



PROPERTY LOSS FORM

COMPANY: Lloyd's, London

Innovative Risk Solutions, Inc. P.O. Box 530210 DeBary, FL 32713	COMPANY	POLICY NUMBER
	Lloyd's London	
	POLICY EFF 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 _____

DATE OF LOSS: _____

LOCATION OF LOSS	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.

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: _____