

GENERAL LIABILITY PROPERTY DAMAGE REPORTING FORM

insured Name:	
DESCRIPTION OF PROPERTY DAMAGE	
Date of Loss:	
Location of Loss:	
Description of Loss:	
Contact:	Phone #: ()
PROPER	TY DAMAGE
Describe Property Damage:	
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Where can the damaged property be seen?	
Estimated Damage Value:	
CON	MMENTS
Reported By:	Phone #: ()
Email	Date