



Report of Property / Inland Marine Claim

Note: Please return the top copy of this form to Housing Authority Insurance Group at the above address.
Enclose any photos, correspondence or comments relative to this claim.

Date of this Report: _____

Housing Authority Name: _____ Fax: _____

Contact Name (for Adjuster): _____ Phone: _____

Person filing this notice: _____ Phone: _____

Project Name: _____

HUD/State Number: _____ Policy Number (if known): _____

Building Number and/or Address of Loss: _____

City: _____ State: _____ Zip: _____

Date of Loss: _____ Time of Loss: _____

Type of Loss: Fire Wind Vandalism Other: _____

Cause of Loss (if known): Carelessness Arson Defective Equipment Natural Disaster Other: _____

Description of Loss (including apparent number of units damaged): _____

Estimate of damage: \$ _____ Reported to Police or Fire Department? Yes No

Name of person/firm who estimated damage: _____

Address: _____

City, State, Zip: _____ Phone: _____

Comments: _____
