

		FORM TITLE PROPERTY CLAIM REPORTING FORM			FORM # CL-02 (1/06)		PAGE 1 OF 1															
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.	CAUSE OF CLAIM:					ESTIMATED AMOUNT OF LOSS (\$):												
				P.M.																		
	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:																					