

**Insurance Reserve Fund
Claims Department
P.O. Box # 11066
Columbia, SC 29211
(803) 737-0020**

Today's Date:	Policy#:
Type of Loss:	Phone#:
Insured (Entity):	
Address:	

CONTACT

ENTITY CONTACT FOR CLAIM:

PHONE NUMBER	EXTENSION	EMAIL ADDRESS
BEST TIME TO REACH		

LOSS

DATE & TIME OF LOSS	A.M. P.M.	CAUSE OF CLAIM:	ESTIMATED AMOUNT OF LOSS (\$):
DESCRIPTION OF LOSS (Use reverse, if necessary)			

PROPERTY DAMAGE

PROPERTY DAMAGED SEGMENT#/BUILDING	BUILDING NAME	PROPERTY VALUES (\$)	
		BUILDING	CONTENTS

ATTACHMENTS

INVOICES ATTACHED:	YES NO PAGE QTY	PHOTOS ATTACHED:	YES NO PAGE QTY
POLICE DEPARTMENT REPORT ATTACHED:	YES NO PAGE QTY	FIRE DEPARTMENT REPORT ATTACHED: :	YES NO PAGE QTY
PREPARED BY:			