

**REPORT ALL ACCIDENTS IMMEDIATELY TO:**



THE SANDNER GROUP™  
Claims Management

*Defining Insurance ■ Redefining Service*

155 North Wacker ■ Suite 3700 ■ Chicago, IL 60606-1731 ■ Phone: (800) 419-3205 ■ Fax: (312) 906-8740 ■ [SandnerGroup.com](http://SandnerGroup.com)

**PROPERTY LOSS NOTICE**

(Please Print or Type)

<b>NAME OF INSURED</b>  <b>A</b>	Name _____		
	Address _____		
	Phone Number _____	Fax _____	
	Name of Person Reporting _____		Title _____
<b>DATE AND PLACE OF LOSS</b>  <b>B</b>	Date of Loss _____		Time of Loss _____
	Address or Location of Loss _____		
	City _____	State _____	ZIP _____
<b>DESCRIPTION OF LOSS</b>  <b>C</b>	Description of Property _____		TYPE OF PROPERTY CODE _____
	Cause of Loss (Fire, Wind, Explosion, etc.) _____		CAUSE CODE _____
			CRIME CAUSE CODE _____
<b>ATTACHMENTS</b>  <b>D</b>	Mortgage and/or lien holder		
	Name _____	Address _____	
<b>COMMENTS</b>  <b>F</b>	If emergency handling required, please indicate _____		

Signature of Person Reporting \_\_\_\_\_

Date \_\_\_\_\_