

Paul Hanson Partners

PO Box 5990, Napa, CA 94581

LIC. #OB64567

Phone: 800-852-1968 FAX: 707-252-5905

Email: claims@paulhanson.com

Website: www.paulhansonpartners.com



PROPERTY CLAIMS REPORTING FORM

Reporting Date: _____ Date of Loss: _____

Policy No.:	Policy Period:
	Effective Date: Expiration Date:

Insured Name:	
Insured Address:	
Insured Phone Number:	Work: Home:

Loss Information

Day of Loss:		
Location of Loss:		
Type of Loss: Fire: <input type="checkbox"/> Theft: <input type="checkbox"/> Lightening: <input type="checkbox"/> Hail: <input type="checkbox"/> Flood: <input type="checkbox"/> Wind: <input type="checkbox"/> Other: <input type="checkbox"/>	Possible Amount of Loss:	Police or Fire Department Reported To:
Description of Damage:		

Remarks:

Reported By:	Contact Person:
--------------	-----------------