

# Property/ Equipment Loss Report

Insured: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Date of the Occurrence: \_\_\_/\_\_\_/\_\_\_\_ Type of Loss: \_\_\_\_\_

Contact Number: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**► Location of the Occurrence:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**► Describe damage:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**► Estimated loss amount:** \$ \_\_\_\_\_

Did the Police or Fire Dept. respond? If yes, check one or both.    Police                  Fire Dept.

Which Police Jurisdiction responded?    **City**    **County**    **State** (check those that responded)

Case number if any: \_\_\_\_\_

Reported by: \_\_\_\_\_

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