

INSURED'S STATEMENT AND CLAIM FORM (THEFT-BURGLARY LOSS)

Name: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Spouse's Occupation: _____

Employer: _____ Spouse's Employer: _____

Date of Loss: _____ Time: _____ Loss Location: _____

Theft From: PRIVATE DWELLING AUTO APARTMENT OTHER Explain: _____

If theft was from an auto, was the auto fully locked? _____

Describe circumstances of loss in detail: _____

Method of entry used: _____

Visible signs of forced entry? _____ Explain: _____

Describe any damage done to the property: _____

Describe protective devices (If any): _____

If a safe was involved, manufacturer's name, number and size: _____

Describe visible signs of entry into the safe: _____

Was loss reported to the police? _____ When? _____ Where? _____

Did the police investigate this loss? _____ If yes, officer's name: _____

Police department and precinct: _____

Have you ever sustained any other type of theft loss? _____

If yes, provide dates, amounts, and details of loss: _____

Signed: _____

Signed: _____

Date Signed: _____