



Property loss/homeowners liability report

Claim # _____

Please clearly print all requested information in this document and return to your claim handler for processing.

Insured

Name _____ Policy # _____
 Street address _____
 City _____ State _____ ZIP code _____
 Telephone - Residence (____) Business (____) Male Female
 Location of property if different from above _____

The loss

Is this a total loss? Yes No
 Was loss to Weaver Insurance insured? Yes No Was loss to other party? Yes No
 If other party, provide: Name _____
 Address _____
 City _____ State _____ Zip code _____
 Telephone (____) (Residence) (____) (Business) Male Female

Brief description of damage _____
 Describe how loss/accident occurred _____
 Where did loss/accident occur? _____
 Date of loss _____ Time of loss _____ a.m. or p.m.
 Weather conditions _____

Property

Estimated amount of damage _____
(Attached estimates and receipts for purchase.)
 If fire damage, was fire department called? Yes No
 If yes, name of fire department _____
 Were police called? Yes No If yes, name of police department _____
 Police report # _____ If theft, attach copy of police report.

List of property involved in loss (Attach supplement 1 schedule if necessary. Receipts should be attached.)

| Condition, size, model, brand name, identifying marks, other | Age | Replacement cost | Your estimated value at time of loss | Company use only |
|--|-----|------------------|--------------------------------------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Other insurance on the loss Yes No
 Name of company and type of coverage _____

No articles are mentioned herein or in annexed schedules except those destroyed or damaged at the time of said loss. No property saved has in any manner been concealed, and no attempt to deceive the company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished.

Date of this report _____ Report submitted by _____

Injury

Claim # _____

Was anyone injured? Yes No

Name and address of person injured Yes No

Name _____ Date of birth _____ Male Female

(If a minor) Parent's name _____

Street address _____

City _____ State _____ ZIP code _____

Telephone - Residence (____) _____ Business (____) _____

Employer _____

Occupation _____ Salary — If wages lost \$ _____

What was the injury? _____

Part of body affected _____

Was medical treatment rendered? Yes No Amount of medical expenses \$ _____

Name of doctor, if any _____

Address _____

Name of hospital, if any _____

Address _____

Further treatment anticipated? _____

Attach all pertinent bills ...

Witness information

Witness #1 name _____ Witness #2 name _____

Address _____ Address _____

Telephone (____) _____ Male Female Telephone (____) _____ Male Female

Medical authorization

I, _____ authorize Weaver Insurance Agency or its agent to obtain medical information regarding my condition by this authorization or its copy.

Signed _____

(If minor, parent's signature) _____

When scheduling an adjuster to come out to the property, be sure to alert the insured to have a roofer or contractor there to discuss the damage with the adjuster.