property LOSS REPORT

To report a claim, please complete the form and send to Brandon Rothkopf, [brandonrothkopf@archstl.org](mailto:brandonrothkopf@archstl.org), 314-792-7079 (fax)

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

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| **Client Information** | | | | | | |
| \*GB Client Number | | 000292 | | | | |
| \*Client Name | | Archdiocese of St. Louis | | | | |
| \*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 #. | | | | |

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| **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) | | Fire  Lightening Flood Water Damage  Theft  Hail  Product Structural  Vehicle Other (Explain) | | | | | |
| Estimated amount of damage | | Enter text. | | | | | |
| \*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. | | | | | |
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