



## VLCT PACIF Property Loss Notice

**Start by saving this blank file on your computer.** Open the saved version, fill it in electronically\*, save it again, and attach it to an email to [newclaim@vlct.org](mailto:newclaim@vlct.org).  
**\*Tips:** Instead of mousing around, use the Tab key to move forward field by field, use Shift-Tab to move backward, and press the Space bar to check a selected check box.

|                        |  |       |              |
|------------------------|--|-------|--------------|
| Member name & address  | Member Contact with most knowledge of loss |       |              |
| Date of loss           | Phone number                               | Email |              |
| Property loss location |  |       | Time of loss |

### Cause of Loss

|  |
|--|
|  |
|--|

### Who Responded to The Scene?

|  |            |
|--|------------|
|  |            |
| Do you have the incident # for police or fire? | Incident # |

### What Sustained Damage or Loss?

|  |
|--|
|  |
|--|

### Describe how the damage or loss occurred

|  |
|--|
|  |
|--|

### Witnesses

|                  |          |
|------------------|----------|
| Name and address | Phone(s) |
| Name and address | Phone(s) |

### Other information

|  |
|--|
|  |
|--|

### Date completed (mm/dd/yyyy)

### Electronic signature

|  |  |
|--|--|
|  |  |
|--|--|

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Questions? Please contact us: **VLCT PACIF — Claims Division**  
89 Main Street, Suite 4; Montpelier VT 05602 ♦ Phone: (800) 649-7915; Fax: (802) 229-2211