



Property Claim Reporting Worksheet and Guide

DO NOT DELAY IN REPORTING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.
PLEASE EMAIL YOUR COMPLETED FORM TO LossRptCSS@constitutionstateservices.com OR CALL 800.243.2490.

ACCOUNT INFORMATION

PREPARER'S PHONE NUMBER & EMAIL ADDRESS	PREPARER'S TITLE AND NAME	LOSS STATE
SUBSIDIARY (COMPANY) NAME AND ADDRESS		
SUBSIDIARY (COMPANY) MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
DID THE LOSS OCCUR AT THE LOCATION ADDRESS? (IF "NO", ADDRESS WHERE LOSS OCCURRED) <input type="checkbox"/> YES <input type="checkbox"/> NO		
PARENT COMPANY/INSURED'S NAME	LOCATION CODE	POLICY SYMBOL AND NUMBER

LOSS INFORMATION

DATE AND TIME OF LOSS
BRIEF DESCRIPTION OF LOSS (INCLUDE SPECIFICS OF WHERE IT OCCURRED, SUCH AS A WAREHOUSE, STOCKROOM, DEPARTMENT)

DID THE LOSS INVOLVE BUILDING DAMAGE? IF YES, PLEASE COMPLETE THE SECTION, BELOW:

DESCRIPTION OF DAMAGE TO BUILDING
IS ANY INTERIOR SECTION OF THE BUILDING NOW EXPOSED TO THE OUTDOORS AND UNPROTECTED?
CAN THE BUILDING BE OCCUPIED?
DO YOU HAVE A WRITTEN ESTIMATE OR REPAIR BILL FOR BUILDING? IF YES, AMOUNT

DID THE LOSS INVOLVE CONTENTS (PERSONAL PROPERTY) DAMAGE? IF YES, PLEASE COMPLETE THE SECTION, BELOW:

DESCRIPTION OF DAMAGE TO CONTENTS
DO YOU HAVE A WRITTEN ESTIMATE OR REPAIR BILL FOR CONTENTS? IF YES, AMOUNT
IS THERE BUSINESS INTERRUPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO

WITNESSES AND AUTHORITIES:

WITNESSES (NAMES, ADDRESSES, PHONE NUMBERS AND EMAIL ADDRESSES)
AUTHORITIES - POLICE, FIRE DEPARTMENT (NAME, REPORT/CASE NUMBER, COUNTY, ANY VIOLATIONS/CITATIONS)

INSURED CONTACT INFORMATION

CONTACT NAME, PHONE NUMBER, EMAIL ADDRESS, AND BEST TIME TO CONTACT AND WHERE TO CONTACT
ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION



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