

Claims: Property

Company Name:
Contact's Name/Number/Email Address:
Location of Loss/Incident (Street, City, State):
Date of Loss/Incident:
Authority Contacted (Police, Supervisor, Case Number):
Description of Loss/Incident:
Damage to Property:
If estimates obtained, please fax or email with report:
Where can property be seen/inspected?
Special Instructions for Claim:
Report Completed By, Including Date of Report:

Please fax to 334.273.1003 or email to
bwesson@hdbinsurance.com