

DO NOT WAIT FOR POLICE
OR FIRE REPORT TO FILE
CLAIM, FILE ASAP

Claim Report Form
Claim can be faxed to: 985-674-7709

Date: _____ FIC Lender Account code #: _____

Lender's Name & Address: _____

Contact person & phone # for Lender: _____

Name & Phone # of Person Reporting Claim: _____

Borrower's Name: _____
If business, please list contact person's name

Address of Insured Property: _____

Borrower's Phone No. Home: _____ Cell: _____ Work: _____

Borrower's Mailing Address: _____
(If it is different than the insured
property address)

How is the insurance premium paid? (check one)

Monthly or Annual Loan # _____ Was property flooded? Yes No

Date of Loss: ____ / ____ / ____ Description of Loss: _____

Property in Foreclosure? Y N Vacant Occupied Insured \$: _____ Ded. \$: _____

If the Police or Fire Dept. were notified
please provide police or fire dept. report #. _____
and name of city, parish/county of who responded

Action Taken To Prevent Further Damage: _____

Comments: _____

_____ Person Taking Claim: _____