

BURGLARY CLAIM REPORT

Policy No.:
Company:

Agent:
Claim No.:

Insured's Name:

1. What is the complete address of the premises entered?

2. What is your office address?

3. On what day and at what hour were your premises broken into? Day.....month.....year.....
Hour AM.....PM.....
4. State fully how the building was entered.

5. What part of the premises was entered?

6. Were the premises occupied at the time of the Burglary?
If not, upon what date and at what hour were they last occupied?

7. How long have the premises been vacant during the last 12 months?

8. Have you informed the Authorities?
If so, state what authorities and date of the advice.

9. Are you the sole owner of the property damaged or stolen?

10. Are there any other insurances against Burglary upon the same property? If so, state Company, policy number expiration date and amount of insurance.

11. State estimated value of the total contents of the premises at the time of the Burglary

12. For what sum do you insure the contents against Fire, and with what Company?

13. Have you ever before sustained loss by Fire or Burglary?

I,.....of.....
.....do hereby declare and set forth that on or abouta.m., p.m.
on the day of..... 19.....my premises at.....
.....were broken into and forcibly entered, and the articles enumerated on the back of this form
valued at the sum ofwere stolen therefrom, and.....do further declare that no other person
than.....has an interest in the said property, by
Bill of Sale, or as owner, mortgagee, or otherwise, and that there is no further Insurance in this Company, or any other Company
except as undermentioned: whereforeclaim the sum of.....
As Witness.....hand this.....day of..... 19.....

Signature of Claimant.....

Witness.....

Occupation.....

Address.....

