



LOSS NOTICE FORM

Phone: 571.489.6600 • Email: service@partnerins.com

PARTNER
INSURANCE

For all incidents except Workers' Compensation

• **INSURED:**

Company Name: _____
Reported By: _____ Daytime Phone: _____
Email Address: _____ Fax: _____

• **LOSS:**

Location (Street or Highway, City/County, State) _____
Time: _____ AM PM
Date: _____ Police Department: _____
Report #: _____ Job Name &/or Contract #: _____

Does this loss involve any form of Pollutants, Mold or Asbestos (if yes, notify Partner management)? YES NO
Could this loss be E&O/Professional related (if yes, notify Partner management)? YES NO

What Happened? _____

• **INJURED:** (attach additional sheet if necessary):

Name: _____ Daytime Phone: _____

Address: _____

Transported to Hospital?: YES NO Fatality?: YES NO

Nature of Injury (if known): _____

• **PROPERTY DAMAGED- NON-AUTO:** (attach additional sheet if necessary):

Owner: _____
Address: _____

Daytime Phone: _____ Approx. Value: \$ _____

Describe Damage: _____

• **INSURED VEHICLE:**

Year: _____ Make/Model: _____

VIN: _____

Owner: _____ Daytime Phone: _____

Driver: _____ Daytime Phone: _____

DOB: _____

License #: _____

State: _____

Describe Damage: _____

• **OTHER VEHICLE:**

Year: _____ Make/Model: _____

Insured By: _____ VIN: _____

Policy #: _____ Address: _____

Driver: _____

Daytime Phone: _____

Describe Damage: _____

• **COMMENTS/WITNESS INFO:** (name, phone #, details, if available)

