

**GENERAL LIABILITY
PROPERTY DAMAGE REPORTING FORM**

Insured Name: _____

DESCRIPTION OF PROPERTY DAMAGE

Date of Loss: _____

Location of Loss: _____

Description of Loss: _____

Contact: _____ Phone #: (____) _____

PROPERTY DAMAGE

Describe Property Damage: _____

Where can the damaged property be seen? _____

Estimated Damage Value: _____

COMMENTS

Reported By: _____ Phone #: (____) _____

Email: _____ Date: _____