

## **Property Loss Report**

CLAIMS REPORTING		DATE AL	ND TIME OF	LOSSIN	IFORMATION	
Alliant Insurance Services	Date of Report of Loss					
Phone: (415) 403-1400 ext. 445 Fax: (415) 403-1466		Date of Loss				
E-mail report to: rfrey@alliant.com <b>AND</b> dwalizada@alliant.com		Time of Loss				
With a cc: to sandra.doig@mclarens.com		Danish	. D 10	V	Na	
McLarens Fax: (949) 757-1692 INSURANCE COMPANY AND POLICY INFORMATION			Reported?	Yes	No	
Insurance Company						
Policy Number						
Effective Date						
INSURED INFORMATION	CT INFORMATION					
Name and Address	1	Name				
PRISM and its Member Agencies	Address					
	City	State Zip				
Member	Email					
	Phone	Fax				
LOSS DETAILS						
Location of Loss	Police o	Police or Fire Dept to which reported				
Address	Estimate	Estimated Amount of Total Loss (if known)				
City State Zip	Estimati	Estimated Amount of Total Loss (ii known)				
Is this a vacant building? Yes No	Descrip	Description of Loss and Damage				
Kind of Loss:						
Fire Theft						
Water Hail/Wind						
Auto Boiler & Machinery						
Other						
POLICY INFORMATION						
Mortgagee/Loss Payee Yes No						
Item No. Subject of Insurance	An	nount	Deductib	ole	Coverage	
Bldg Contents Other						
Bldg Contents						
Other						
Bldg Contents Other						
REMARKS/OTHER INSURANCE						
Reported by						