



Property Loss Report

Return completed application to NDFTClaims@ndirf.com.

Named Member	Policy #	Date
Member Contact Name		Contact Title
Contact Phone		Contact Email
Member Mailing Address	City	Zip

Should we contact the Member Contact regarding the loss detailed in this report? Yes No

If you selected "No" in the previous question, please provide below the Contact information for the loss detailed in this report.

Contact Name	Contact Phone
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Agency	Agency Contact	Agency Title
Agency Phone		Agency Email
Agency Mailing Address	City	Zip

THE FOLLOWING FIELDS MUST BE COMPLETED IN ORDER TO INITIATE THE CLAIMS PROCESS.

Date of Loss	Time of Loss (A.M. or P.M.)	Property #
Property Name		Amount of Insurance Carried
Property Location/Address <i>If no specific address, please list location and/or cross streets.</i>		

Loss Type

Collapse
 Equipment Breakdown
 Fire
 Hail
 Lightning
 Smoke
 Theft
 Vandalism
 Vehicle Damage
 Explosion
 Water
 Other: _____

Description of Loss/Damage _____

Authorities Contacted? Yes No If Yes, who? _____ Report #: _____

Estimated Dollar Amount of Loss: \$ _____

Witnesses

Name	Address	Phone
Name	Address	Phone