

COMPANY NAME

First Report of Loss Form

Type of Loss: (Circle) **Property** **Liability** **Auto**

Date of Loss:

Location/Address of Loss:

Company's contact name and phone number:

Who can the insurance company contact to discuss the loss?

Details of Loss:

Claimant's Name:

Address:

Daytime Phone Number:

Auto Loss: Complete the following info...

Vehicle Year:

Make:

Model:

VIN:

Driver's Name:

Phone Number:

DL#:

Description of Incident:

Police report filed? Yes No

Was a ticket issued? Yes No

Other Driver/Parties Involved:

Address:

Phone Number:

Vehicle Year:

Make:

Model:

**Please fax this form at your earliest convenience to
First Insurance Services, attention Darcy at 319-352-2075.**