



# Property Loss Notice

Send completed form to BHS Insurance: [claims@bhsins.com](mailto:claims@bhsins.com)

**General Information:**

Date of Loss: \_\_\_\_\_ Address of Loss: \_\_\_\_\_

Name of Authority Contacted: \_\_\_\_\_

Weather Conditions Day of Accident & Description of Incident Site: \_\_\_\_\_

**Property Damage Information:**

Description of Incident: \_\_\_\_\_

Describe Damage: \_\_\_\_\_

Approximate Amount of Loss: \_\_\_\_\_

**Person Responsible for Causing Damage:**

Name & Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Witnesses**

Name & Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name & Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Comments:**

**Completed By:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_