



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: _____