

Property Loss Notice

Send completed form to: **BHS Insurance at dfargo@bhsins.com**

General Information:

Date of Loss: _____ Location of Loss: _____

Authority Contacted: _____

Weather conditions day of accident: _____

Property Damage Information:

Description of Accident/Loss (*What happened*): _____

Describe Damage: _____

Probable Amount of Loss: _____

Person Responsible for causing damage:

Name & Address: _____

Home Phone: _____ Work Phone: _____

Witnesses:

<u>Name & Address</u>	<u>Home Phone #</u>	<u>Work Phone #</u>
_____	_____	_____
_____	_____	_____

Comments:

Reported By:

Name: _____ Phone: _____

Company Name: _____ Date: _____