



**PROPERTY LOSS FORM \* Required Information**

**COMPANY:**

Innovative Risk Solutions, Inc. P.O. Box 530210 DeBary, FL 32713	COMPANY	POLICY NUMBER
		*
	POLICY EFFECTIVE DATE:	POLICY EXP DATE:
	*	*

**INSURED INFORMATION**

NAME & ADDRESS *	PERSON TO CONTACT:	*
	CONTACT RESIDENCE PHONE #:	*
	CONTACT CELL/BUSINESS PHONE # :	*
	BORROWER'S NAME :	*
	LOAN # :	

**LOSS INFORMATION**

**TYPE OF LOSS\***    FIRE    FLOOD    WATER DAMAGE    THEFT    WIND    HAIL    LIGHTNING

**OTHER** \_\_\_\_\_

<b>DATE OF LOSS:</b>	*
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LOCATION OF LOSS (address) *	POLICE./FIRE DEPT TO WHICH REPORTED
	DESCRIPTION OF LOSS
	PROBABLE \$ OF LOSS: *
Date of Last Inspection Report (prior to loss): *	Date of Last Pictures (prior to loss) *

Attach last two inspection reports and last set of photographs that show area of damage being reported. These should be prior to any damage. \*Theft or Vandalism claims will not be paid without inspection reports and current photos attached\*

**POLICY INFORMATION**

**TYPE OF PROPERTY**    COMMERCIAL    RESIDENTIAL    VACANT    OCCUPIED    OTHER

MORTGAGEE:*	
DWELLING COVERAGE (AMOUNT OF INSURANCE)	DEDUCTIBLE

**ATTACH ADDITIONAL PAGE TO INCLUDE MORE REMARKS OR DETAILS OF LOSS.**

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF INSURANCE FRAUD

REPORTED BY: \_\_\_\_\_      REPORTED TO : \_\_\_\_\_  
SIGNATURE \_\_\_\_\_      DATE: \_\_\_\_\_