

		FORM TITLE PROPERTY CLAIM REPORTING FORM			FORM # CL-02 (1/06)		PAGE 1 OF 1																	
<b>Insurance Reserve Fund Claims Department P.O. Box # 11066 Columbia, SC 29211 (803) 737-0020</b>					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:																							