

# Inland Marine/Mobile Equipment Loss Report

Thoroughly complete this report and send it to your agent, including additional supporting documentation.

Named Member: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Member Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact for the claim?  Yes  No If No, Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Contact Person/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Date of Loss:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time of Loss:** \_\_\_\_:\_\_\_\_  AM  PM

Location of Loss: \_\_\_\_\_  
(Physical Address – if there is no specific address, describe location, i.e. cross streets)

## Member Property:

Type of Loss:  Fire  Theft  Lightning  Hail  Wind  Vandalism  Other: \_\_\_\_\_

Mobile equipment damaged: Unit #: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Unit #: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Description of other property damaged: \_\_\_\_\_

Fully describe the incident and damage: \_\_\_\_\_

Authorities Contacted?  Yes  No If Yes, Who? \_\_\_\_\_ Report Number: \_\_\_\_\_

## Witnesses:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_