR INSURANCE	Policy #: _____ Renewal Date: _____ Do you have any other insurance covering this loss: (Please check relevant box) YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide details of insurer: _____
PREVIOUS CLAIMS EXPERIENCE	Have you made any previous claims relating to this property: (Please check relevant box) YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide the following details: Date of Loss Cause of Loss Amount of settlement 1. _____ _____ _____ 2. _____ _____ _____

