



## PROPERTY CLAIM FORM

### FOR PROMPT PROCESSING OF YOUR CLAIM, PLEASE:

1. Answer all questions on this report and return to address as noted above.
2. Provide a copy of the repair or replacement estimate.
3. Provide a copy of the repair or replacement invoice if work has been completed.

CLIENT NO.: \_\_\_\_\_ PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
 CREDIT UNION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

**WHAT COVERAGE ARE YOU CLAIMING UNDER?**

Building       Contents       Scheduled Property       Data Processing Operations

Financial Records       Repossessed Chattels       Saftey Deposit Box - Member Property

**GENERAL INFORMATION**

Date of Loss: \_\_\_\_\_ Location of Loss: \_\_\_\_\_  
 Police Notified:     YES       NO  
 Department Contacted: \_\_\_\_\_ Occurrence No.: \_\_\_\_\_  
 Officer or Badge No.: \_\_\_\_\_  
 Responding Fire Dept.: \_\_\_\_\_ Report No.: \_\_\_\_\_

*Please note that all theft, break-in or vandalism occurrences must be reported to the police.*

**CIRCUMSTANCES SURROUNDING LOSS:** Please describe in detail what happened:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Property Coverage is underwritten by CUMIS General Insurance Company and provided to credit unions through the Credit Union Insurance Services program.

**PLEASE COMPLETE REVERSE**

