THOMPSON INSURANCE, INC.
AGENTS AND BROKERS

Property Loss Claim Report

Today's date: _____ **Report prepared by**: _____

Business Contact Information

The adjuster's primary contact person will be: _____
Phone: _____
Email: _____

Loss Information

Date of Loss: _____
Location: _____
(Street) (City, State) (Zip)

Type of Loss

☐ Equipment Breakdown ☐ Fire ☐ Flood ☐ Hail ☐ Smoke

☐ Spoilage ☐ Theft ☐ Vandalism ☐ Water ☐ Wind

Description of Loss

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Temporary Repairs

_____
_____
_____
_____
_____

To help us best serve you, please do not delay in reporting your claim.
Email the completed form to claims@thomins.com or call 334-277-8970.