

**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:							