

Property Loss Report

To report a claim, please fax: 800-748-6159 or email: tnwclaims@tnwinc.com

Note: Any question with an asterisk (*) is required information.

Client Information

*GB Client Number	010563
*Client Name	MAISL
*Location Code	Enter Location Code.

Date and Time

*Incident Date	Enter date.
*Insured Notified Date	Enter date.

Insured (Property Owner)

Name and Address of Insured	Enter text.			
City	Enter City.	*State	Choose State. ZIP	Enter ZIP.
Business Phone	Enter phone #.	Residence Phone	Enter phone #.	

Submitter Information

Name	Enter Name.
Title	Enter Title.
Email Address	Enter Email.
Phone Number	Enter Phone #.

Contact Information

*First and Last Name	Enter Name.
Address of Insured	Enter Address.
*Business Phone	Enter phone #.

Loss

Loss location name	Enter text.			
Street Address	Enter Street Address.			
City	Enter City.	*State	Choose State. ZIP	Enter ZIP.
Kind of loss: Fire, Theft, Lightening, Hail, Flood, Wind, Other (explain)	<input type="checkbox"/> Fire <input type="checkbox"/> Lightening <input type="checkbox"/> Flood <input type="checkbox"/> Water Damage <input type="checkbox"/> Theft <input type="checkbox"/> Hail <input type="checkbox"/> Product <input type="checkbox"/> Structural <input type="checkbox"/> Vehicle <input type="checkbox"/> Other (Explain)			
Estimated amount of damage	Enter text.			

Property Loss Report

*Detailed Description of Property & Damage to Property (Limit the description field 250 characters)	Enter text.		
Authority Name (ie, Police, Fire)	Enter text.		
Authority Phone Number	Enter phone #.		
Was the damage caused by an individual?	Choose...		
If yes, please provide any information you have for that individual	Enter text.		
Did Business Interruption occur as a cause of this accident?	Choose...		
If Yes: Date and time started	Click here to enter a date.	Time	Enter time.
Date and time ended	Click here to enter a date.	Time	Enter time.

Witness Information (If there were any witnesses)

First and Last Name of Witness	Enter text.
Witness Phone	Enter phone #.

Notes/Additional Comments (ie, if this is for report only)

Additional Remarks	Enter text.
--------------------	-------------

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance commits a fraudulent insurance act which is a crime and subjects that person to criminal and civil penalties. Such acts will be reported to DIFS by GB.