



INSURED'S STATEMENT AND CLAIM FORM

THEFT-BURGLARY LOSS

(Please Answer ALL Questions)

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____ SPOUSE'S OCCUPATION: _____

EMPLOYER: _____ SPOUSE'S EMPLOYER: _____

DATE OF LOSS: _____ TIME: _____ LOSS LOCATION: _____

THEFT FROM: PRIVATE DWELLING AUTO APARTMENT OTHER EXPLAIN— _____

IF THEFT FROM AUTO, WAS AUTO FULLY LOCKED? YES NO

DESCRIBE CIRCUMSTANCES OF LOSS IN DETAIL: _____

METHOD OF ENTRY USED: _____

VISIBLE SIGNS OF FORCED ENTRY? YES NO EXPLAIN: _____

DESCRIBE ANY DAMAGE DONE TO PROPERTY: _____

DESCRIBE PROTECTIVE DEVICES (IF ANY) _____

IF SAFE INVOLVED, MANUFACTURERS NAME, NUMBER AND SIZE: _____

DESCRIBE VISIBLE SIGNS OF ENTRY INTO SAFE: _____

LOSS REPORTED TO POLICE? YES NO WHEN? _____ WHERE? _____

DID POLICE INVESTIGATE AT LOSS? YES NO IF YES, OFFICERS NAME: _____

POLICE DEPARTMENT AND PRECINCT: _____

HAVE YOU EVER SUSTAINED OTHER THEFT LOSSES: YES NO

IF YES TO ABOVE, GIVE DATES AND AMOUNTS: _____

SIGNED: _____ (INSURED)

SIGNED: _____ (INSURED)

DATE SIGNED _____

