

NOTICE OF LOSS-BURGLARY-ROBBERY-THEFT

Policy Number: _____

Claim Number: _____

Policy Period: _____

Agency: _____

Name of Insured: _____

Insured's address: _____

Date of occurrence: _____, 20____.

Date discovered: _____, 20____.

Who discovered loss? _____

When reported to the police? _____ At what station? _____

Are the police working on the case? _____

Any suspects? _____ If so, who? _____

What, if any, evidence of burglary or theft beyond the disappearance of the property? _____

What damage was done to premises? _____

How long were the premises unoccupied up to the time the loss was discovered? _____

Were any workmen recently on premises painting, papering, renovating, altering, or repairing the same? _____

(If yes, give names and addresses) _____

Do you carry similar insurance in any other company? _____

(If so, give amounts and names of companies) _____

Have you ever suffered loss by burglary, theft, robbery, or larceny? _____

Did you ever receive indemnity for such loss? _____ From what company? _____

Has any insurance company canceled or declined burglary, robbery, or theft insurance on your property? _____

When? _____

Give names of all persons sustaining loss _____

Give description of loss: _____

Give names of all persons known or suspected to be implicated in loss: _____
