



Castle Rock Agency Inc  
 853 Broadway 1602  
 New York, NY 10003  
 V: 212-360-2334 F: 800-978-5182  
 info@castlerockagency.com  
 www.castlerockagency.com

Insurance Carrier:  
 Policy Number:  
 Policy Type:

**PROPERTY  
 LOSS  
 NOTICE**

FOR YOUR PROTECTION SOME STATE LAWS REQUIRE THAT THE FOLLOWING STATEMENT APPEAR ON THIS FORM: "It is unlawful to: (a) Present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance and/or (b) Prepare, make, or subscribe any writing with intent to present or use the same, or to allow it to be presented or used in support of any such claim. Every person who violates any provision of this section is punishable by imprisonment in the State Prison not exceeding three years, or by fine not exceeding one thousand dollars, or by both."

<b>POLICY</b>	Business Name Or Policy Holder Name		Email Address			
	Address of Damaged Property					
	Contact Person (please print)			Telephone		
<b>LOSS</b>	DESCRIPTION OF WHEN AND HOW LOSS OCCURRED Give details--be specific (attach additional sheet if necessary)					
	MONTH	DAY	YEAR			
	DESCRIPTION OF PROPERTY DAMAGED OR STOLEN		Support with written vendor estimates			
	MAKE, MODEL, SERIAL NO.		APPROX. AGE	REPLACEMENT COST		
<b>ESTIMATE OF LOSS</b>	Building	\$ _____	Stolen Goods	\$ _____	Total Estimates	\$ _____
	Contents - Property	\$ _____	Stolen Money	\$ _____	Less Deductible	\$ _____
	Temp. Repairs	\$ _____	Glass	\$ _____	Net Estimate	\$ _____
<b>ALL CRIME LOSSES MUST BE REPORTED TO POLICE</b>	Date Reported to Police:		Police Report No.:		Phone:	
	Investigating Organization:					
	Address:					
DATE	SIGNATURE Of Authorized Entity Representative				TITLE/CAPACITY	
DATE	SIGNATURE Of Authorized Insured Representative				TITLE/CAPACITY	

Failure to promptly report loss or damage is a contract violation and may void coverage. Supply as much information as possible to avoid delay.

# SCHEDULE OF PROPERTY DAMAGED OR LOST

Item	State if lost or give details of damage	Serial No. and/or Year Acquired	Cost to Replace *		Cost of Repairs *		FOR RMS OFFICE USE ONLY	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
					<b>FOR RMS OFFICE USE ONLY</b>			
					<b>Total of Damage/Loss</b>			
					<b>Less Excess (if applicable)</b>			
					<b>TOTAL after excess</b>			