



## Property First Notice of Loss Questions

Mandatory questions are marked with an asterisk \*

Initial Information		
*Is this a Notice Only Claim? <a href="#">Claim</a>	*Date of Incident <a href="#">2019/10/12</a>	Time of Incident <a href="#">12:22 pm</a>
Date Insured Notified <a href="#">2019-12-12</a>	*Incident State <a href="#">N/A</a>	*Insured Name <a href="#">Milkshake Parlor Ltd</a>

Business Location		
*Location Name <a href="#">Milkshake Parlor</a>	*Address 1 <a href="#">4 Westminster street</a>	Address 2
*City <a href="#">London</a>	*State <a href="#">N/A</a>	*Zip <a href="#">NW1 431</a>
*County <a href="#">London</a>	Country	
Telephone Number <a href="#">+44 4444 333333</a>	Extn	Fax Number
Is the mailing address the same?	Address 1	Address 2
City	State	Zip
County	Country	Federal ID Number

Policy		
*Policy Number <a href="#">P91928302</a>	*Policy Name <a href="#">Workers Comp.</a>	*Policy Effective Date <a href="#">2019-02-01</a>
*Policy Expiration Date <a href="#">2020-02-01</a>		

Location Code		
Location Code Level 1 <a href="#">A10</a>	Location Code Level 2	Location Code Level 3
Location Code Level 4	Location Code Level 5	Location Code Level 6

Incident Information		
*Did the incident occur on the Insured premises? <a href="#">Yes</a>	Address 1 <a href="#">4 Westminster street</a>	Address 2
City <a href="#">London</a>	*State <a href="#">N/A</a>	Zip
County	Country <a href="#">United Kingdom</a>	
Was the location inspected immediately after the incident? <a href="#">no</a>	Were any photos taken? <a href="#">yes</a>	Is there mortgage on the property? <a href="#">no</a>
First Name <a href="#">Tilly</a>	Last or Company Name <a href="#">Poplier</a>	*Provide a brief description of the incident <a href="#">milkshake machine malfunctioned and leaked water on floor</a>
Cause of Loss	If Other, please describe	*Category of Loss <a href="#">Internal flooding</a>
If Other, please describe	Describe the Damage (if burglary or robbery include what was stolen)	Estimate of the damage (\$)
Were authorities contacted? <a href="#">no</a>	Was the suspect apprehended? <a href="#">N/A</a>	Is the insured the cargo owner?
First Name	Last or Company Name	Address 1
Address 2	City	State
Zip	County	Country
Telephone Number	Extn	
Driver's License Number	Driver's License State	License Plate Number
License Plate State	What is the best time of contact From/To? <a href="#">9.00AM - 6.00PM</a>	What are the best days to contact you?

[Mon-Fri](#)

Emergency Services		
Were authorities contacted?	Which authority was contacted? (Police, Fire, Other)	
Police Authority Name	(Police) Report Number	(Police) Violations/Citations
(Fire) Authority Name	(Fire) Report Number	(Fire )Violations/Citations
(Other) Name	(Other) Telephone Number	

Witness		
Were there any Witnesses to the incident?		
First Name	Last Name	Address 1
Address 2	City	State
Zip	County	Country
Telephone Number	Extn	

Report Information		
*Date Reported 2019-12-10	*Reported by First Name Tilly	*Reported by Last Name Poplier
*Job Title Cashier	*Phone Number 07234 567897	*Email Address tilly_p123@email.com
*Are you the contact for this incident?	First Name	Last Name
Business Phone Number yes	Cell Number	Fax Number
Email Address	What is the best time of contact From/To?	What are the best days to contact you?
What is your preferred method of contact?	Do you have any additional comments regarding this incident?	