

NOTICE OF LOSS-INLAND MARINE

Date: _____, 20_____.

OUR FILE NUMBER

POLICY NUMBER

AGENCY

LOCATION

We have to report a loss, the particulars of which are as follows:

Insured: _____

Insured's address: _____

Date of loss: _____, 20_____ Amount of loss: \$ _____

Location of loss: _____

Description of property: _____

Total insurance amount: \$ _____

Other insurance, if any: _____

Cause of loss: _____

If damaged, where can property be inspected: _____

Adjuster: _____

Remarks: _____

Copies of this notice have been sent to: _____

Signed: _____