

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:
Any questions, call:

claims@riskpointins.com
971-282-4304

PLEASE PUT NAME OF POLICY HOLDER IN SUBJECT LINE OF EMAIL