



# Property Loss Notice

**CLAIMS FAX:** 559-241-8914  
**CLAIMS EMAIL:** claims@jgparker.com



**CLAIM WATCH**  
Claim Review & Monitoring

Today's Date/Time	_____	Reported by	_____
Insured's Name	_____	Phone Number	_____
DBA Name	_____	Fax Number	_____
Policy Number	_____	Email Address	_____
Carrier Name	_____		

## LOSS DETAILS

Date of Loss	_____	Time of Loss	_____	AM	PM
Location of Loss	_____				
City & State	_____				
Emergency Services Required	_____	Police Dept.	_____	Fire Dept.	_____
Police Report Number	_____	Probable Amount Entire Loss	_____		
Kind of Loss	_____	Fire	_____	Theft	_____
	_____	Lightning	_____	Hail	_____
	_____	Flood	_____	Wind	_____
<i>Description of Loss &amp; Damage</i>					

## ADDITIONAL COMMENTS OR INSTRUCTIONS

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.