

		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. 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:							