



Property Claim Report Notice

Instructions:

- 1. Print or type all information requested. If Information is not applicable insert "N/A".
- 2. Email this form and all supporting documentation to: claimreporting@hamiltoninsurance.com

Facility Loss Data:

Date of Loss: _____
Named Insured: _____
Facility Entity Name: _____
Address of Loss: _____
Facility Claim Contact: Name: _____
Phone: _____
Email: _____
Main Claim Contact: Name: _____
Phone: _____
Email: _____

**Description of Loss
and Damage:**

Person Completing this form:

Name: _____
Title: _____ Date: _____